

[Date]
[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Policy Renewal and Premium Adjustment - Policy Number: [Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your insurance needs. We are writing to inform you that your policy is approaching its annual renewal date on [Renewal Date].

To ensure we continue providing you with the highest level of coverage and service, your premium has been adjusted for the upcoming term. Your new premium amount will be [New Premium Amount], effective [Effective Date].

This adjustment is due to [Reason for Increase: e.g., rising healthcare costs, inflation, or industry-wide adjustments]. We remain committed to providing you with comprehensive protection and peace of mind.

Renewal Summary:

- Current Premium: [Current Amount]
- New Premium: [New Amount]
- Renewal Date: [Date]

If your premium is paid via automatic deduction, no action is required; the new amount will be withdrawn on your scheduled billing date. If you pay manually, please ensure payment is received by [Due Date] to avoid any lapse in coverage.

We have enclosed your updated policy documents and summary of benefits for your review. If you have any questions or wish to discuss your coverage options, please contact our customer service team at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]