

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: NOTICE OF IMPENDING LAPSE PENDING PAYMENT

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your policy number: **[Policy Number]**. Your coverage is currently in its grace period and is at risk of expiring.

Payment Due Date: [Due Date]

Amount Due: \$[Amount]

Final Termination Date: [Lapse Date]

To ensure that your coverage remains active and that you do not experience a gap in protection, please submit your payment by the Final Termination Date listed above. If payment is not received by 11:59 PM on that date, your policy will lapse, and all benefits will cease.

You can make a payment through the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** [Mailing Address for Payments]

If you have already sent your payment, please disregard this notice. If you have questions regarding your account or are experiencing financial hardship, please contact our billing department immediately at [Customer Service Phone Number].

Sincerely,

[Sender Name/Department]

[Company Name]