

Date: [Current Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: NOTICE OF MISSED PREMIUM AND PENDING POLICY LAPSE

Policy Number: [Policy Number]

Premium Amount Due: \$[Amount]

Due Date: [Original Due Date]

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for the policy referenced above. As a result, your insurance coverage is currently in its grace period.

Please be advised that if payment is not received by **[Lapse Date]**, your policy will lapse, and your coverage will terminate. A lapsed policy means you will no longer be protected, and any claims filed after this date will not be covered.

To keep your policy active, please choose one of the following payment options:

- **Online:** Visit [Website URL] to pay via credit card or bank transfer.
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check payable to [Company Name] using the enclosed envelope.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties, please contact us immediately to discuss potential payment arrangements.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]

[Company Name]