

Premium Refund Approval

Date: [Insert Date]

[Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

We are pleased to inform you that your request for a premium refund related to policy number [Insert Policy Number] has been approved. After reviewing your request, we have determined that you are eligible for a refund of [Insert Refund Amount].

The refund will be processed within [Insert Processing Time] and will be credited to the payment method you used when initiating your policy. If you prefer a different method for receiving this refund, please contact us at [Insert Contact Information].

Thank you for being a valued policyholder. If you have any questions or need further assistance, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Contact Information]