

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Re: Policy Number [Policy Number]

Dear [Policyholder Name],

This letter is to confirm the recent change made to your insurance policy regarding your deductible amount.

As requested, your deductible has been reduced from \$[Old Deductible Amount] to \$[New Deductible Amount], effective [Effective Date].

Please note that lowering your deductible reduces your out-of-pocket costs in the event of a claim. Consequently, this change has resulted in an increase to your insurance premium. Your new premium amount is \$[New Premium Amount], reflecting an increase of \$[Increase Amount] per [Payment Period].

The updated billing schedule is as follows:

- New Total Premium: \$[Amount]
- Next Payment Due Date: [Date]
- Next Payment Amount: \$[Amount]

An updated Policy Declarations page is enclosed for your records. We recommend reviewing this document to ensure all information is correct.

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

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]

[Title]

[Company Name]