

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: NOTICE OF NON-RENEWAL - Policy Number: [Policy Number]**

Dear [Policyholder Name],

We are writing to inform you that your term life insurance policy will not be renewed and will expire on [Policy Expiration Date].

This decision is due to the fact that we have not received the required Attending Physician Statement (APS) from [Physician Name/Medical Facility]. As noted in our previous correspondence dated [Date of Previous Request], this documentation is necessary to complete the underwriting process and determine eligibility for renewal.

Because the required medical information remains outstanding, we are unable to offer continued coverage beyond the current term.

Please note the following:

- Your current coverage remains in effect until 11:59 PM on [Policy Expiration Date].
- No death benefit will be paid for any claim occurring after the expiration date.
- If you have already requested this information from your doctor, please have them contact our Underwriting Department immediately at [Phone Number].

If the completed Attending Physician Statement is received and approved prior to [Final Reinstatement Deadline Date], we may be able to reconsider this non-renewal decision.

If you have any questions regarding this notice, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]