

Request to Alter Premium Installment Plan

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request an alteration to my premium installment plan for my policy number [Your Policy Number].

Due to [briefly explain the reason, e.g., financial circumstances, changes in income, etc.], I am unable to maintain my current payment schedule. I would greatly appreciate your assistance in adjusting my installment plan to better align with my current financial situation.

Specifically, I would like to request [details of the proposed changes, e.g., lower monthly payments, extended payment period, etc.]. I believe this adjustment will allow me to continue fulfilling my obligations while ensuring that I remain in good standing with your company.

Thank you for considering my request. I am looking forward to your positive response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information or documentation.

Sincerely,

[Your Name]