

[Company Name]
[Address Line 1]
[Address Line 2]
[Date]

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

Subject: Notification of Health Insurance Policy Renewal - Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your comprehensive health insurance policy is scheduled for renewal on [Renewal Date].

To ensure uninterrupted medical coverage, please review the updated terms and premium details for the upcoming period:

- **Current Premium:** \$[Amount]
- **New Renewal Premium:** \$[Amount]
- **Renewal Effective Date:** [Date]

What is changing?

[Briefly mention any changes to benefits, deductibles, or provider networks, or state "Your benefits remain unchanged"].

How to renew:

- **Automatic Renewal:** If you have set up automatic payments, no further action is required. The new premium will be deducted on [Date].
- **Manual Payment:** Please log in to your member portal at [Website Link] or send a check to the address above by [Due Date].

If you wish to make changes to your coverage or update your personal information, please contact our customer service department at [Phone Number] or [Email Address] before [Deadline Date].

Thank you for choosing [Company Name] for your healthcare needs.

Sincerely,

[Sender Name/Department]
[Company Name]