

Date: [Insert Date]

To: [Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

Re: NOTICE OF BREACH OF POLICY MAINTENANCE REQUIREMENTS

Policy Number: [Insert Policy Number]

Insured: [Insert Name of Insured]

Dear [Policyholder Name],

This letter serves as formal notice that you are currently in breach of the maintenance requirements set forth in the terms and conditions of the above-referenced life insurance policy.

Specifically, the policy is in breach due to the following reason(s):

- Non-payment of scheduled premium due on [Date].
- Failure to provide required medical certification/updated health information.
- Outstanding policy loan interest exceeding the allowable limit.
- Other: [Specify breach details]

According to our records, the total amount required to cure this breach and bring the policy back into good standing is **\$(Amount)**. This payment or the required documentation must be received by our office no later than **[Deadline Date]**.

Please be advised that failure to remedy this breach by the date specified may result in the following actions:

- Lapse or termination of the insurance coverage.
- Loss of death benefits for your beneficiaries.
- Requirement of a new application and medical underwriting to reinstate coverage.

If you have already sent payment or provided the requested information, please disregard this notice. If you believe this notice was sent in error, or if you wish to discuss a payment plan, please contact our Customer Service Department immediately at [Phone Number].

Sincerely,

[Your Name/Company Name]

[Title]

[Contact Information]