

## **FINAL NOTICE: URGENT ACTION REQUIRED TO PREVENT POLICY LAPSE**

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Total Amount Due: [Insert Amount]

Payment Due Date: [Insert Date]

Dear [Insert Policyholder Name],

Our records indicate that we have not received the required premium payment for your life insurance policy. This is your **Final Notice** that your coverage is in its grace period and is scheduled to lapse on [Insert Expiration Date].

If payment is not received by the date listed above, your policy will terminate. This means:

- Your beneficiaries will no longer be entitled to a death benefit.
- You will lose any supplemental riders or benefits attached to the policy.
- You may be required to undergo a new medical exam or pay additional fees to reinstate coverage in the future.

To keep your coverage active, please submit a payment of [Insert Amount] immediately via one of the following methods:

- **Online:** [Insert Website URL]
- **Phone:** [Insert Phone Number]
- **Mail:** [Insert Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or wish to discuss alternative payment options, please contact our Customer Service department immediately at [Insert Phone Number].

Sincerely,

[Insert Company Name]

[Insert Department Name]

[Insert Contact Information]