

[Your Company Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Policyholder Name]  
[Policyholder Address]  
[City, State, Zip Code]

**Re: NOTICE OF OUTSTANDING BALANCE - Workers Compensation Audit Premium**

Policy Number: [Policy Number]  
Audit Period: [Audit Start Date] to [Audit End Date]  
Amount Due: \$[Amount]

Dear [Policyholder Name],

This letter is a reminder regarding the outstanding premium balance resulting from your recent Workers Compensation payroll audit. According to our records, the amount of \$[Amount] remains unpaid and is past due.

The final audit was conducted to ensure your premium accurately reflects your actual payroll exposure during the policy period. This adjustment is now due in full to keep your account in good standing.

**Payment Options:**

- **By Mail:** Please detach the bottom portion of this letter and mail it with your check to the address listed above.
- **Online:** Visit [Website URL] to make a secure payment via Credit Card or ACH.
- **By Phone:** Call our billing department at [Phone Number].

If payment has already been sent, please disregard this notice. If you have questions regarding the audit findings or if you are experiencing financial hardship and need to discuss a payment plan, please contact us immediately at [Phone Number].

Failure to remit payment may result in the cancellation of your current insurance coverage or the referral of your account to a collection agency.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name]  
[Department Name]

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**PAYMENT COUPON**

Policyholder: [Policyholder Name]  
Policy Number: [Policy Number]  
Amount Enclosed: \$ \_\_\_\_\_