

Confirmation of Travel Insurance Plan Alteration

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We are writing to confirm the alteration made to your travel insurance plan. Below are the details of the adjustments:

New Plan Details

- Coverage Type: [Insert Coverage Type]
- Start Date: [Insert Start Date]
- End Date: [Insert End Date]
- Premium Amount: [Insert Premium Amount]

All other terms and conditions of your policy remain unchanged. Please review the details above and let us know if you have any questions or require further assistance.

Thank you for choosing our travel insurance services.

Sincerely,

[Your Company Name]

[Contact Information]