

Confirmation of Job Loss Insurance Eligibility

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to confirm your eligibility for the Job Loss Insurance Policy as per the records maintained by our office. After reviewing your application, we are pleased to inform you that you meet all the necessary criteria outlined in the policy.

Your eligibility is effective as of [insert effective date] and will remain in place for the duration stipulated in your policy agreement.

If you have any questions or require further assistance, please do not hesitate to reach out to us.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Job Title]

[Company's Name]

[Contact Information]