

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Confirmation of Life Insurance Benefit Coverage Limit Adjustment**

Dear [Policyholder Name],

This letter serves as formal confirmation that the benefit coverage limit for your life insurance policy has been adjusted as per your recent request.

**Policy Details:**

- **Policy Number:** [Policy Number]
- **Previous Coverage Limit:** \$[Amount]
- **New Coverage Limit:** \$[Amount]
- **Effective Date:** [Date]

Please note that your premium payments have been updated to reflect this change. Your new recurring premium amount will be \$[Amount], starting on [Date].

We have enclosed the updated policy endorsement for your records. Please review the document carefully and attach it to your original policy folder.

If you have any questions regarding this adjustment or your policy benefits, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]