

ABC Candy Factory, Incorporated

October 5, 2021

To whom it may concern:

This letter is to inform you that our employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, works full-time with our organization and is responsible for at least 50% or more of his/her premiums for health insurance. The following represents the breakdown of his/her coverage and other information as requested:

Premium amount: $600/month

Employer’s responsibility: $250/month

Employee’s responsibility: $350/month

Where to send the payment: ABC Candy Factory, Incorporated

123 Chocolate Lane

Hollywood, Maryland 21204

Who to address the check to: Mr. William Sweets

Yes, our company will accept a check from the State of Maryland Insurance Program. We have also attached a completed W-9.

Thank you for your assistance.

Sincerely,

Ms. Wanda Wonka-Sweets

H.R. Representative