

Notification of Insurance Payment Plan Change

Date: [Insert Date]

Dear [Customer's Name],

We are writing to inform you of an important update regarding your insurance policy with us. As of [Effective Date], your payment plan for policy number [Policy Number] will be changed to [New Payment Plan Details].

This change is being made to better accommodate your needs and ensure that you continue to receive the best service possible. If you have any questions or concerns regarding this change, please do not hesitate to reach out to us at [Customer Service Phone Number] or [Customer Service Email].

Thank you for being a valued customer.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]