

**Date:** [Insert Date]

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

**Policyholder Name:** [Insert Name]

**Address:** [Insert Address]

**Subject: IMPORTANT NOTICE: URRGENT PAYMENT REQUIRED TO PREVENT POLICY LAPSE**

Dear [Insert Policyholder Name],

Our records indicate that we have not received the premium payment for the policy mentioned above, which was due on [Insert Due Date].

Your policy is currently in its grace period. However, if the total amount due is not received by [Insert Expiration Date], your coverage will lapse and your policy will no longer be active. This means you will no longer be protected by the benefits of this policy after that date.

**Payment Details:**

- Past Due Amount: [Insert Amount]
- Late Fees (if applicable): [Insert Amount]
- **Total Amount Required to Maintain Coverage: [Insert Total Amount]**

To ensure your coverage remains uninterrupted, please make a payment immediately via one of the following methods:

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

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your billing, please contact our customer service department at [Insert Phone Number] as soon as possible.

Sincerely,

[Insert Name/Company Name]

[Insert Department]

[Insert Contact Information]