

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Rider Addition and Premium Adjustment for Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to confirm that the following rider(s) have been successfully added to your life insurance policy, effective as of [Effective Date]:

- [Name of Rider, e.g., Accidental Death Benefit]
- [Name of Rider, e.g., Waiver of Premium]

Due to the addition of these benefits, your premium amount has been adjusted. Please find the updated payment details below:

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

Attached to this letter is the endorsement document detailing the terms and conditions of the new rider(s). Please keep this with your original policy documents.

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

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]