

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

Date: [Current Date]

Policyholder Name: [Policyholder Name]

Policy Number: [Policy Number]

Insured Name: [Insured Name]

URGENT: NOTICE OF IMPENDING POLICY LAPSE

Dear [Policyholder Name],

This is a formal notification regarding your Universal Life insurance policy. Based on our recent valuation, the current cash value of your policy is no longer sufficient to cover the monthly insurance costs and administrative fees.

Action Required: To prevent your coverage from terminating, a payment must be received by [Grace Period Expiration Date].

Payment Details:

- **Minimum Amount to Keep Policy In Force:** \$[Amount]
- **Due Date:** [Date]

If the required payment is not received by the date listed above, your policy will lapse. This means your life insurance coverage will end, and no benefits will be paid in the event of a claim. Additionally, there may be tax consequences associated with a policy lapse if you have outstanding policy loans.

How to Pay:

- Pay Online: [Website URL]
- Pay by Phone: [Phone Number]
- Pay by Mail: Please send a check using the enclosed envelope.

If you have already sent your payment, please disregard this notice. If you have questions regarding your policy or would like to discuss options to adjust your coverage, please contact our Customer Service Department at [Phone Number].

Sincerely,

[Name/Department]
[Company Name]