

# Health Insurance Coverage Adjustment Notification

Date: [Insert Date]

From: [Your Name]  
[Your Title]  
[Your Company]  
[Your Address]  
[City, State, Zip Code]  
[Your Email]  
[Your Phone Number]

To: [Recipient's Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you of an adjustment to your health insurance coverage that will take effect on [Effective Date]. This change is in accordance with your recent request/review of your current policy.

Your new coverage details are as follows:

- Coverage Plan: [New Plan Name]
- Monthly Premium: [New Premium Amount]
- Deductibles: [New Deductible Amount]
- Coverage Limits: [New Coverage Limits]

Please review these changes carefully. If you have any questions or would like to discuss this adjustment further, do not hesitate to contact us at [Your Contact Information].

Thank you for choosing [Your Company] for your health insurance needs.

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