

Date: [Insert Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Official Notification of Policy Lapse - Policy #[Insert Policy Number]

Dear [Policyholder Name],

We are writing to formally notify you that your term life insurance policy, number [Insert Policy Number], lapsed on [Insert Lapse Date] due to non-payment of the premium scheduled for [Insert Due Date].

As of the lapse date, your insurance coverage has terminated. This means that no benefits will be paid to your beneficiaries in the event of a claim. The grace period for this premium payment has expired.

Reinstatement Options:

You may be eligible to reinstate your policy. To apply for reinstatement, you must typically:

- Submit a formal reinstatement application.
- Provide updated evidence of insurability (medical underwriting).
- Pay all past-due premiums plus any applicable interest.

Please note that reinstatement is subject to company approval and is not guaranteed.

If you have already mailed your payment or believe this notification is in error, please contact our Customer Service Department immediately at [Insert Phone Number] or via email at [Insert Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Name of Sender/Department]

[Insurance Company Name]

[Company Contact Information]