

Notification of Coverage Period Modification

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you about a modification to your insurance coverage period. This change will take effect on [Effective Date] and will alter the terms of your current policy.

Details of the Coverage Modification:

- **Previous Coverage Period:** [Start Date] to [End Date]
- **New Coverage Period:** [New Start Date] to [New End Date]

We believe this modification will better accommodate your needs. Please review the changes carefully, and do not hesitate to reach out to us should you have any questions or require further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]