

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Annual Anniversary Notice and Confirmation of Guaranteed Renewability**

Dear [Policyholder Name],

This letter is to formally notify you of the upcoming anniversary of your Term Life Insurance policy, number [Policy Number], effective [Anniversary Date].

We are writing to confirm that your policy includes a **Guaranteed Renewability** provision. This means that you have the right to renew your coverage at the end of your current term regardless of any changes in your health, occupation, or lifestyle, provided that your premiums are paid on time.

**Current Policy Details:**

- Current Expiration Date: [Date]
- Renewal Date: [Date]
- New Renewal Premium: [Amount]
- Coverage Amount: [Amount]

Your coverage will continue automatically upon receipt of your renewal premium. No medical examination or evidence of insurability is required to maintain your current level of protection.

If you have any questions regarding your renewal rates or if you wish to discuss your coverage options, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name] for your life insurance needs.

Sincerely,

[Sender Name/Department]

[Company Name]