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

[Date]

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

**RE: FIRST NOTICE - MISSING PREMIUM PAYMENT**

Dear [Policyholder Name],

This letter is to inform you that we have not received the premium payment for your policy: **[Policy Number]**.

According to our records, the following payment is overdue:

- **Due Date:** [Original Due Date]
- **Amount Due:** $[Amount]

To ensure that your coverage remains active and uninterrupted, please submit your payment as soon as possible. If you have already sent your payment, please disregard this notice.

You can make a payment through one of the following methods:

- Online: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send a check to the address listed at the top of this letter.

Failure to provide payment by [Grace Period Expiration Date] may result in a lapse of coverage.

If you have any questions or if you believe this notice was sent in error, please contact our customer service department at [Phone Number].

Sincerely,

[Your Name/Department Name]
[Your Company Name]