

[Date]

[Policyholder Name]  
[Policyholder Address]  
[City, State, Zip Code]

**Subject: Notice of Policy Cancellation - Policy Number: [Policy Number]**

Dear [Policyholder Name],

We are writing to formally notify you that your life insurance policy, [Policy Number], has been cancelled effective [Cancellation Date].

Our records indicate that the grace period for your missed premium payment, originally due on [Premium Due Date], has expired. As the required payment of \$[Total Amount Owed] was not received by the end of the grace period, your coverage has terminated in accordance with the terms of your policy agreement.

As of the cancellation date, you no longer have life insurance coverage under this policy. This means that no benefits will be paid to your beneficiaries in the event of a claim.

If you wish to restore your coverage, you may be eligible for policy reinstatement. Reinstatement typically requires:

- Payment of all past-due premiums plus interest.
- Completion of a reinstatement application.
- Evidence of insurability (medical underwriting).

Please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL] if you would like to discuss reinstatement options or if you believe this cancellation has been made in error.

Sincerely,

[Sender Name/Department]  
[Insurance Company Name]