

## **URGENT: FINAL NOTICE BEFORE POLICY LAPSE**

Date: [Insert Date]

Policyholder Name: [Insert Name]

Address: [Insert Address]

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

Policy Number: [Insert Policy Number]

Premium Due Date: [Insert Original Due Date]

Amount Due: [Insert Amount]

Dear [Insert Policyholder Name],

This is a formal final warning regarding the overdue premium for your life insurance policy. Our records indicate that we have not yet received your payment, and your policy is currently in its grace period.

**Your grace period is scheduled to expire on [Insert Expiration Date].**

If full payment is not received by this date, your coverage will terminate, and your policy will lapse. A policy lapse means that your beneficiaries will no longer be protected, and you will lose the security provided by this coverage.

To keep your policy active, please submit your payment immediately via one of the following methods:

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- Mail: [Insert Mailing Address for Payments]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our customer service department at [Insert Phone Number] to discuss possible payment arrangements.

Sincerely,

[Insert Name/Department]

[Insert Company Name]