

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Confirmation of Workers Compensation Deductible Change

Policy Number: [Policy Number]

Dear [Contact Name],

This letter serves as formal confirmation that the deductible amount for your Workers Compensation insurance policy has been updated per your request.

Change Details:

- Effective Date of Change: [Effective Date]
- Previous Deductible Amount: \$[Amount]
- New Deductible Amount: \$[Amount]

As a result of this change, your policy premium has been adjusted to \$[New Premium Amount]. You will receive an updated policy declaration page and a revised billing statement reflecting this change within [Number] business days.

Please note that the new deductible applies to all claims occurring on or after the effective date listed above. All other terms and conditions of your policy remain in full force and effect.

If you have any questions regarding this change or your policy coverage, please contact your insurance agent or our customer service department at [Phone Number].

Sincerely,

[Name of Sender]

[Title]

[Insurance Company Name]