

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Number]

Subject: Urgent Notice of Policy Lapse

Dear [Insert Policyholder Name],

This letter is to inform you that your life insurance policy has lapsed effective [Insert Lapse Date].

Our records indicate that the cash value of your policy has been fully depleted. As a result, there are no longer sufficient funds available within the policy to cover the required monthly insurance costs and administrative fees. Consequently, your coverage has terminated and no benefits are currently payable under this policy.

Reinstatement Options:

In many cases, it is possible to reinstate your coverage. To do so, you may be required to:

- Submit a formal reinstatement application.
- Provide updated evidence of insurability (medical underwriting).
- Pay the required premium amount of \$[Insert Amount] to restore the policy's cash value.

Please note that the opportunity to reinstate your policy is time-sensitive. If you wish to maintain your coverage, we urge you to contact your agent or our Customer Service Department at [Insert Phone Number] as soon as possible.

If you have already sent a payment or have recently discussed this with us, please disregard this notice.

Sincerely,

[Insert Name/Department]

[Insert Company Name]