

**URGENT: NOTICE OF PENDING LAPSE IN COVERAGE**

Date: [Insert Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Re: Life Insurance Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment due on [Insert Due Date] for the above-referenced life insurance policy. As of today, your policy is in its "grace period."

**Payment Required:** \$[Insert Amount Due]

**Lapse Date:** [Insert Date of Coverage Termination]

Please be advised that if payment is not received by [Insert Date of Coverage Termination], your coverage will lapse and all benefits associated with this policy will terminate. Once a policy has lapsed, you may be required to undergo a new medical examination or provide evidence of insurability to reinstate coverage, and your premiums may increase.

If you have already sent your payment, please disregard this notice. If you would like to make a payment by phone or have questions regarding your account, please contact our Customer Service Department at [Insert Phone Number].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]