

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Annual Review of Your Family Health Insurance Policy - [Policy Number]

Dear [Policyholder Name],

It is time for your annual family insurance policy review. As your household needs change, we want to ensure that your current coverage still provides the best protection for you and your dependents.

Please review your current policy details below:

- **Current Plan:** [Plan Name]
- **Covered Individuals:** [List Names of Family Members]
- **Renewal Date:** [Date]
- **Monthly Premium:** [Amount]

We recommend scheduling a brief call to discuss any life changes that may affect your coverage, such as:

- New additions to the family (birth or adoption)
- Changes in dependent status (children reaching age limits)
- Updates to your home address or contact information
- Changes in medical needs or preferred providers

If you would like to keep your coverage exactly as it is, no immediate action is required, and your policy will renew automatically on the date listed above. However, if you wish to explore new plan options or update your information, please contact us at [Phone Number] or [Email Address] by [Deadline Date].

Thank you for choosing [Insurance Company Name] to protect your family.

Sincerely,

[Agent Name]

[Insurance Company Name]

[Phone Number]