

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

As part of the application process for the Cigna Essential Benefits Plan Medical Insurance for my domestic worker, I hereby confirm that (Name of the domestic worker) \_\_\_\_\_ a holder of (Nationality) \_\_\_\_\_ passport, with passport number (passport number) \_\_\_\_\_ is paid a monthly salary of AED \_\_\_\_\_.

Regards,

\_\_\_\_\_  
Printed name of the sponsor

\_\_\_\_\_  
Signature of the sponsor