Confirmation of Adding Dependents

Date: [Insert Date]

To: [Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

We are pleased to confirm that the following dependents have been successfully added to your policy:

- [Dependent Name 1] - [Relationship]
- [Dependent Name 2] - [Relationship]
- [Dependent Name 3] - [Relationship]

Your policy number is: [Policy Number]. This adjustment will take effect on [Effective Date]. Please review your policy documents to understand any changes in coverage or premiums.

If you have any questions or need further assistance, feel free to contact our customer support team at [Customer Support Phone Number] or [Customer Support Email].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]