[Your Full Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Insurance Company Name]
[Attn: Income Protection Department / Policy Administrator]
[Insurance Company Address]

RE: Policy Number: [Your Policy Number] - Assessment of Coverage for Career Change

Dear [Contact Name or Department],

I am writing to formally notify you of a career change and to request a review of my existing income protection policy to ensure my coverage remains valid and appropriate for my new professional circumstances.

Please find my updated professional details below:

- **Effective Date of Change:** [Date]
- **New Job Title:** [New Job Title]
- **New Employer:** [New Company Name]
- **Nature of Duties:** [Briefly describe if the work is office-based, manual labor, or involves travel]
- **New Annual Salary/Income:** [Amount]

Based on this information, I request that you assess the following:

1. Does my change in occupation affect my current premium or risk classification?
2. Is my new salary fully covered under the current sum insured, or is an adjustment required?
3. Are there any new exclusions or limitations applicable to my new role?
4. Does the definition of "total disability" (e.g., Own Occupation vs. Any Occupation) change based on this new role?

I have attached a copy of my new employment contract/job description for your reference. Please confirm in writing that my coverage continues without interruption and advise of any necessary amendments to my policy documents.

Thank you for your assistance. I look forward to your response.

Sincerely,

[Your Signature]

[Your Printed Name]