

Letter of Clarification on Policy Grace Period Eligibility

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to clarify the terms regarding the grace period eligibility for your policy [Policy Number]. As per our records, the following outlines the conditions that apply:

- The grace period is applicable for [number of days] days after the due date.
- During this period, coverage will remain in effect.
- A late payment may incur additional fees as per the policy guidelines.
- If payment is not received by the end of the grace period, the policy may be considered lapsed.

We understand that unexpected circumstances may arise, and we encourage you to reach out to us if you have any further questions regarding your policy or the grace period. Your satisfaction and continued coverage are our top priorities.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]