

URGENT: ACTION REQUIRED REGARDING YOUR HEALTH INSURANCE

Date: [Insert Date]

To: [Member Name]

Policy Number: [Insert Policy Number]

Expiration Date: [Insert Date]

Dear [Member Name],

Our records indicate that your health insurance coverage is scheduled to expire on **[Insert Expiration Date]**. To avoid a lapse in coverage and ensure you remain protected, you must renew your policy immediately.

If your policy expires, you may lose access to your current healthcare providers and be responsible for the full cost of medical services and prescriptions. Additionally, you may be subject to a waiting period before new coverage begins.

How to Renew:

- **Online:** Log in to your account at [Insert Website URL].
- **Phone:** Call our renewal department at [Insert Phone Number].
- **In Person:** Visit our local office at [Insert Address].

If you have already submitted your renewal request, please disregard this notice. If you have questions or need assistance with the renewal process, please contact us immediately.

Sincerely,

[Your Name/Department]

[Insurance Company Name]

[Contact Information]