

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Insurance Company Name]
[Insurance Company Address]
[Policy Number]

Subject: Notification of Career Change and Request for Coverage Adjustment

Dear Customer Service Department,

I am writing to formally notify you of a change in my professional status that may affect my current income protection policy. As of [Date], I have transitioned to a new role and career path.

Please find my updated employment details below:

- **New Job Title:** [New Job Title]
- **New Employer:** [New Employer Name]
- **New Annual Salary:** [New Salary Amount]
- **Nature of Duties:** [Brief description of duties, e.g., office-based, manual labor, etc.]

Based on this change in my income and occupational risk category, I would like to request a review of my current coverage levels and premium rates. Specifically, I would like to:

- Adjust my monthly benefit amount to reflect my new salary.
- Confirm if my new occupation changes my risk classification.
- Receive an updated quote for my monthly premiums.

Attached to this letter, please find a copy of my new employment contract/recent payslip as proof of these changes.

Please let me know if there are any specific forms I need to complete or if you require additional information to process this adjustment. I look forward to receiving a confirmation of these changes and the updated policy schedule.

Sincerely,

[Your Signature]

[Your Printed Name]