URGENT: PREMIUM PAYMENT OVERDUE

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Premium Amount Due: [Insert Amount]
Due Date: [Insert Date]

Dear [Insert Policyholder Name],

Our records indicate that we have not yet received the premium payment for your life insurance policy, which was due on [Insert Date].

Your life insurance coverage is currently in its **grace period**. It is vital that you make this payment immediately to ensure that your coverage does not lapse. If payment is not received by [Insert Termination Date], your policy will be cancelled, and your beneficiaries will no longer be protected.

How to Pay:

- Online: [Insert Website Link]
- By Phone: [Insert Phone Number]
- By Mail: Please send a check to [Insert Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your policy, please contact our customer service department at [Insert Phone Number] immediately.

Sincerely,

[Insert Name/Department]
[Insert Insurance Company Name]