

Supplemental Insurance Premium Modification Notice

Date: [Insert Date]

To: [Policyholder Name]

Address: [Policyholder Address]

Dear [Policyholder Name],

We are writing to inform you of an upcoming modification to your supplemental insurance policy (Policy Number: [Policy Number]). This modification will affect your premium amount starting from [Effective Date].

The new premium amount will be [New Premium Amount], adjusted from your previous premium of [Old Premium Amount]. This adjustment has been made due to [reason for modification, e.g., changes in coverage, policy updates, etc.].

Please ensure that your payment details are updated to reflect this change. If you have any questions or concerns regarding this modification, do not hesitate to reach out to our customer service team at [Customer Service Phone Number] or [Customer Service Email].

We appreciate your understanding and continued trust in us for your supplemental insurance needs.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[Company Phone Number]

[Company Email]