

[Insurance Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Notice of Reinstatement of Health Insurance Coverage

Dear [Policyholder Name],

This letter is to formally notify you that your health insurance policy, number [Policy Number], has been successfully reinstated effective as of [Reinstatement Date].

Your coverage was previously suspended or terminated due to [Reason for Lapse, e.g., non-payment of premiums]. We have received the required [Payment/Documentation] and have updated your account status accordingly.

There is no gap in your coverage history, and your benefits remain the same as outlined in your original policy agreement. Please ensure that all future premium payments are made by the [Due Date] of each month to avoid any further interruptions in service.

You may continue to use your existing insurance ID card. If you have any questions regarding your benefits or your account, please contact our customer service department at [Customer Service Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name/Department]
[Insurance Company Name]