

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

**RE: Notice of Past Due Premium and Grace Period**

Policy Number: [Policy Number]

Insured: [Insured Name]

Dear [Policyholder Name],

This letter is to inform you that the premium payment for your Universal Life insurance policy is past due. Our records show that the payment scheduled for [Due Date] in the amount of \$[Amount] has not been received.

Your policy has now entered a [**Number, e.g., 61**]-day **Grace Period** starting from the premium due date. During this time, your insurance coverage remains in full force. However, if the minimum payment required to keep the policy active is not received by [Grace Period End Date], your policy will lapse and your coverage will terminate without further notice.

To prevent a lapse in coverage, please submit a payment of at least \$[Minimum Amount to Maintain Policy] by the date mentioned above.

**Payment Options:**

- Pay online at: [Website URL]
- Pay by phone: [Phone Number]
- Mail a check using the enclosed envelope

Universal Life policies require a specific cash value to remain active. If you have questions regarding your policy's current value or the payment required, please contact our Customer Service Department at [Phone Number] or your insurance agent, [Agent Name], at [Agent Phone Number].

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

Sincerely,

[Company Name]

[Department Name]