

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

**Subject: URGENT: Premium Payment Required and Grace Period Extension Notice**

Dear [Policyholder Name],

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

To ensure that your coverage remains active and to prevent a lapse in benefits, we have granted a one-time extension of your grace period. Your coverage is now protected until the new deadline of [New Extension Date].

**Payment Details:**

- Outstanding Balance: [Amount Due]
- Extension Expiry Date: [New Extension Date]

Please submit your payment immediately through one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address]

Failure to receive the full payment by [New Extension Date] will result in the automatic cancellation of your policy effective [Cancellation Date]. If your policy lapses, you may be required to undergo a reinstatement process or lose accumulated benefits.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Sender Name]  
[Title]  
[Company Name]