

# Important Notice: Disability Insurance Coverage Ending

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you that your disability insurance coverage, policy number [Policy Number], will be ending on [End Date].

It is important to review your current situation and consider your options for continuing coverage or exploring alternative plans. Please ensure that you take the necessary actions before the coverage termination date.

## Options Available:

- Renew your current policy
- Explore new insurance plans
- Contact our office for assistance

If you have any questions or need more information, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,  
[Your Name]  
[Your Title]  
[Insurance Company Name]  
[Contact Information]