

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Accidental Death Benefit Rider Addition

Dear [Policyholder Name],

This letter serves as formal confirmation that the Accidental Death Benefit Rider has been successfully added to your life insurance policy, effective [Effective Date].

Policy Details:

- Policy Number: [Policy Number]
- Rider Type: Accidental Death Benefit
- Additional Benefit Amount: \$[Amount]
- Updated Total Premium: \$[New Premium Amount]
- Premium Payment Frequency: [Monthly/Quarterly/Annually]

The Accidental Death Benefit Rider provides an additional payout to your beneficiaries if the cause of death is the direct result of a covered accident. Please review the attached rider document for specific terms, conditions, and exclusions.

Your updated policy schedule is enclosed with this letter. We recommend keeping this document with your original policy files.

If you have any questions regarding this addition or your overall coverage, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]