

[Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Confirmation of Policy Downgrade and Premium Reduction

Dear [Policyholder Name],

This letter is to confirm that we have processed your request to downgrade your insurance policy, effective [Effective Date].

Policy Details:

- Policy Number: [Policy Number]
- Previous Plan: [Old Plan Name]
- New Plan: [New Plan Name]

Premium Adjustment:

As a result of this change, your recurring premium has been reduced. Your new premium amount will be **\$[New Amount]**, scheduled to be billed [Monthly/Quarterly/Annually].

Please note that by downgrading your policy, your coverage limits and benefits have changed as follows:

- [List major change 1]
- [List major change 2]

An updated policy document outlining your new coverage terms is enclosed with this letter. We recommend reviewing these documents carefully to ensure you understand your current level of protection.

If you have any questions regarding these changes or if you wish to discuss your coverage options further, please contact our customer service department at [Phone Number] or email us at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Signature]
[Sender Name]
[Title]