

Notice of Modification to Healthcare Policy

Date: [Insert Date]

Dear [Policyholder's Name],

We are writing to inform you about important updates to your healthcare policy, effective [Insert Effective Date]. This modification is intended to enhance your coverage and ensure you receive the best possible care.

Key Changes:

- [Change 1 - Description]
- [Change 2 - Description]
- [Change 3 - Description]

If you have any questions or need further clarification about these changes, please feel free to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]