

Credit Card Life Insurance Policy Update

Date: [Insert Date]

To: [Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

We are writing to inform you of an important update regarding your Credit Card Life Insurance policy associated with your account number: [Insert Account Number].

Effective [Insert Effective Date], your policy will include the following changes:

- **Coverage Amount:** [Insert Updated Coverage Amount]
- **Premium Rate:** [Insert Updated Premium Rate]
- **Eligibility Requirements:** [Insert Updated Eligibility Requirements]

Please review these changes carefully. If you have any questions or need further clarification, do not hesitate to contact our customer support team at [Insert Contact Number] or [Insert Email Address].

Thank you for being a valued policyholder.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]