

# Notification of Change in Disability Insurance Status

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you of an important change in your disability insurance status.

Effective [Insert Effective Date], there will be a change to your disability insurance coverage due to [briefly explain the reason for the change, e.g., policy review, eligibility update, etc.]. As a result, [provide details about the change in coverage, benefits, or terms].

If you have any questions or need further clarification regarding your new policy details, please feel free to contact us at [Insert Contact Information]. We are here to assist you.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Company Contact Information]