

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Date]

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

Re: Notice of Premium Rate Adjustment  
Policy Number: [Policy Number]  
Renewal Anniversary Date: [Date]

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your life insurance needs. We are writing to inform you of an upcoming change to your premium as your Term Life Insurance policy approaches its renewal anniversary.

As outlined in your original policy contract, your initial level-premium period is concluding. To maintain your coverage for the upcoming term, your premium rate will be adjusted based on your attained age and current policy terms.

**Renewal Details:**

- Current Premium: [Amount]
- New Premium: [Amount]
- Effective Date: [Date]
- Payment Frequency: [Monthly/Quarterly/Annual]

No action is required if you wish to continue your coverage at the new rate. If you have set up automatic payments, the new amount will be deducted automatically on the effective date listed above.

If you wish to review your coverage options, decrease your benefit amount to lower your premium, or convert your policy to a permanent plan, please contact your insurance agent or our customer service team at [Phone Number].

We value your business and look forward to continuing to protect you and your family.

Sincerely,

[Sender Name/Department]  
[Company Name]