

# Beneficiary Reassignment Notification

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you about an important update regarding your medical insurance benefits. As of [Effective Date], the beneficiary designation associated with your policy number [Policy Number] has been reassigned.

The new beneficiary is:

- Name: [New Beneficiary's Name]
- 
- Date of Birth: [DOB of New Beneficiary]
- Contact Information: [New Beneficiary's Contact Information]

If you have any questions regarding this change or if you wish to contest the reassignment, please contact our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Contact Information]