

[Your Company Letterhead]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

This letter is to confirm your employment details for insurance purposes.

Employee Name: [Employee's Name]

Job Title: [Employee's Job Title]

Department: [Department Name]

Employment Status: [Full-time/Part-time/Contract]

Start Date: [Start Date]

Annual Salary: [Annual Salary]

If you require any further information, please do not hesitate to contact our HR department.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]