[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: URGENT NOTICE - Past Due Life Insurance Premium

Policy Number: [Policy Number]
Amount Due: $[Amount]
Due Date: [Original Due Date]

Dear [Policyholder Name],

This letter is to inform you that we have not yet received the premium payment for your life insurance policy, which was due on [Original Due Date].

Your policy is currently in its grace period. To ensure your coverage remains active and your beneficiaries remain protected, we must receive your payment of $[Amount] no later than [Grace Period End Date].

Action Required:

- **Pay Online:** Visit [Website URL] and log into your account.
- **Pay by Phone:** Call our billing department at [Phone Number].
- **Pay by Mail:** Return the enclosed payment coupon with your check or money order.

If payment is not received by [Grace Period End Date], your policy will lapse. Once a policy lapses, coverage terminates, and you may be required to undergo a new medical exam or pay additional fees to reinstate the policy.

If you have already sent your payment, please disregard this notice.

If you are experiencing financial hardship or have questions regarding your policy, please contact our customer service team immediately at [Phone Number].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]