

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

[Date]

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

Subject: Confirmation of Child Term Insurance Rider Addition

Dear [Policyholder Name],

This letter serves as formal confirmation that the Child Term Insurance Rider has been successfully added to your life insurance policy, effective as of [Effective Date].

Policy Details:

- Base Policy Number: [Policy Number]
- Rider Type: Child Term Rider
- Coverage Amount: \$[Amount] per child
- Additional Premium Amount: \$[Amount]
- Premium Frequency: [Monthly/Quarterly/Annually]

Covered Dependents:

The following child(ren) are currently enrolled under this rider:

- [Child Name 1] - DOB: [Date of Birth]
- [Child Name 2] - DOB: [Date of Birth]

Please review the attached rider endorsement for complete details regarding coverage terms, eligibility requirements, and conversion options. It is important to keep this document with your original policy folder.

Your updated premium reflecting this change will begin on [Next Billing Date]. If you have any questions or notice any discrepancies in the information listed above, please contact our Customer Service department at [Phone Number].

Thank you for choosing [Company Name] for your family's protection needs.

Sincerely,

[Sender Name/Department]

[Title]

[Company Name]