## **Policy Premium Adjustment Notification**

Date: [Insert Date]

Dear [Policyholder's Name],

We are writing to inform you of an important update regarding your insurance policy, number [Policy Number]. Due to a change in your employment status, we have conducted a review of your policy and its associated premium.

Effective [Effective Date], your new premium amount will be [New Premium Amount]. This adjustment is necessary to ensure your coverage reflects your current circumstances and continues to meet your needs.

If you have any questions or would like to discuss this change further, please do not hesitate to contact our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for your understanding and for being a valued policyholder.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]