

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: URGENT NOTICE - Life Insurance Policy #[Policy Number] Lapse Warning

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your life insurance policy referenced above. Your policy is currently in its grace period.

Action Required: To prevent your coverage from terminating, a payment of \$[Amount Due] must be received by [Lapse Date].

If payment is not made by this date, your policy will lapse. This means:

- Your beneficiaries will no longer be eligible for the death benefit.
- You may lose any accumulated cash value.
- You may be required to undergo a new medical exam or provide evidence of insurability to reinstate the policy at a later date.

How to Pay:

- Online: [Link to Payment Portal]
- Phone: [Phone Number]
- Mail: Send a check to [Payment Address]

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 potential payment options.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Contact Information]