[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: FINAL NOTICE - Policy Renewal and Age-Banded Rate Adjustment

Policy Number: [Policy Number]

Dear [Policyholder Name],

This is the final notice regarding the upcoming renewal of your insurance policy, effective [Renewal Date].

Your policy is subject to age-banded rating. Because you [or a dependent] have moved into a new age bracket, your premium rate has been adjusted accordingly. These adjustments are a standard part of your policy terms and reflect the change in risk associated with your current age group.

Renewal Summary:

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

No action is required if you wish to maintain your current coverage. Your policy will automatically renew at the new rate on the effective date listed above. Your first payment at the new rate will be due on [Due Date].

If you wish to make changes to your coverage or discuss alternative plan options, please contact us at [Phone Number] or visit [Website] before [Deadline Date].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Department]
[Company Name]