

[Insurance Company Name]
[Policy Administration Department]
[Street Address]
[City, State, Zip Code]

Date: [Current Date]

Recipient:

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

RE: Notice of Policy Cancellation

Policy Number: [Policy Number]

Insured: [Name of Insured]

Dear [Policyholder Name],

This letter is to formally notify you that the insurance coverage for the policy referenced above has been cancelled effective [Cancellation Date].

According to our records, the cash value of your policy has been fully depleted. As there are no longer sufficient funds within the policy to cover the required monthly insurance charges and administrative fees, the grace period for funding has expired, resulting in the termination of coverage.

Please note the following:

- **Coverage Status:** All benefits associated with this policy are no longer in force.
- **Reinstatement:** You may be eligible to reinstate this policy within a specific timeframe, subject to evidence of insurability and payment of required premiums.
- **Outstanding Loans:** Any outstanding policy loans have been closed against the remaining value.

If you believe this cancellation is in error, or if you wish to discuss options for reinstating your coverage, please contact our Customer Service Department at [Phone Number] between the hours of [Operating Hours].

Sincerely,

[Name/Signature]
[Title/Department]
[Insurance Company Name]