

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: ACTION REQUIRED - Pending Lapse of Life Insurance Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to inform you that we have not yet received the premium payment for your life insurance policy. As a result, your coverage is currently in its grace period and is scheduled to lapse on [**Lapse Date**].

To keep your coverage active and ensure your beneficiaries remain protected, a payment of \$[**Amount Due**] must be received by the date mentioned above.

How to make a payment:

- **Online:** Visit [Website URL] and log in to your account.
- **Phone:** Call our automated payment line at [Phone Number].
- **Mail:** Send a check using the enclosed envelope to [Mailing Address].

If your payment has already been sent, please disregard this notice. If your policy lapses, you may be required to complete a new medical exam or submit a reinstatement application, which could result in higher premiums or a denial of coverage.

If you are experiencing financial hardship or have questions regarding your policy, please contact our Customer Service department at [Phone Number] between [Hours of Operation].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]