

Subject: Urgent: Overdue Premium Payment - [Policy Number]

Dear [Policyholder Name],

This is a formal reminder that the premium payment for your policy [Policy Number], which was due on [Due Date], has not been received.

Your policy is currently within its 30-day grace period. To ensure your coverage remains active and to avoid a lapse in protection, please submit your payment of [Amount Due] by [Grace Period Expiration Date].

You can make a payment through the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address]

If payment is not received by the end of the grace period, your policy will be cancelled effective [Cancellation Date], and any claims made after this date will not be covered.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Your Name/Company Name]
[Department Name]
[Contact Information]