(Company Letterhead)

[Name of the Employer]

[Employer Street Address]

[Employer City, State, Zip Code]

[Employer phone # and/or email address]

[Date]

**Subject:** Employment verification for [Employee’s Name & Date of Birth]

Dear Rendr Physicians,

This letter is to verify that [Employee’s Name] is currently working as [Current Position] for [Company Name]. He/she is an eligible member of New York State Group 1A (see table on next page), with direct patient contact as part of his/her job responsibilities.

If you have any inquiries, please feel free to contact [Contact Name] at [Contact Phone Number].

Thank you,

[Signature of the Employer Executive]

[Name of the Employer Executive]

[Position of the Employer Executive]

