

Health Insurance Coverage Lapse Notification

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

We are writing to inform you that your health insurance coverage under policy number [Policy Number] has lapsed as of [Lapse Date]. This notification is to remind you of the importance of continuous coverage and the possible implications of the lapse.

To avoid any gaps in your health insurance, we encourage you to review your options for reinstatement or to secure alternative coverage as soon as possible.

If you have already made arrangements to rectify this situation, please disregard this notification. Otherwise, feel free to contact our customer service team at [Customer Service Phone Number] or [Customer Service Email] for assistance.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, ZIP Code]