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

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

Subject: Important Notice Regarding Your Upcoming Policy Renewal and Rate Adjustment

Dear [Policyholder Name],

We are writing to inform you that your [Policy Type, e.g., Health Insurance] policy is scheduled for renewal on [Renewal Date].

As your policy utilizes an age-banded rating structure, premiums are adjusted periodically based on the age of the covered individuals. Because [you/a covered dependent] have moved into a new age bracket, or because of annual adjustments to the age-band table, your monthly premium will change effective [Date].

Renewal Summary:

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

This adjustment ensures that your premium remains aligned with the actuarial risks associated with your specific age group. All other benefits and coverage terms under your current plan will remain in effect.

Next Steps:

If you wish to continue your coverage, no action is required. Your new premium will be applied automatically to your [Month] billing cycle. If you would like to review alternative plan options or have questions regarding this increase, please contact our support team at [Phone Number] or visit [Website].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]