

# Notification of Change in Coverage Effective Date

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you of a change regarding your insurance policy with us. The effective date of your coverage has been altered as follows:

**Current Effective Date:** [Insert Current Effective Date]

**New Effective Date:** [Insert New Effective Date]

This adjustment has been made to [briefly state reason for the change, e.g., "accommodate recent updates in our policy terms"]. We apologize for any inconvenience this may cause and are committed to ensuring you have the best coverage possible.

If you have any questions or require further clarification, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Company Contact Information]