

Health Policy Adjustment Notification

Date: [Insert Date]

Recipient Name
Recipient Address
City, State, ZIP Code

Dear [Recipient Name],

We are writing to inform you of an important adjustment to your health policy that will take effect on [Effective Date]. This change has been made in response to [reason for adjustment, e.g., regulatory requirements, changes in health care costs, etc.].

The key adjustments are as follows:

- [Detail the first adjustment]
- [Detail the second adjustment]
- [Additional adjustments, if any]

We understand that adjustments to your health policy may raise questions or concerns. Our team is available to assist you and provide further clarification. Please feel free to contact us at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Company/Organization Name]
[Contact Information]