

Health Insurance Premium Payment Alert

Dear [Recipient's Name],

We hope this message finds you in good health. This is a friendly reminder that your health insurance premium payment is due on **[Due Date]**.

Policy Number: **[Policy Number]**

Please ensure that your payment of **[Amount]** is made by the due date to avoid any lapse in coverage.

If you have already made this payment, please disregard this notice. For any questions or assistance, feel free to contact us at **[Contact Information]**.

Thank you for choosing **[Insurance Company Name]**. We appreciate your trust in us.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]