[Company Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

Date: [Current Date]

RE: NOTICE OF CANCELLATION FOR NON-PAYMENT

Policyholder Name: [Policyholder Name]
Policy Number: [Policy Number]
Total Past Due Amount: $[Amount]

Dear [Policyholder Name],

This letter serves as official notification that your life insurance policy is scheduled for cancellation due to non-payment of the required premium.

According to our records, we have not received the payment that was due on [Due Date]. As a result, your coverage will terminate effective **[Cancellation Date]** at 12:01 AM unless full payment is received before this time.

Consequences of Cancellation:

- Loss of all death benefit coverage for your beneficiaries.
- Termination of any additional riders or supplemental benefits attached to the policy.
- Potential loss of accumulated cash value (if applicable).
- Requirement of a new application and medical underwriting should you wish to seek coverage in the future.

How to Keep Your Coverage:

To prevent the cancellation of your policy, please pay the total past due amount of $[Amount] by [Deadline Date]. You may pay via the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Send a check to the address listed above.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our customer service department immediately to discuss available options.

Sincerely,

[Name of Representative/Department]
[Company Name]