[Company Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: NOTICE OF ANNUAL PREMIUM DUE

Dear [Policyholder Name],

This is a reminder that the annual premium for your Term Life Insurance policy is due soon. To ensure your coverage remains active and your beneficiaries remain protected, please submit your payment by the due date listed below.

Policy Details:

- Policy Number: [Policy Number]
- Plan Type: [Term Length] Year Term Life
- Premium Amount Due: $[Amount]
- Payment Due Date: [Date]

Payment Options:

- **Online:** Visit [Website URL] and log into your account.
- **Phone:** Call our automated system at [Phone Number].
- **Mail:** Detach the bottom portion of this letter and mail it with your check in the enclosed envelope.

Please note that if payment is not received by [Grace Period End Date], your policy may be subject to lapse, resulting in a loss of coverage.

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

Thank you for choosing [Company Name] for your life insurance needs.

Sincerely,

[Name/Department]
[Company Name]