

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Notice of Life Insurance Policy Cancellation

Dear [Policyholder Name],

This letter is to formally notify you that your life insurance policy, number **[Policy Number]**, has been cancelled effective **[Cancellation Date]**.

This action was taken due to non-payment of premiums. Our records indicate that the scheduled payment on [Payment Due Date] was unsuccessful due to insufficient funds in your designated account. As the required grace period has now expired without receipt of the outstanding balance, the coverage has been terminated.

Please be advised that as of the cancellation date, you no longer have life insurance coverage under this policy. Any claims made for events occurring after this date will not be honored.

If you wish to reinstate your coverage, please contact our customer service department immediately at [Phone Number]. Reinstatement may be subject to a medical underwriting review and the payment of all past-due premiums plus applicable interest or fees.

If you believe this cancellation has been made in error, or if you have already sent your payment, please contact us as soon as possible to resolve the matter.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]