

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Insured: [Insert Insured Name]

Owner: [Insert Owner Name]

Subject: Important Notice: Life Insurance Policy Grace Period

Dear [Insert Name],

This is an important notification regarding your life insurance policy. We are writing to inform you that the cash value of your policy is currently insufficient to cover the monthly cost of insurance and administrative charges.

As a result, your policy has entered a **[Insert Number]-day Grace Period** effective as of [Insert Start Date].

Action Required:

To prevent your coverage from lapsing and terminating, a minimum payment of **[\$[Insert Amount]** must be received by **[Insert Due Date]**. This payment will ensure the policy remains in force and covers the necessary expenses through [Insert Period End Date].

Consequences of Non-Payment:

If the required payment is not received by the date indicated above, your insurance coverage will end, the policy will lapse, and all benefits will cease. Once a policy lapses, you may be required to provide evidence of insurability to reinstate coverage, which is not guaranteed.

Payment Options:

You may make a payment via [Insert Payment Method - e.g., online portal, phone, or mail].

If you have already sent your payment, please disregard this notice. If you have any questions or wish to discuss your policy options, please contact our Customer Service Department at [Insert Phone Number].

Sincerely,

[Insert Name/Department]

[Insert Company Name]