

[Date]

[Recipient Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Policy Deductible Increase

Dear [Recipient Name],

This letter is to confirm that the request to increase the deductible on your insurance policy has been processed successfully.

Policy Details:

- **Policy Number:** [Policy Number]
- **Effective Date:** [Date]
- **New Deductible Amount:** \$[Amount]
- **Previous Deductible Amount:** \$[Amount]

Please note that by increasing your deductible, your out-of-pocket costs will be higher in the event of a claim. However, this change may result in a reduction of your premium payments. An updated policy declaration page reflecting this change is enclosed with this letter.

We recommend that you review your coverage to ensure it still meets your financial needs. If you have any questions or did not authorize this change, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]

[Title]

[Company Name]