

Notice of Premium Adjustment

Date: [Insert Date]

To: [Insert Policyholder's Name]

Address: [Insert Policyholder's Address]

Dear [Policyholder's Name],

We are writing to inform you of an upcoming adjustment to your healthcare services premium. After a thorough review, we have determined that an adjustment is necessary due to [briefly explain reason, e.g., changes in your coverage needs, regulatory changes, etc.].

Your new monthly premium will be [Insert New Premium Amount], effective [Insert Effective Date].

If you have any questions regarding this adjustment, please feel free to contact our customer service team at [Insert Phone Number] or email us at [Insert Email Address]. We appreciate your understanding and continued trust in our services.

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Company Contact Information]