

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

[Date]

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

**RE: Conditional Reinstatement of Policy Number: [Policy Number]**

Dear [Policyholder Name],

We have received your request to reinstate your insurance policy, which lapsed on [Cancellation Date] due to non-payment of premium.

We are pleased to inform you that we have granted a **conditional reinstatement** of your coverage. This means your policy is temporarily active; however, full reinstatement is subject to the following conditions being met by [Deadline Date]:

- **Outstanding Balance:** Payment of the past due amount of \$[Amount].
- **Reinstatement Fee:** Payment of a processing fee of \$[Amount].
- **Statement of Health/Condition:** Completion and submission of the enclosed [Form Name/Evidence of Insurability].

Please be advised that if the above requirements are not satisfied by the specified deadline, the conditional reinstatement will be voided, and your policy will remain terminated as of the original lapse date. Any payments received after the deadline may be returned to you.

No coverage is provided for any losses or claims that occurred during the period the policy was lapsed, specifically between [Lapse Date] and [Conditional Reinstatement Date].

If you have any questions or have already sent your payment, please contact our customer service department at [Phone Number].

Sincerely,

[Name of Representative]  
[Title]  
[Insurance Company Name]