URGENT: FINAL NOTICE BEFORE POLICY LAPSE

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Insured Name: [Insert Name]

Dear [Recipient Name],

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

Your policy is currently in its grace period. This is your **Final Warning**. If the total amount due is not received by [Insert Final Deadline Date], your coverage will expire and your policy will lapse without further notice.

Payment Details:
Annual Premium Amount: [Insert Amount]
Late Fees (if applicable): [Insert Amount]
Total Amount Due: [Insert Total Amount]

A policy lapse means your beneficiaries will no longer be protected, and you may lose any accumulated benefits. To reinstate coverage after a lapse, you may be required to undergo a new medical examination and pay higher rates.

Please make your payment immediately via [Insert Payment Method/Link] or contact our billing department at [Insert Phone Number] to discuss your options.

If you have already sent your payment, please disregard this letter.

Sincerely,

[Your Name/Company Name]
[Department Name]
[Contact Information]