

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: SECOND NOTICE - Past Due Health Insurance Premium

Dear [Policyholder Name],

This is a second reminder that your health insurance premium for Policy #[Policy Number] is currently past due. Our records indicate that we have not yet received payment for the period of [Billing Period].

Account Summary:

- Current Amount Due: \$[Amount]
- Original Due Date: [Date]
- Late Fee (if applicable): \$[Amount]
- **Total Balance Due: \$[Total Amount]**

To ensure your health coverage remains active and to avoid a lapse in benefits, please submit your payment by [Final Due Date]. If payment is not received by this date, your policy may be subject to cancellation.

How to Pay:

- **Online:** Visit [Website URL] to pay via credit card or bank transfer.
- **Phone:** Call [Phone Number] to pay using our automated system.
- **Mail:** Send a check or money order to [Payment Address].

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or believe there is an error with your account, please contact our Member Services department immediately at [Phone Number] between [Hours of Operation].

Maintaining your health coverage is important. We look forward to receiving your payment promptly.

Sincerely,

[Name/Department]

[Insurance Company Name]

[Phone Number]