Date: [Insert Date]

Subject: URGENT: Prompt Payment Required to Prevent Coverage Lapse

Dear [Policyholder Name],

Our records indicate that we have not yet received payment for your premium due on [Due Date]. Your account is currently past due.

To ensure that your coverage remains active and to avoid a lapse in your benefits, please submit your payment of $[Amount Due] immediately. A lapse in coverage may result in the loss of protection and could require a new application process at higher rates.

Payment Options:

- Online: Visit [Website URL]
- Phone: Call [Phone Number]
- Mail: Send a check to [Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties, please contact our customer service team at [Phone Number] to discuss available payment arrangements.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]