[Date]

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

**Subject: Notification of Age-Banded Rate Change for Dependent Coverage**

Dear [Employee Name],

We are writing to inform you of a change in the monthly premium for your dependent(s) enrolled in the [Plan Name].

As outlined in our benefit plan documents, premiums for dependents are determined by age-banded rating. This means that as a dependent enters a new age bracket, the premium rate is adjusted to reflect the cost associated with that specific age group.

Effective [Effective Date], the coverage for [Dependent Name] will move into the [Age Range] age bracket. As a result, your payroll deduction will change as follows:

- **Current Monthly Premium:** $[Amount]
- **New Monthly Premium:** $[Amount]

This change will be reflected in your paycheck dated [Date of First Paycheck]. No action is required on your part to continue this coverage; the system will update your deductions automatically.

If you have any questions regarding this adjustment or wish to review your coverage options, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Department]
[Company Name]