[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Partial Payment Received - Balance Due for Policy #[Policy Number]

Dear [Policyholder Name],

Thank you for the recent payment of $[Amount Paid] received on [Date]. We have applied this amount to your life insurance policy referenced above.

This letter is a reminder that a remaining balance of **$[Remaining Balance]** is still outstanding for the current premium period. To ensure that your coverage remains active and to prevent any lapse in benefits, please remit the balance by **[Due Date]**.

Account Summary:

- Total Premium Amount: $[Total Amount]
- Total Paid to Date: $[Total Paid]
- **Remaining Balance: $[Balance Due]**

You can make your payment via the following methods:

- Online through our portal: [Website URL]
- By phone: [Phone Number]
- By mail: Please send a check to the address listed below.

If you have already sent the remaining payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your billing, please contact our customer service department at [Phone Number] between [Hours of Operation].

Thank you for choosing [Insurance Company Name].

Sincerely,

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