

# Life Insurance Contract Lapse Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you that your life insurance policy with us, bearing policy number [Insert Policy Number], has lapsed as of [Insert Lapse Date]. This decision is due to the non-receipt of premium payments since [Insert Last Payment Date].

Your policy provided essential coverage, and we understand this may come as a surprise. If you wish to reinstate your policy, please contact us within [Insert Grace Period] days from the date of this letter to discuss potential options.

We appreciate your prompt attention to this matter and encourage you to reach out if you have any questions or require further assistance.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]