

Policy Rider Benefits Explanation

Date: [Insert Date]

Policyholder: [Insert Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder's Name],

We are pleased to inform you about the additional benefits provided through the policy riders that you have opted for in your insurance policy. Below is a detailed explanation of each rider and its associated benefits:

1. Accidental Death Benefit Rider

This rider provides an additional sum assured in the event of accidental death. The benefits under this rider are as follows:

- Additional sum assured of [Insert Amount]
- Beneficiary receives the total benefit amount promptly

2. Waiver of Premium Rider

In the event of total and permanent disability, this rider ensures that your premiums are waived. Benefits include:

- No premium payments required during the disability period
- Policy remains active and coverage continues

3. Critical Illness Rider

This rider provides a lump sum benefit upon diagnosis of certain critical illnesses. Benefits include:

- Financial support during medical treatment
- Option to use funds for any purpose

We encourage you to review these benefits in detail and understand how they enhance your coverage. Should you have any questions or require further clarification, please feel free to reach out to our customer service team at [Insert Contact Information].

Thank you for choosing us as your insurance provider.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]