

URGENT: NOTICE OF POLICY EXPIRATION AND CASH VALUE DEPLETION

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Subject: Final Notice of Life Insurance Policy Lapse

Dear [Insert Policyholder Name],

This is a critical notice regarding your life insurance policy. Our records indicate that the cash value of your policy has been depleted to a level that is no longer sufficient to cover the monthly cost of insurance and administrative fees.

As a result, your policy is currently in a grace period. If a payment is not received immediately, your coverage will terminate on **[Insert Lapse Date]**. Once the policy lapses, all insurance protection will cease, and any remaining riders or benefits will be forfeited.

Action Required:

To keep your policy active and prevent a permanent lapse, a minimum payment of **\$\$[Insert Amount]** must be received by **[Insert Deadline Date]**.

Payments can be made via the following methods:

- Online: [Insert Website URL]
- Phone: [Insert Phone Number]
- Mail: [Insert Mailing Address]

If you have recently made this payment, please disregard this notice. If you have questions regarding your policy options or wish to discuss a reinstatement plan, please contact our Customer Service Department immediately at [Insert Phone Number].

Sincerely,

[Your Name/Department]

[Company Name]