

[Date]

[Member Name]
[Address Line 1]
[City, State, Zip Code]

Subject: IMPORTANT: Notice of Health Insurance Coverage Termination and Reinstatement Requirements

Dear [Member Name],

Our records indicate that your health insurance coverage was terminated on [Termination Date] due to non-payment of premiums. As of today, your account remains inactive.

To avoid a permanent lapse in coverage and to reinstate your policy without a gap in service, you must pay the total outstanding balance listed below by [Deadline Date].

Account Summary:

Policy Number: [Policy Number]
Past Due Amount: \$[Amount]
Reinstatement Fee (if applicable): \$[Amount]
Total Amount Due: \$[Total Amount]

How to Reinstatement Your Account:

- **Online:** Log in to your member portal at [Website URL].
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check or money order to [Payment Address].

Please note that if payment is not received by [Deadline Date], you may be required to wait until the next Open Enrollment period to re-apply for coverage. If you have already made this payment, please disregard this notice.

If you are experiencing financial hardship or have questions regarding your bill, please contact our customer service team immediately.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]
[Contact Information]