

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

[Date]

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

Re: Notice of Change in Insurance Coverage

Policy Number: [Policy Number]

Effective Date of Change: [Date]

Dear [Policyholder Name],

We are writing to formally notify you of upcoming changes to your insurance policy. This letter serves as notice that your coverage will be reduced and new limitations will be applied effective [Effective Date].

Summary of Changes:

- **Coverage Reduction:** [Describe specific benefit or coverage area being decreased or removed].
- **New/Revised Limitations:** [Describe any new caps, exclusions, or restricted conditions].
- **Deductible/Premium Adjustments:** [Mention if these changes affect the cost or out-of-pocket minimums].

These changes were made due to [Brief Reason, e.g., Updated Regulatory Requirements/Market Adjustments/Policy Renewal Terms].

Please review the enclosed/attached Amendment/Endorsement carefully, as it outlines the full details of your modified coverage. We recommend filing this document with your original policy for your records.

If you have any questions regarding how these changes affect your policy, or if you wish to discuss alternative coverage options, please contact our Customer Service department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Signature]
[Title/Department]
[Company Name]