

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Insured Name: [Insert Name of Insured]

Subject: IMPORTANT NOTICE: Impending Policy Lapse Due to Insufficient Cash Value

Dear [Insert Policyholder Name],

We are writing to inform you that your life insurance policy is at risk of terminating (lapsing) because the current net cash surrender value is no longer sufficient to cover the monthly cost of insurance and administrative charges.

Under the terms of your policy, if a payment is not received by the end of the grace period, all coverage will cease. If the policy lapses, you will no longer have life insurance protection, and there may be tax consequences regarding any outstanding policy loans.

Status Summary:

- **Current Cash Value:** \$[Insert Amount]
- **Monthly Deductions:** \$[Insert Amount]
- **Required Payment to Maintain Coverage:** \$[Insert Amount]
- **Grace Period Expiration Date:** [Insert Date]

To keep your policy in force, please submit the **Required Payment** listed above no later than **[Insert Date]**. Payments can be made via [Insert Payment Methods, e.g., online portal, phone, or mail].

If you have recently made a payment, please disregard this notice. If you wish to discuss your options, such as adjusting your death benefit or changing your premium frequency, please contact our Customer Service Department at [Insert Phone Number] or your financial advisor.

Sincerely,

[Insert Sender Name/Department]

[Insert Company Name]

[Insert Contact Information]