

URGENT: NOTICE OF PENDING POLICY LAPSE

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Premium Due Date: [Insert Due Date]

Amount Due: [Insert Amount]

Dear [Insert Policyholder Name],

Our records indicate that we have not yet received the premium payment for your Medicare Supplement insurance policy listed above. Your coverage is currently in its grace period.

To ensure your healthcare coverage remains active and to avoid a lapse in benefits, please submit your payment of [Insert Amount] no later than [Insert Grace Period Expiration Date].

How to make a payment:

- Pay Online: [Insert Website URL]
- Pay by Phone: [Insert Phone Number]
- Pay by Mail: Send a check to [Insert Mailing Address]

If your payment has already been sent, please disregard this notice. If your policy lapses, you may be required to reapply for coverage, which could be subject to medical underwriting.

If you have any questions or are experiencing financial hardship, please contact our Customer Service department at [Insert Phone Number] as soon as possible.

Sincerely,

[Insert Company Name]

[Insert Department Name]

[Insert Contact Information]