

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**Subject: Confirmation of Waiver of Premium Rider Addition**

Dear [Policyholder Name],

This letter serves as official confirmation that the **Waiver of Premium Rider** has been successfully added to your life insurance policy, effective [Effective Date].

**Policy Details:**

- Policy Number: [Policy Number]
- Rider Type: Waiver of Premium
- Additional Premium Amount: [Amount]
- New Total Periodic Premium: [Total Amount]

**Rider Summary:**

Under the terms of this rider, the company will waive your life insurance premium payments should you become totally disabled, as defined by the policy, for a continuous period of at least [Waiting Period, e.g., six months]. This ensures your coverage remains in force during your disability without further payment from you.

Please find the enclosed Rider Amendment. We recommend that you attach this document to your original insurance policy for your records. It is important to review the specific terms, conditions, and age limitations associated with this benefit.

If you have any questions regarding this addition or your policy benefits, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Authorized Signature]  
[Name of Officer]  
[Title/Department]

Enclosure: Waiver of Premium Rider Amendment