[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Policy Anniversary and Premium Payment Reminder

Dear [Policyholder Name],

We are pleased to inform you that the anniversary of your policy, **[Policy Number]**, is approaching on **[Anniversary Date]**. We thank you for your continued trust in [Company Name].

This letter serves as a reminder that your premium payment is due to ensure your coverage remains active and uninterrupted.

Payment Details:

- **Policy Number:** [Policy Number]
- **Premium Amount Due:** [Amount]
- **Due Date:** [Due Date]
- **Plan Type:** [Policy Plan Name]

You can make your payment through the following methods:

- Online via our portal: [Website URL]
- Mobile App: [App Name]
- Bank Transfer: [Account Details]
- Check payable to: [Company Name]

Please ensure that payment is received by the due date to avoid any lapse in benefits. If you have already made this payment, please disregard this notice.

If you have any questions regarding your policy or wish to review your current coverage, please contact your advisor [Advisor Name] at [Phone Number] or call our customer service team at [Customer Service Number].

Sincerely,

[Sender Name]
[Title]
[Company Name]