

# Receipt for Changed Policies

**Date:** [Insert Date]

**Policy Holder:** [Insert Name]

**Policy Number:** [Insert Policy Number]

## Details of Changes Made:

- **Previous Coverage:** [Insert Previous Policy Details]
- **New Coverage:** [Insert New Policy Details]
- **Effective Date of Changes:** [Insert Effective Date]

## Confirmation:

This receipt confirms that the changes mentioned above have been processed and are now in effect.

**Thank you for your trust in us.**

Sincerely,  
[Your Company Name]  
[Contact Information]