

Student Insurance Coverage Adjustment Notification

Date: [Insert Date]

To: [Student's Name]

[Student's Address]

Dear [Student's Name],

We are writing to inform you of an adjustment to your student insurance coverage effective [Insert Effective Date]. This adjustment has been made to ensure that you receive the best possible support during your time with us.

The following changes will take effect:

- Coverage Level: [Insert New Coverage Level]
- Premium Amount: [Insert New Premium Amount]
- Additional Benefits: [List Additional Benefits]

Please review the updated policy documents attached to this notification for further details. If you have any questions or concerns regarding this adjustment, do not hesitate to contact our office at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Institution Name]

[Institution Contact Information]