

## **URGENT: NOTICE OF IMPENDING POLICY LAPSE**

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Insured Name: [Insert Insured Name]

Dear [Insert Policyholder Name],

Our records indicate that we have not received the premium payment for your Whole Life Insurance policy listed above. Your policy is currently in its grace period.

**Amount Due:** \$[Insert Amount]

**Due Date:** [Insert Original Due Date]

**Lapse Date:** [Insert Expiration of Grace Period Date]

If payment is not received by 5:00 PM on [Insert Lapse Date], your coverage will lapse. A policy lapse will result in the loss of your death benefit protection and may cause you to lose any accumulated cash value or specific policy riders.

### **How to keep your coverage:**

- Pay Online: [Insert Website Link]
- Pay by Phone: [Insert Phone Number]
- Pay by Mail: Please send a check to the address listed at the bottom of this letter.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our customer service department immediately to discuss available options, such as using existing cash value to cover the premium or changing your payment frequency.

Sincerely,

[Insert Name/Department]

[Insert Insurance Company Name]

[Insert Contact Phone Number]

[Insert Mailing Address]