

**Date:** [Insert Date]

**Policyholder Name:** [Insert Name]

**Policy Number:** [Insert Policy Number]

**Past Due Amount:** [Insert Amount]

Dear [Insert Policyholder Name],

This letter is to inform you that we have not yet received the premium payment for your life insurance policy, which was due on [Insert Due Date].

Your policy has now entered a standard 31-day grace period. During this time, your insurance coverage remains in full force. To ensure your coverage continues without interruption, please submit your payment of [Insert Amount] by [Insert Grace Period End Date].

**How to pay:**

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- Mail: Send a check to [Insert Mailing Address]

If payment is not received by the end of the grace period, your policy will lapse, and your coverage will terminate. If you have already sent your payment, please disregard this notice.

If you are experiencing financial hardship or have questions regarding your policy, please contact our customer service department at [Insert Phone Number].

Sincerely,

[Insert Name/Department]

[Insert Insurance Company Name]