

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Notice of Policy Lapse - Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that we were unable to process the premium deduction for your policy on [Payment Due Date]. As a result of this failed payment, your insurance coverage has officially lapsed effective [Lapse Date].

Because the policy has lapsed, you are no longer covered for any claims or incidents occurring after the date mentioned above. Our records indicate that the payment failed due to: [Reason for Failure, e.g., Insufficient Funds/Expired Card].

How to Reinstate Your Policy:

To restore your coverage and prevent a permanent cancellation, please complete the following steps by [Deadline Date]:

- Pay the outstanding balance of \$[Amount Due].
- Update your payment information via our online portal or by calling our billing department.
- [Optional: Complete a reinstatement application].

Please note that reinstatement may be subject to approval and a gap in coverage may still apply. If payment is not received by the deadline, your policy will be formally terminated.

If you have already sent your payment or believe this notice is in error, please contact our Customer Service team immediately at [Phone Number] or [Email Address].

Sincerely,

[Sender Name/Department]

[Company Name]