

Notification for Deductible Adjustment

Date: [Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you about an adjustment to your deductible related to your policy number [Policy Number]. After a thorough review, we have determined that a change is necessary.

The new deductible amount will be [New Deductible Amount] effective from [Effective Date]. Please review your policy and contact us if you have any questions or require further clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]