[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

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

Subject: Notice of Policy Renewal and Age-Banded Premium Adjustment

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your insurance needs. We are writing to inform you that your policy [Policy Number] is approaching its renewal date on [Renewal Date].

Policy Illustration and Premium Update

Your policy features age-banded premium rates. This means that as you enter a new age bracket, your premium adjusts to reflect the current risk profile for that specific group. Based on your upcoming birthday, your coverage has moved into the [Age Bracket, e.g., 45-49] category.

Below is a summary of your renewal terms:

Description	Current Period	Renewal Period
Coverage Amount	$[Amount]	$[Amount]
Age Band	[Previous Age Band]	[New Age Band]
Monthly Premium	$[Current Premium]	$[New Premium]

Next Steps

If you wish to continue your coverage, no further action is required. Your policy will automatically renew on [Date], and the new premium amount will be applied to your chosen payment method.

If you would like to review your coverage limits or explore different plan options to better fit your budget, please contact our customer service team at [Phone Number] or visit our online portal at [Website URL].

We value your continued trust and look forward to serving you for another year.

Sincerely,

[Sender Name]
[Title]
[Company Name]