Date: [Insert Date]

Subject: URGENT: Action Required - Your Payment Method is Expiring Soon

Dear [Member Name],

We are contacting you because the credit card currently on file for your health insurance premium payments is set to expire on [Expiry Date].

To ensure that your health coverage remains active and to avoid any interruption in benefits, please update your billing information before your next scheduled payment on [Payment Due Date].

How to update your information:

- **Online:** Log in to your member portal at [Website URL].
- **Phone:** Call our Billing Department at [Phone Number] during business hours.
- **Mobile App:** Open the [App Name] app and go to the "Billing" section.

If you have already updated your card details, please disregard this notice.

Thank you for choosing [Insurance Company Name].

Sincerely,

Member Services
[Insurance Company Name]
[Contact Email/Phone]

Policy Number: [Insert Policy Number]