

[Company Name]  
[Department Name]  
[Company Address]  
[City, State, Zip Code]  
[Date]

[Policyholder Name]  
[Policyholder Address]  
[City, State, Zip Code]

**RE: Notice of Life Insurance Policy Lapse**

**Policy Number:** [Insert Policy Number]

**Insured:** [Insert Name of Insured]

Dear [Policyholder Name],

We are writing to formally notify you that the life insurance policy referenced above has lapsed effective [Date of Lapse]. As of this date, all insurance coverage provided under this policy has terminated.

This lapse has occurred because the policy's cash value has been fully depleted and is no longer sufficient to cover the required monthly insurance costs and administrative fees. According to the terms of your policy contract, coverage remains in force only as long as the cash surrender value is adequate to meet these obligations.

Please be advised of the following:

- **No Death Benefit:** No death benefit is currently payable to your beneficiaries.
- **Grace Period:** The standard grace period for payment has expired as of [Date].
- **Reinstatement:** You may be eligible to reinstate this policy within [Number] years, subject to evidence of insurability and payment of all overdue premiums plus interest.

If you wish to discuss reinstatement options or if you believe this notice has been sent in error, please contact our Customer Service Department immediately at [Phone Number] or via email at [Email Address].

Sincerely,

[Sender Name/Signature]  
[Job Title]  
[Company Name]