

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

RE: URGENT NOTICE - Notice of Imminent Policy Lapse

Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that we have not yet received the premium payment for your Medicare Supplement insurance policy. As of the date of this letter, your account is past due.

Your policy is currently in its 31-day grace period. If payment is not received by **[Date of Coverage End]**, your coverage will lapse and your policy will be terminated.

Payment Details:

- **Past Due Amount:** \$[Amount]
- **Due Date:** [Due Date]

To ensure your healthcare coverage remains uninterrupted, please submit your payment immediately. You can pay by:

- **Phone:** Call [Phone Number]
- **Online:** Visit [Website URL]
- **Mail:** Send a check to [Payment Address]

If you have already sent your payment, please disregard this notice. If you have questions or believe this notice was sent in error, please contact our Customer Service department at [Phone Number].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]