## **Notice of Changes to Your Funeral Insurance Coverage**

Date: [Insert Date]

Dear [Policyholder's Name],

We are writing to inform you about important changes to your funeral insurance coverage effective [Effective Date]. These changes are designed to enhance your policy and provide you with better services.

## **Summary of Changes:**

- Increased coverage amount from [Old Amount] to [New Amount].
- Premium adjustment: The new monthly premium will be [New Premium].
- New benefits include [List New Benefits].
- Policy exclusions have been updated to [List Key Changes in Exclusions].

Please review the attached documents for detailed information regarding your updated coverage. If you have any questions or concerns, feel free to contact us at [Customer Service Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name]. We appreciate your trust in us during this important time.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Company Address]

[Phone Number]