

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

Subject: URGENT: Payment Failure and Notice of Potential Policy Lapse

Dear [Policyholder Name],

We are writing to inform you that we were unable to process the recent premium payment for **[Pet's Name]** under policy number **[Policy Number]**. Our records indicate that the credit card on file has expired.

To ensure that your pet's coverage remains active and to avoid a lapse in protection, please update your billing information immediately. If payment is not received by **[Grace Period End Date]**, your policy will be cancelled effective **[Cancellation Date]**.

How to update your information:

- Log in to your member portal at: [Website URL]
- Call our billing department at: [Phone Number]
- Use our mobile app: [App Name]

A lapse in coverage may result in the loss of benefits for pre-existing conditions if you choose to re-enroll at a later date. If you have already updated your information or made a payment, please disregard this notice.

Thank you for choosing [Insurance Company Name] to protect your pet.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Contact Information]