

Letter of Adjustment in Premium Payment Terms

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request an adjustment in the premium payment terms for my insurance policy #[Policy Number].

Due to [brief explanation of circumstance, e.g., financial hardship, change in income], I am unable to meet the current payment schedule. I would like to discuss the possibility of modifying the payment terms to better suit my current financial situation.

My proposed changes include [state your proposed terms, e.g., extending payment deadlines, reducing premiums, etc.]. I believe this will enable me to maintain my coverage without interruption.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] to discuss this further.

Thank you for your understanding.

Sincerely,

[Your Name]