

URGENT: IMMEDIATE ACTION REQUIRED TO PREVENT POLICY LAPSE

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Insured Name: [Insert Name]

Dear [Policyholder Name],

This is a formal notice regarding your life insurance policy. Our records show that we have not received the premium payment due on [Due Date].

Your policy is currently in its **Grace Period**. If the outstanding balance is not paid by [Expiration Date], your coverage will lapse. This means your life insurance protection will end, and your beneficiaries will not be eligible for a death benefit.

Payment Details:

- Past Due Amount: \$[Amount]
- Late Fee (if applicable): \$[Amount]
- **Total Amount Due: \$[Total Amount]**

How to Make a Payment:

- Online: Visit [Website URL]
- Phone: Call our payment center at [Phone Number]
- Mail: Send a check to [Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact us immediately to discuss potential payment options or policy adjustments.

Protect your loved ones by ensuring your coverage remains active.

Sincerely,

[Company Name]

[Customer Service Department]

[Phone Number]