

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

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

Subject: Confirmation of Life Insurance Policy Reinstatement

Dear [Policyholder Name],

We are pleased to inform you that your life insurance policy, number **[Policy Number]**, has been officially reinstated effective **[Effective Date]**.

We have received and processed your reinstatement application along with the required payment of **[\$[Amount Paid]**. This payment covers the past-due premiums and any applicable interest required to bring your account to current status.

Your coverage is now active under the original terms and conditions of your policy. Please ensure that future premium payments are made by the due date of **[Next Due Date]** to prevent any further lapse in coverage.

If you have any questions regarding your policy or would like to update your contact information or beneficiaries, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

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

Sincerely,

[Name of Representative/Department]
[Title]
[Company Name]