

# Health Insurance Adjustment Notification

Dear [Enrollee's Name],

We are pleased to welcome you to our health insurance program! As a new enrollee, we would like to inform you about an important adjustment related to your health coverage.

Effective [Start Date], your premium will be adjusted to [New Premium Amount] due to [Reason for Adjustment]. Please know that this adjustment reflects our commitment to providing you with comprehensive and high-quality health care services.

If you have any questions or require further assistance, please do not hesitate to contact our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing [Insurance Provider Name]. We look forward to serving your health insurance needs.

Sincerely,

[Your Name]

[Your Title]

[Insurance Provider Name]