

## **Important Advisory: Health Coverage Lapse**

Date: [Insert Date]

Dear [Policyholder Name],

We are writing to inform you that your health insurance coverage is at risk of lapsing due to non-payment of your premium. As of [Insert Date], we have not received your payment for the billing period of [Insert Billing Period].

To ensure your continued coverage and avoid any gaps in your health insurance, please make your payment by [Insert Due Date]. If you believe this notice has been sent in error, or if you have already made your payment, please contact our customer service department at [Insert Contact Number].

Your health and well-being are our top priorities, and we want to ensure that you have uninterrupted access to your health care services.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Company Name]

[Your Company Contact Information]