

Notice of Supplemental Insurance Policy Adjustment

Date: [Insert Date]

Dear [Policyholder's Name],

We hope this message finds you well. We are writing to inform you of recent adjustments made to your supplemental insurance policy (Policy Number: [Insert Policy Number]).

Adjustment Details:

- **Adjustment Type:** [e.g., Premium Change, Coverage Update]
- **Effective Date:** [Insert Effective Date]
- **Previous Premium:** [Insert Previous Premium]
- **New Premium:** [Insert New Premium]
- **Coverage Changes:** [Briefly describe any changes to coverage]

If you have any questions regarding this adjustment, please feel free to contact our customer service team at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Title]
[Company Name]