[Date]

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

Subject: IMPORTANT: Your Health Insurance Policy is Expiring Soon

Dear [Recipient Name],

This letter is to inform you that your current health insurance policy, [Policy Number], is scheduled to expire on **[Expiration Date]**.

To ensure that you maintain continuous coverage and do not face any gaps in your medical protection, we recommend scheduling a policy review as soon as possible. During this review, we can:

- Evaluate your current healthcare needs.
- Discuss any changes in premium rates or coverage benefits.
- Explore new plan options that may better suit your budget or lifestyle.
- Assist you with the renewal documentation.

If you do not take action by [Deadline Date], your coverage may lapse, which could result in a loss of benefits and potential financial risk in the event of an illness or injury.

Please contact your agent, [Agent Name], at [Phone Number] or [Email Address] to schedule your review or to confirm your renewal.

Thank you for choosing [Insurance Company Name]. We look forward to continuing to serve your healthcare needs.

Sincerely,

[Your Name/Signature]
[Your Title]
[Insurance Company Name]