

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

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: Notice of Policy Deductible Modification

Policy Number: [Policy Number]
Effective Date of Change: [Date]

Dear [Policyholder Name],

This letter serves as formal notification regarding a change to the deductible amount on your insurance policy. After a recent review of your account, we have modified your deductible as follows:

- **Previous Deductible:** \$[Amount]
- **New Deductible:** \$[Amount]

The modification is scheduled to take effect on [Effective Date]. This change may result in a corresponding adjustment to your premium amount. Please find the enclosed updated Policy Declarations page, which reflects these changes in detail.

If you have any questions regarding this modification or wish to discuss alternative coverage options, please contact our customer service department at [Phone Number] or email us at [Email Address].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Sender Name]
[Title]
[Company Name]