

[Date]

[Secondary Addressee Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: IMPORTANT NOTICE REGARDING POLICY LAPSE**

Policy Number: [Policy Number]

Policyowner: [Policyowner Name]

Dear [Secondary Addressee Name],

You are receiving this notice because you have been designated as a secondary addressee to receive notifications regarding the status of the insurance policy listed above.

Our records indicate that the premium payment for this policy, which was due on [Due Date], has not been received. As a result, this policy is currently in its grace period.

Please be advised that if the required payment of **\$(Amount Due)** is not received by **[Lapse Date]**, the policy will lapse and all coverage will terminate.

If payment has already been sent, please disregard this notice. If you wish to ensure the policy remains in force, please contact the policyowner or our customer service department immediately at [Phone Number].

Sincerely,

[Company Name]

[Department Name]

[Contact Information]