

Supplemental Insurance Benefit Change Clarification

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to clarify the recent changes made to your supplemental insurance benefits. As of [effective date], there have been some updates that may impact your coverage.

1. **Benefit Changes:** [Detail the specific changes in benefits, such as increased coverage amounts, changes in premiums, or new exclusions.]
2. **Eligibility:** [Explain any changes in eligibility or enrollment requirements.]
3. **Next Steps:** [Provide information on what actions the recipient needs to take, if any.]

If you have any questions or require further clarification, please do not hesitate to contact us at [contact information]. We appreciate your understanding and are here to assist you with any concerns.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]