

Notification of Changes to Health Policy

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you of important changes to our health policy that will take effect on [Effective Date]. These changes are part of our ongoing efforts to enhance the quality of care and services we provide.

Summary of Changes

- **Policy Overview:** [Brief description of the policy]
- **Changes in Coverage:** [Details of any modifications in coverage]
- **Updated Premium Rates:** [Information about any changes in premium costs]
- **New Benefits:** [List of new benefits offered]
- **Exclusions:** [Any new exclusions to be aware of]

Action Required

We encourage you to review the changes carefully. For any questions or to discuss how these changes may affect you, please contact our support team at [Contact Information].

Thank you for your attention to this important matter. We appreciate your continued trust in us for your health care needs.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]