

[Date]

[Policyholder Name]

[Address]

[City, State, Zip Code]

Subject: Friendly Reminder: Premium Payment for Policy #[Policy Number]

Dear [Policyholder Name],

This is a friendly reminder that we have not yet received the premium payment for your Long-Term Care Insurance policy, which was due on [Due Date].

We want to ensure that your coverage remains active and that your benefits are protected. Your policy is currently in its 31-day grace period. To keep your insurance in force, please submit your payment of \$[Amount Due] by [Grace Period End Date].

Payment Options:

- **Online:** Visit [Website URL] to pay via credit card or bank transfer.
- **By Phone:** Call us at [Phone Number] to pay over the recorded line.
- **By Mail:** Send a check to the address listed on your enclosed invoice.

If you have already sent your payment, please disregard this notice. If you are experiencing difficulties or have questions regarding your policy, please contact our customer service team at [Phone Number].

Thank you for choosing [Company Name] for your long-term care needs.

Sincerely,

[Your Name/Department]

[Company Name]