

URGENT: FINAL NOTICE OF POLICY TERMINATION

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Insured: [Insert Insured Name]

Policy Type: Universal Life

Dear [Policyholder Name],

Our records indicate that we have not yet received the required premium payment for your Universal Life insurance policy. This is a **Final Warning** that your policy is in its grace period and is scheduled to lapse on **[Insert Lapse Date]**.

As a Universal Life policy, your coverage remains active only as long as the cash value is sufficient to cover monthly mortality and expense charges. Currently, your account value is insufficient to maintain your coverage.

To prevent the permanent loss of your insurance protection, a minimum payment of \$[Insert Amount] must be received by [Insert Deadline Date].

If payment is not received by the date specified above:

- Your insurance coverage will terminate.
- Any riders or supplemental benefits will cease.
- You may be required to provide evidence of insurability (a medical exam) to reinstate the policy in the future, and reinstatement is not guaranteed.

Please remit your payment immediately via [Insert Payment Method, e.g., online portal, phone, or mail]. If you have recently sent your payment, please disregard this notice.

If you are experiencing financial hardship or wish to discuss options such as adjusting your death benefit or changing your premium frequency, please contact our Customer Service Department at [Insert Phone Number] immediately.

Sincerely,

[Sender Name/Department]

[Company Name]