

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

RE: Notice of Returned Payment and Policy Grace Period

Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that the payment recently submitted for your life insurance premium in the amount of \$[Amount] was returned by your financial institution unpaid due to [Reason for Return, e.g., Insufficient Funds].

As a result, your premium remains unpaid. Please be advised that your policy has now entered its **[Number of Days, e.g., 31]-day grace period**, effective from the original premium due date of [Due Date].

To ensure your life insurance coverage remains active and does not lapse, we must receive a replacement payment no later than [Grace Period Expiration Date]. If payment is not received by this date, your coverage will terminate, and your policy will be canceled.

Please provide a replacement payment including a returned check fee of \$[Fee Amount], for a total of \$[Total Amount Due]. You may remit payment via the following methods:

- Online via our secure portal
- By phone at [Phone Number]
- By mailing a certified check or money order to the address below

If you have already sent a replacement payment, please disregard this notice. If you have any questions, please contact our Customer Service department at [Phone Number].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]