

Supporting Documentation for Job Loss Insurance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

Subject: Supporting Documentation for Job Loss Insurance Claim

I am writing to submit supporting documentation for my job loss insurance claim under policy number [Your Policy Number]. Enclosed are the necessary documents that illustrate my eligibility and the circumstances surrounding my job loss:

- Termination Letter from [Employer's Name]
- Recent Pay Stubs
- Unemployment Benefits Confirmation
- [Any additional documentation]

Should you require any further information or additional documents, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address]. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]