

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

RE: Notice of Policy Termination - Insufficient Cash Value

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We are writing to formally notify you that your life insurance policy referenced above has terminated effective [Termination Date].

As previously outlined in our recent correspondence dated [Date of Grace Period Notice], the cash value of your policy was no longer sufficient to cover the monthly mortality and expense charges required to keep the coverage in force. Because the required payment to replenish the account value was not received by the end of the grace period, the policy has lapsed.

What this means for you:

- All insurance coverage under this policy has ceased.
- No death benefit is currently payable.
- Any riders or supplemental benefits attached to this policy have also terminated.

In some cases, you may be eligible to reinstate your policy. Reinstatement typically requires an application, evidence of insurability, and payment of the past-due premiums or required account value. If you are interested in exploring reinstatement options, please contact our Customer Service Department at [Phone Number] within [Number] days of this notice.

Thank you for your past business. If you have any questions regarding this termination, please reach out to your agent or call us directly at [Phone Number].

Sincerely,

[Sender Name/Department]

[Company Name]