

## **IMPORTANT NOTICE: POLICY LAPSE**

Date: [Insert Date]

Policyholder Name: [Insert Name]

Address: [Insert Address]

Policy Number: [Insert Policy Number]

Dear [Insert Policyholder Name],

We are writing to inform you that the life insurance policy listed above has lapsed effective [Insert Lapse Date] due to non-payment of the premium scheduled for [Insert Due Date].

### **What this means for you:**

As of the lapse date, your insurance coverage is no longer in force. This means that in the event of a claim, no benefits will be paid to your beneficiaries.

### **How to reinstate your policy:**

In many cases, you can reinstate your coverage if you act quickly. To restore your policy, please complete the following steps by [Insert Deadline Date]:

- Pay the past-due premium amount of: \$[Insert Amount]
- Complete the enclosed Reinstatement Application (if applicable).
- Provide evidence of insurability (if required).

Please note that if your policy is not reinstated within the timeframe allowed by your contract, you may lose the opportunity to restart this coverage at your current rate.

If you have already mailed your payment, please disregard this notice. If you have questions or wish to discuss payment options, please contact our Customer Service Department at [Insert Phone Number] or visit [Insert Website].

Sincerely,

[Insert Name/Department]

[Insert Company Name]