

# Supplemental Insurance Benefit Increase Notification

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that effective [Insert Effective Date], your supplemental insurance benefit will increase. This adjustment is part of our commitment to providing you with the best coverage available.

Your new benefit amount will be [Insert New Benefit Amount]. This increase is designed to help better meet your needs and ensure you have the coverage necessary in today's changing environment.

If you have any questions regarding this change or need further assistance, please do not hesitate to contact our customer service team at [Insert Contact Number] or [Insert Email Address].

Thank you for choosing [Insurance Company Name] as your insurance provider. We appreciate your trust and look forward to continuing to serve your insurance needs.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]