

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: IMPORTANT NOTICE - Payment Failure and Grace Period for Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your most recent premium payment for your life insurance policy was unsuccessful. Our records indicate that the payment failed because the credit card on file has expired.

To ensure your coverage remains active, please note that your policy has now entered a **[Number of Days, e.g., 31] day grace period** starting from [Premium Due Date].

Payment Details:

- **Policy Number:** [Policy Number]
- **Premium Amount Due:** \$[Amount]
- **Original Due Date:** [Date]
- **Grace Period Expiration Date:** [Date]

To prevent your policy from lapsing and losing your valuable coverage, please update your payment information and submit your payment immediately. You can do this by:

- Logging into your online account at [Website URL].
- Calling our billing department at [Phone Number].
- Mailing a check to the address listed below.

If payment is not received by [Grace Period Expiration Date], your policy will terminate, and your coverage will cease. If you have already updated your information or sent your payment, please disregard this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Contact Phone Number]