

Date:

To: MassHealth Enrollment Center

Subject: Letter to verify employment for application for CommonHealth

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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: \_\_\_\_\_