

Date: [Current Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Reminder: Your Health Insurance Premium is Due

Dear [Policyholder Name],

This is a friendly reminder that the monthly premium for your health insurance policy is due soon. To ensure your coverage remains active without interruption, please submit your payment by the due date listed below.

Policy Details:

- **Policy Number:** [Policy Number]
- **Due Date:** [Due Date]
- **Amount Due:** \$[Amount]

Payment Options:

- **Online:** Log in to your account at [Website URL].
- **Phone:** Call our automated payment line at [Phone Number].
- **Mail:** Send a check or money order to [Payment Mailing Address].

If you have already made this payment, please disregard this notice. If you have any questions or are experiencing difficulties making your payment, please contact our billing department at [Customer Service Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]