

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Acknowledgment of Request to Increase Life Insurance Coverage**

Dear [Policyholder Name],

We are writing to formally acknowledge the receipt of your request to increase the coverage limit on your life insurance policy, [Policy Number].

Our underwriting department is currently reviewing your application and any supporting documentation provided. Please be advised that this process may include a review of your medical history or a requirement for a new medical examination.

**Next Steps:**

- Review Period: The assessment typically takes [Number] business days.
- Additional Info: We will contact you if further information is required.
- Notification: You will receive a formal notice via mail once a decision has been made regarding the premium adjustment and new coverage limit.

Please note that your current coverage remains in effect at its existing limit until the increase is officially approved and the first adjusted premium payment is received.

If you have any questions, please contact our customer service department at [Phone Number] or email us at [Email Address].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]