

Dependent Verification Letter

Date:

To Whom It May Concern,

This letter is to certify that (employee name) is currently employed with (company/organization name). According to our records, the following individual(s) are listed as valid dependent(s) under the employee's health insurance plan:

- Name of Dependent:
- Relationship:
- Date of Birth:

If you require any further information regarding this verification, please feel free to contact our office.

Sincerely,

(Signature)

(Name)

(Title)

(Contact Information)