

Company Letterhead

Street Address

City, State Zip Code

Date

To Whom It May Concern:

This letter will be verification that **(list names of one or both who are employed or insured by the same company)**, an employee of **(name of company)**, has had credible health care coverage with the employer since **(Month and Year)**.

**(Name of current Insurance Company)** that will end **(ending date)** on the date of your retirement or change in your employment status.

If you should need any further information please feel free to contact me at the above address.

Sincerely,

(Name)

(Title)

**This letter serves as an example of what you will need from your employer, it is only to be returned to Rhondi.**