

[Company Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address]
[City, State, Zip Code]

Subject: URGENT NOTICE - Medicare Supplement Premium Past Due

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for your Medicare Supplement insurance policy listed below:

Policy Number: [Policy Number]
Past Due Amount: \$[Amount]
Due Date: [Original Due Date]

Your coverage is currently in a "Grace Period." To prevent your policy from lapsing and losing your supplemental coverage, we must receive your payment by **[Final Termination Date]**.

If payment is not received by this date, your policy will terminate effective [Effective Date of Lapse]. If your policy lapses, you may be required to re-apply and undergo medical underwriting to obtain coverage again, which could result in higher premiums or a denial of coverage.

How to pay:

- **Online:** Visit [Website URL] to pay via portal.
- **Phone:** Call [Phone Number] to pay by credit card or check.
- **Mail:** Send your check or money order using the enclosed envelope.

If you have already mailed your payment, please disregard this notice. If you have questions regarding your billing, please contact our Customer Service department immediately at [Phone Number].

Sincerely,

[Sender Name/Department]
[Company Name]