

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Important Update Regarding Your Term Life Insurance Policy: [Policy Number]

Dear [Policyholder Name],

Your [Policy Name] policy is approaching its anniversary on [Renewal Date]. We appreciate the trust you have placed in [Company Name] to protect your family's future.

As you enter this new policy year, your protection needs may have grown. Whether you have bought a new home, started a family, or increased your income, it is important that your coverage keeps pace with your life. To ensure you remain fully protected, we are pleased to offer you a **Coverage Enhancement Option**.

Your Enhancement Offer:

- Current Death Benefit: \$[Current Amount]
- **New Enhanced Death Benefit: \$[New Amount]**
- New Monthly Premium: \$[New Premium Amount]

Why accept this offer?

- Guaranteed acceptance with no additional medical exams.
- Adjusted coverage to account for inflation and rising living costs.
- Peace of mind knowing your loved ones have additional financial security.

To accept this offer and update your policy, please sign and return the enclosed form or log in to your account at [Website URL] by [Deadline Date]. If you prefer to keep your current coverage level, no action is required, and your policy will renew at your existing rate.

If you have any questions, please contact your advisor [Agent Name] at [Phone Number] or call our customer service team at [Customer Service Number].

Thank you for choosing [Company Name].

Sincerely,

[Authorized Signatory Name]

[Title]

[Company Name]