

Date: [Insert Date]

To: [Policyholder Name]

Address: [Insert Address]

Policy Number: [Insert Policy Number]

Subject: Premium Payment Reminder - [Month, Year]

Dear [Policyholder Name],

This is a friendly reminder that the monthly premium for your Family Plan Health Insurance is due on **[Due Date]**.

Payment Details:

- **Plan Type:** Family Health Insurance
- **Monthly Premium Amount:** \$[Amount]
- **Due Date:** [Date]

To ensure that coverage for you and your family remains active and uninterrupted, please make your payment by the due date mentioned above.

How to Pay:

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- Mail: Send a check to [Insert Mailing Address]

If you have already sent your payment, please disregard this notice. If you have any questions regarding your coverage or this invoice, please contact our customer service department at [Insert Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name/Department]

[Insurance Company Name]