

Date: [Insert Date]

To: [Policyholder Name]

Address: [Policyholder Address]

City, State, Zip: [City, State, Zip Code]

Subject: Notice of Policy Rider Termination

Dear [Policyholder Name],

This letter serves as formal notification regarding the termination of a specific rider attached to your insurance policy. Please review the details below carefully.

Policy Number: [Insert Policy Number]

Rider Name: [Insert Name of Rider to be Terminated]

Termination Effective Date: [Insert Date]

Reason for termination: [Insert Reason, e.g., Request by policyholder / Reached age limit / Non-payment of rider premium].

As of the effective date mentioned above, the coverage provided by this specific rider will cease. This change does not affect the base coverage or any other active riders associated with your primary policy, provided all other conditions continue to be met.

Your adjusted premium amount, reflecting the removal of this rider, will be [Insert New Premium Amount] starting from your next billing cycle on [Insert Date].

If you have any questions regarding this change or if you believe this notice was sent in error, please contact our customer service department at [Insert Phone Number] or email us at [Insert Email Address].

Thank you for your continued trust in our services.

Sincerely,

[Sender Name/Department]

[Company Name]