

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**RE: IMPORTANT NOTICE REGARDING POLICY #[Policy Number]**

Dear [Policyowner Name],

This is a formal notification that as of [Date], the cash value of your Universal Life insurance policy is no longer sufficient to cover the monthly cost of insurance and administrative charges. As a result, your policy has entered a **Grace Period**.

To prevent your coverage from lapsing and terminating, a payment must be received by [**Grace Period Expiration Date**].

**Payment Requirements:**

Minimum Amount Due to keep policy in force: \$[Amount]  
Due Date: [Date]

If we do not receive the required payment by the date indicated above, your policy will lapse and all coverage will terminate. Once a policy has lapsed, your beneficiaries will no longer be eligible for the death benefit, and you may be required to provide evidence of insurability to reinstate the policy.

Please send your payment using the enclosed envelope or contact our Customer Service department at [Phone Number] to make a payment by phone or to discuss alternative payment options.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Name/Department]  
[Company Name]