

[Date]

[Member Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Notice of Upcoming Health Plan Premium Payment

Dear [Member Name],

This is a reminder regarding your upcoming health insurance premium payment for the period of [Start Date] to [End Date]. To ensure your coverage remains active without interruption, please submit your payment by the due date listed below.

Payment Summary:

- **Policy Number:** [Policy Number]
- **Plan Name:** [Plan Name]
- **Premium Amount Due:** \$[Amount]
- **Payment Due Date:** [Due Date]

How to Pay:

- **Online:** Log in to your portal at [Website URL].
- **By Phone:** Call our automated payment line at [Phone Number].
- **By Mail:** Send a check or money order to [Payment Address]. Please include your policy number on the check.

If you have already made this payment, please disregard this notice. If you have any questions or are experiencing difficulty making your payment, please contact Member Services at [Customer Service Phone Number].

Thank you for choosing [Health Plan Name].

Sincerely,

[Billing Department Name]

[Health Plan Name]