

Insurance Relocation Assistance Verification

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves to verify the relocation assistance provided to [Employee's Name] under the [Insurance Company/Program Name]. As per the agreed terms, the following support has been arranged:

- Transportation expenses: [Details]
- Temporary housing: [Details]
- Moving costs: [Details]
- Additional support: [Details]

Please contact us if you require any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]