

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Notification of Premium Adjustment - Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you of a change to the premium amount for your [Insurance Type] policy. This adjustment will take effect on [Effective Date].

Adjustment Summary:

- Current Premium: [Amount]
- New Premium: [Amount]
- Frequency of Payment: [Monthly/Quarterly/Annually]

Reason for Adjustment:

The change in your premium is due to [Reason: e.g., Annual inflation adjustment / Change in coverage limits / Claims history / Regulatory changes].

Next Steps:

- **Automatic Payments:** If you are enrolled in automatic billing, the new amount will be deducted automatically starting on [Date].
- **Manual Payments:** Please update your payment records to reflect the new amount by your next due date.

If you have any questions regarding this change or would like to review your coverage options to find a plan that better fits your budget, please contact our customer service team at [Phone Number] or visit [Website].

Thank you for choosing [Company Name]. We appreciate your continued business.

Sincerely,

[Sender Name]

[Title]

[Company Name]