Sample Employer Verification Letter

Your Company Le	tterhead			
Date:				
Your Name: Your Title: Your Address: Your Phone Numb	oer:			
Re: Employer Veri	fication Letter			
To Whom It May (Concern,			
			es and we are verifying their s the information we have on	=
Employee Name	Social Security Number	Date Of Birth	Home Address	Do they have an existing HSA? Y or N
Herman Munster	Include SSN	01/01/1970	1313 Mockingbird Lane; Erie, PA 13625	Yes
Barbara Smith	Include SSN	02/01/1948	1765 Main Street; Chicago, IL 60606	No
Regards,				
<physical signatu<="" td=""><td>re Here></td><td></td><td></td><td></td></physical>	re Here>			
Name: Title: Address: Phone Number:				