

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

Insurance Company Name
Company Address
City, State, Zip Code

Dear [Claims Department/Customer Service],

I am writing to formally express my dissatisfaction regarding the lack of notification I received concerning changes to my insurance policy (Policy Number: [Your Policy Number]).

On [date when you became aware of the changes], I discovered that my policy terms had been changed without my prior knowledge. I believe it is essential for customers to be informed about significant alterations that may affect their coverage and premiums.

I urge you to review my complaint and provide clarification regarding the reasons for this lack of notification. Additionally, I would appreciate any steps you plan to take to ensure that such communication issues do not occur in the future.

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

Sincerely,
[Your Name]