

Notification of Alteration in Health Insurance Coverage

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 an important change regarding your health insurance coverage, effective [Effective Date]. After careful review, we have made the following alterations:

- Coverage Type: [New Coverage Type]
- Monthly Premium: [New Premium Amount]
- Deductibles: [New Deductibles]
- Network Providers: [Updated Provider Information]

Please review the enclosed documentation for detailed information regarding these changes. If you have any questions or concerns, do not hesitate to contact us at [Contact Information].

Thank you for your understanding and continued trust in our services.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, ZIP Code]