

URGENT: NOTICE OF IMPENDING POLICY CANCELLATION

Date: [Insert Date]

Recipient Name: [Insert Policyholder Name]

Address: [Insert Street Address]

City, State, Zip: [Insert City, State, Zip]

Policy Number: [Insert Policy Number]

Dear [Insert Policyholder Name],

This letter is to inform you that your life insurance policy is currently in its grace period and is at risk of cancellation due to non-payment of premiums. Our records indicate that we have not received the payment due on [Insert Due Date].

Cancellation Details:

- Current Amount Due: \$[Insert Amount]
- Last Day of Grace Period: [Insert Cancellation Date]

If the total amount due is not received by [Insert Cancellation Date], your coverage will lapse. Once a policy lapses, you will no longer be covered, and your beneficiaries will not be entitled to a death benefit. Reinstating a policy after cancellation may require a new medical exam and could result in higher premium rates.

How to keep your coverage:

To prevent the cancellation of your policy, please make a payment immediately via one of the following methods:

- Online: [Insert Website URL]
- Phone: [Insert Phone Number]
- Mail: Send a check to [Insert Payment Address]

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 department at [Insert Customer Service Phone Number] as soon as possible.

Sincerely,

[Insert Sender Name/Department]

[Insert Insurance Company Name]