[Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: Notice of Upcoming Term Life Insurance Expiration and Conversion Options
Policy Number: [Policy Number]
Expiration Date: [Date]

Dear [Policyholder Name],

We are writing to inform you that your current term life insurance policy is approaching its scheduled expiration date on [Date]. As you reach the end of this term, we want to ensure you are aware of the options available to maintain your coverage without interruption.

Option 1: Convert to a Permanent Life Insurance Policy
You have the guaranteed right to convert your current term coverage into a permanent life insurance policy.

- No medical exam or health questions are required.
- Your coverage will build cash value over time.
- Premiums will remain level for the life of the policy.
- Conversion must be completed by [Deadline Date].

Option 2: Renew Your Term Coverage
You may choose to renew your term policy for a new period. Please note that based on your current age, your new renewal premium will be $[Amount] per [Month/Year].

Option 3: Apply for a New Policy
You may apply for a new term policy which may offer different rates or coverage amounts, subject to full medical underwriting and eligibility requirements.

If no action is taken by [Date], your current coverage will [automatically renew at the higher rate / lapse].

To discuss these options or to start the conversion process, please contact your agent [Agent Name] at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name] for your life insurance needs.

Sincerely,

[Sender Name]
[Title]
[Company Name]