

[Date]
[Policyholder Name]
[Address]
[City, State, Zip]

Subject: Health Status Update for Policy Renewal - Policy #[Policy Number]

Dear [Policyholder Name],

Your term life insurance policy is approaching its upcoming anniversary on [Date]. As part of the annual renewal process, we require an update regarding your current health status to ensure your coverage remains accurate and your premiums are correctly calculated.

Please review and answer the following questions regarding changes in the past 12 months:

- Have you been diagnosed with any new medical conditions? [Yes / No]
- Have you started any new prescription medications? [Yes / No]
- Have you undergone any surgeries or hospitalizations? [Yes / No]
- Have there been any changes to your tobacco or nicotine use? [Yes / No]

If you answered "Yes" to any of the above, please provide brief details below:

[_____]

Please sign and return this form by [Due Date] to finalize your renewal. Failure to provide this information may result in a delay in processing or a change in your policy terms.

Signature: _____

Date: _____

Sincerely,

[Agent Name]
[Insurance Company Name]
[Contact Phone Number]