

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Notice of Policy Termination**

**Policy Number:** [Policy Number]

**Insured Name:** [Insured Name]

Dear [Policyholder Name],

This letter serves as formal notification that your term life insurance policy, referenced above, has officially terminated effective [Termination Date].

Our records indicate that the policy ended due to the following reason: [Select: Expiration of the term period / Non-payment of premiums / Written request for cancellation].

As of the effective date, all coverage under this policy has ceased. No death benefits will be payable for any events occurring after this date. If your policy was terminated due to non-payment, you may have a limited window to apply for reinstatement, subject to underwriting approval and payment of past-due premiums.

If you have any questions regarding this termination or wish to discuss new coverage options, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Thank you for the opportunity to have served your insurance needs.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]