

# Policy Premium Adjustment Notification

Date: [Insert Date]

Dear [Policyholder's Name],

We hope this message finds you well. We are writing to inform you of a temporary suspension of coverage for your policy number [Insert Policy Number] due to [reason for suspension].

During this period of suspension, your premium will be adjusted accordingly. The new premium amount will be [Insert New Premium Amount]. This adjustment will take effect on [Insert Effective Date] and will remain in place until [Insert Date of Coverage Resumption].

Please note that once the coverage is resumed, your premium will revert to the original amount of [Insert Original Premium Amount].

If you have any questions or need further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Company Name]

[Your Company Address]

[Your Company Phone Number]