

Health Insurance Premium Adjustment Inquiry

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to inquire about the recent adjustment to my health insurance premium for policy number [Your Policy Number]. I noticed that my premium increased from [Previous Premium Amount] to [New Premium Amount] effective [Effective Date of New Premium].

I would like to understand the reasons behind this adjustment and whether there are any factors that contributed to the premium increase. Additionally, I would appreciate any information on potential options for reducing my premium.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]