

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

**RE: URGENT NOTICE - Grace Period Advisory for Universal Life Policy #[Policy Number]**

Dear [Policyholder Name],

We are writing to inform you that your Universal Life insurance policy has entered its 61-day grace period. As of [Date], the cash value of your policy is insufficient to cover the monthly mortality and expense charges required to keep your coverage in force.

**Current Status:** Your policy is at risk of lapsing. If the required payment is not received by [Grace Period Expiration Date], your insurance coverage will terminate, and all benefits will cease.

**Action Required:** To prevent your policy from lapsing, a minimum payment of \$[Amount] must be received by our office no later than [Date].

**Payment Options:**

- Online: Visit [Website URL]
- Phone: Call our billing department at [Phone Number]
- Mail: Send a check using the enclosed envelope

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or wish to discuss alternatives to maintain your coverage, please contact your agent or our customer service team immediately.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Contact Information]