

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Acknowledgment of Coverage Limit Increase - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to formally acknowledge that your request to increase the coverage limits on your health insurance policy has been processed and approved.

The updated coverage details are as follows:

- **Previous Limit:** [Amount]
- **New Limit:** [Amount]
- **Effective Date:** [Date]

Your adjusted premium reflecting this change is [Amount], which will be billed on your next scheduled payment date. Please find the attached updated policy schedule for your records.

If you have any questions regarding these changes or your benefits, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]