[Date]

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

Subject: Notice of Life Insurance Policy Termination

Dear [Policyholder Name],

This letter serves as formal notification that your life insurance policy, number [Policy Number], has been terminated effective [Termination Date].

Our records indicate that the premium payment due on [Due Date] in the amount of $[Amount] was not received. Despite the expiration of the standard [Number of Days]-day grace period, the account remains unpaid. As a result, your coverage has lapsed and the policy is no longer in force.

Please be advised that as of the termination date:

- No death benefits will be paid to your beneficiaries.
- All supplemental riders and additional coverages associated with this policy have ceased.
- [Optional: Any cash value remaining has been applied according to the non-forfeiture provisions of your contract.]

If you wish to reinstate your coverage, you may be required to complete a reinstatement application, provide evidence of insurability (medical underwriting), and pay all past-due premiums plus interest. Reinstatement is subject to company approval and is not guaranteed.

If you believe this termination is in error, or if you sent your payment recently, please contact our Customer Service Department immediately at [Phone Number] or via email at [Email Address].

Sincerely,

[Authorized Signature]
[Name of Insurance Company]
[Department Name]