[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: FINAL NOTICE OF POLICY CANCELLATION

Policy Number: [Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not received the required premium payment for your life insurance policy. As of the date of this letter, your account remains past due.

Please be advised that your coverage is scheduled to be cancelled effective **[Cancellation Date]** due to non-payment. If the full payment of **$[Amount Due]** is not received by this date, your policy will lapse, and all associated benefits and coverage will cease.

To prevent the cancellation of your policy, please submit your payment immediately via one of the following methods:

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

If your policy lapses, you may be required to undergo a new medical examination or complete a reinstatement application to regain coverage, and approval is not guaranteed. Furthermore, your premium rates may increase.

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

Sincerely,

[Sender Name/Department]
[Insurance Company Name]