

# Expiration Notice

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you that your coverage plan with policy number [Policy Number] is set to expire on [Expiration Date]. Please review your coverage details and consider renewing your policy to avoid any lapse in coverage.

For your convenience, we have included the necessary steps for renewal below:

- Review your current policy details.
- Contact our office at [Contact Number] or visit [Website] to initiate the renewal process.

If you have any questions, please do not hesitate to reach out. We appreciate your attention to this important matter.

Thank you for being a valued member of [Company Name].

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]