

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: IMPORTANT NOTICE - Impending Policy Lapse and Reinstatement Options

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for your policy number **[Policy Number]**. As of [Due Date], your account is past due.

Please be advised that if payment is not received by [Lapse Date], your coverage will officially lapse. A lapse in coverage means you will no longer be protected under the terms of your policy, and any claims filed after this date will not be covered.

How to Prevent Lapse:

To keep your policy active without interruption, please remit the minimum payment of \$[Amount Due] by [Lapse Date].

Reinstatement Option:

If your policy lapses, you may be eligible for reinstatement. To reinstate your coverage, you must:

- Submit a formal Reinstatement Application.
- Pay all past-due premiums plus any applicable late fees.
- [Optional: Provide Evidence of Insurability/Good Health Statement].

Please note that reinstatement is subject to underwriting approval and is not guaranteed once the lapse occurs.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding your payment options, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Sender Name/Department]

[Company Name]