



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

Dear Cigna,

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,

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Printed Name of the Sponsor

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Signature of the Sponsor