

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Notification of Premium Adjustment for Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to formally confirm the recent upgrade to your coverage under policy number [Policy Number], effective as of [Effective Date].

As a result of this increase in coverage limits and the additional benefits added to your plan, there has been an adjustment to your premium amount. This change ensures that your policy accurately reflects the enhanced level of protection now provided.

Adjustment Details:

- Previous Premium Amount: [Amount]
- New Premium Amount: [Amount]
- Frequency of Payment: [Monthly/Quarterly/Annually]
- Next Payment Due Date: [Date]

The updated coverage details and the revised schedule of benefits are attached to this letter for your records. Please review them carefully to ensure all information is correct.

If you have any questions regarding this adjustment or your new coverage limits, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Sender Name]

[Title]

[Company Name]