

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

[Date]

[Policyholder Name]
[Address]
[City, State, Zip Code]

RE: Notice of Non-Renewal of Term Life Insurance Policy #[Policy Number]

Dear [Policyholder Name],

This letter serves as formal notification that [Insurance Company Name] will not be renewing your term life insurance policy, which is scheduled to expire on [Policy Expiration Date].

This decision was made due to a history of consistent late premium payments. According to our records, payments for the following periods were received after the expiration of the standard grace period: [Optional: List specific dates/months].

Please be advised of the following:

- **Coverage End Date:** Your current coverage will remain in effect until 11:59 PM on [Policy Expiration Date].
- **Claims:** Any claims arising after the expiration date will not be covered.
- **Final Premium:** Please ensure that any outstanding balance for the current term is paid by [Date] to maintain coverage until the expiration date.

If you believe this decision has been made in error, or if you wish to discuss this matter further, you may contact our Customer Service Department at [Phone Number] or submit a written appeal to [Email Address/Mailing Address].

We recommend that you seek alternative life insurance coverage immediately to avoid any lapse in protection for your beneficiaries.

Sincerely,

[Name/Signature]
[Title]
[Insurance Company Name]