

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Confirmation of Group Life to Individual Life Policy Conversion**

Dear [Policyholder Name],

This letter serves as official confirmation that your request to convert your Group Life Insurance coverage to an Individual Life Insurance policy has been successfully processed.

**Policy Details:**

- **New Policy Number:** [Policy Number]
- **Effective Date:** [Date]
- **Coverage Amount:** [Amount]
- **Premium Amount:** [Amount]
- **Payment Frequency:** [Monthly/Quarterly/Annual]

Your new individual policy is now active. This coverage is no longer tied to your previous employer or group plan, and as long as premiums are paid on time, your coverage will remain in force according to the terms of the policy.

Please find the enclosed policy document for your records. We recommend reviewing the terms and conditions carefully. If you have any questions or need to update your beneficiary information, please contact our customer service department at [Phone Number] or [Email Address].

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

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]