

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Enhancing Your Peace of Mind - Critical Illness Policy Upgrade**

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your protection needs. We are writing to you because you currently hold a Peace of Mind Critical Illness policy, and we want to ensure your coverage continues to meet your evolving needs.

Since you first took out your policy, medical advancements and rising healthcare costs have changed the landscape of recovery. To ensure you have the highest level of financial security, we are pleased to offer you an exclusive upgrade option.

**Why upgrade your coverage?**

- **Expanded Condition List:** Coverage for [Number] additional illnesses not included in your current plan.
- **Increased Lump Sum:** A higher payout amount to cover experimental treatments, lost income, or household expenses.
- **Early Intervention Benefit:** Partial payouts for early-stage diagnoses to help you seek treatment sooner.
- **Family Support Services:** Access to second medical opinions and mental health counseling.

**Your Current vs. Upgraded Plan:**

Current Benefit Amount: \$[Amount]

New Enhanced Benefit Amount: \$[Amount]

New Monthly Premium: \$[Amount]

This upgrade is designed to be seamless. There is no need for a new medical examination in most cases, and your enhanced coverage can begin as early as [Date].

To accept this upgrade or to discuss your options with a dedicated advisor, please call us at [Phone Number] or visit our secure portal at [Website Link] by [Deadline Date].

Protecting your future is our priority. We look forward to providing you with even greater peace of mind.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]