[Date]

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

Subject: NOTICE OF OVERDUE PREMIUM - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to inform you that we have not yet received the premium payment for your life insurance policy, which was due on [Due Date].

Your policy is currently in its grace period. To ensure that your coverage remains active and that your beneficiaries remain protected, please submit your payment as soon as possible.

Payment Details:

- **Policy Number:** [Policy Number]
- **Past Due Amount:** $[Amount]
- **Grace Period Expiration Date:** [Date]

If payment is not received by [Grace Period Expiration Date], your policy may lapse, resulting in a loss of coverage. Reinstating a lapsed policy may require a new medical examination or higher premiums.

How to pay:

- Online: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send a check to the address listed above.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our customer service department at [Phone Number] to discuss available options.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Insurance Company Name]