[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Annual Privacy Notice Regarding Your Life Insurance Policy

Dear [Policyholder Name],

At [Insurance Company Name], protecting your personal information is a top priority. This letter serves as your annual notification regarding our privacy practices and how we handle your personal data in connection with your life insurance policy, number [Policy Number].

Information We Collect
We collect non-public personal information about you to provide insurance products and services. This includes information from your application (such as name, address, and social security number) and information about your transactions with us (such as payment history and policy coverage).

How We Use Your Information
We use your information to manage your policy, process claims, and provide customer service. We do not sell your personal information to third parties.

Information Sharing
We may share your information with affiliated companies or third-party service providers who perform business functions on our behalf. These parties are legally required to keep your information confidential and use it only for the services they provide to us.

Protecting Your Data
We maintain physical, electronic, and procedural safeguards to protect your personal information from unauthorized access or use.

Your Rights
You have the right to review the personal information we have on file for you and to request corrections if necessary.

For a full copy of our Privacy Policy, please visit our website at [Website URL] or contact our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]