

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Important Options Regarding Your Lapsed Insurance Policy

Dear [Policyholder Name],

We are writing to inform you that your insurance policy, number **[Policy Number]**, lapsed on **[Lapse Date]** due to non-payment of the required premium.

While your coverage is currently inactive, we want to provide you with the following options to ensure you remain protected:

- **Option 1: Policy Reinstatement**
You may be eligible to reinstate your original coverage. To do so, you must pay the past-due balance of \$[Amount] by [Deadline Date]. Please note that proof of continued insurability may be required.
- **Option 2: Policy Replacement**
If your needs have changed, we can help you apply for a new policy that better fits your current budget or lifestyle.
- **Option 3: Conversion Rights (If Applicable)**
Depending on your policy type, you may have the right to convert your lapsed coverage into a different form of permanent insurance without a medical exam.

Please be aware that while your policy is lapsed, you do not have insurance protection, and any claims made for events occurring after the lapse date will not be covered.

To discuss these options or to make a payment, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

We value your business and hope to help you restore your coverage soon.

Sincerely,

[Name/Department]

[Insurance Company Name]