

[Insurer Name]  
[Insurer Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**RE: URGENT NOTICE - Pending Policy Lapse**

**Policy Number:** [Policy Number]

**Insured Name:** [Insured Name]

Dear [Policyholder Name],

This is a formal notice regarding your life insurance policy. Our records indicate that we have not received the premium payment that was due on [Due Date].

Your policy is currently in its "Grace Period." To prevent your coverage from expiring and to ensure your beneficiaries remain protected, your payment must be received by [**Lapse Date**].

**Payment Details:**

- **Past Due Amount:** \$[Amount]
- **Grace Period Expiration:** [Lapse Date]

If payment is not received by the date listed above, your policy will lapse. This means your coverage will end, and no benefits will be paid in the event of a claim. Reinstating a lapsed policy may require a new medical exam and higher premium costs.

**How to Pay:**

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Please use the enclosed envelope and payment coupon.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our customer service department at [Phone Number] to discuss available payment options.

Sincerely,

[Department Name]

[Insurer Name]