

[Company Letterhead]
[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Recipient Name/Organization]
[Recipient Address]
[City, State, Zip Code]

Subject: Verification of Pension Benefits for [Employee Name]

To Whom It May Concern,

This letter is to formally verify the pension benefit details for **[Employee Full Name]**, Social Security Number **[XXX-XX-XXXX]**. Our records confirm that the individual is a participant in the **[Name of Pension Plan]** provided by **[Company Name]**.

The following information details the current status of the pension benefits:

- **Employment Dates:** [Start Date] to [End Date/Present]
- **Pension Status:** [Active / Vested / Retired / Receiving Payments]
- **Benefit Start Date:** [Date]
- **Gross Monthly Payment:** \$[Amount]
- **Payment Frequency:** [Monthly / Quarterly / Annually]
- **Cost of Living Adjustments (COLA):** [Yes/No]

This pension is [guaranteed/not guaranteed] for the lifetime of the recipient. Tax withholdings currently deducted from each payment total \$[Amount].

If you require any further documentation or have additional questions regarding these benefits, please contact the Human Resources or Benefits Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Company Name]