

Date:

To: MassHealth Enrollment Center

Subject: Letter to verify employment for application for CommonHealth

Dear Enrollment Center,

Currently I employ _____ (SS# _____) to
_____ for ___ hours weekly for which I pay \$ ___ per
hour.

Please contact me if you require further information.

Thank you.

Signature: _____

Name: _____

Address: _____

Phone: _____