

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

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

Subject: Confirmation of Reduction in Workers' Compensation Coverage

Dear [Employee Name],

This letter serves as formal confirmation regarding the changes to your Workers' Compensation insurance coverage, effective as of [Effective Date].

As per [our previous discussion / your written request dated Date], your coverage has been adjusted as follows:

- **Previous Coverage Level:** [Details of old coverage]
- **New Coverage Level:** [Details of reduced coverage]
- **Reason for Change:** [Reason, e.g., change in job classification, reduction in hours, or voluntary waiver of specific optional benefits]

Please be advised that this reduction may affect the extent of benefits available to you in the event of a work-related injury or illness. We encourage you to review your updated policy documents carefully to understand your current protections and limitations.

If you have any questions regarding these changes or wish to discuss your coverage options further, please contact the Human Resources Department at [Phone Number] or [Email Address].

Please sign and return a copy of this letter to acknowledge that you have been informed of this reduction in coverage.

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Company Name]

Employee Acknowledgment:

I, [Employee Name], acknowledge that I have received notice of the reduction in my Workers' Compensation coverage as described above.

Signature: _____ Date: _____