

# ABC Insurance Company

1234 Insurance Ave, Suite 567  
Metropolis, State, 12345

## Approval Notice for Waiver of Premium

|                    |                 |
|--------------------|-----------------|
| Policyholder Name: | John Doe        |
| Policy Number:     | PN-123456789    |
| Date of Birth:     | January 1, 1980 |
| Approval Date:     | June 22, 2024   |

Dear John Doe,

We are pleased to inform you that your request for a Waiver of Premium on your policy has been **approved**. This means that, for the period of your approved waiver, you are not required to pay your regular policy premiums.

### Policy Details:

- Policy Number: PN-123456789
- Effective Waiver Period: June 22, 2024 to June 21, 2025

Please note that the terms and conditions of your policy continue to apply. At the end of the waiver period, premium payments must resume as scheduled unless otherwise notified.

If you have any questions regarding this approval or your policy, please contact our Customer Service Department at (555) 123-4567 or [support@abcinsurance.com](mailto:support@abcinsurance.com).

Sincerely,

**Jane Smith**  
Claims Manager  
ABC Insurance Company