

[Full Name of Policyholder 1]  
[Full Name of Policyholder 2]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Insurance Company Name]  
[Department Name]  
[Company Address]  
[City, State, Zip Code]

**Subject: Notification of Marriage and Request for Policy Combination**

To Whom It May Concern,

We are writing to formally notify [Insurance Company Name] of our recent marriage, which took place on [Date of Marriage]. Please find a copy of our marriage certificate attached for your records.

We currently hold the following separate policies with your company:

- **Policyholder 1:** [Name], Policy Number: [Number]
- **Policyholder 2:** [Name], Policy Number: [Number]

We would like to combine these individual policies into a single joint policy effective immediately. Additionally, please update our account information as follows:

**Primary Contact Name:** [Name]  
**New Mailing Address:** [Full Address]  
**Updated Surname (if applicable):** [New Name]

Please review our accounts to determine if this combination qualifies us for a multi-policy or marital discount. We request that you send a confirmation of these changes and a copy of the updated policy documents to the address listed above.

If you require any further documentation or information to complete this process, please contact us at [Phone Number] or [Email Address].

Thank you for your assistance.

Sincerely,

[Signature of Policyholder 1]  
[Printed Name]

[Signature of Policyholder 2]  
[Printed Name]

**Attachment:** Marriage Certificate