

[Date]

[Member Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Health Insurance Account Reinstatement

Dear [Member Name],

This letter is to formally confirm that your health insurance coverage under [Insurance Plan Name] has been successfully reinstated. Your account is now active and in good standing.

Reinstatement Details:

- **Member ID:** [Member ID Number]
- **Policy Number:** [Policy Number]
- **Effective Date of Reinstatement:** [Date]

Your benefits, including coverage for medical services, prescriptions, and preventative care, are restored as of the effective date listed above. You may resume using your existing member ID card immediately. If you require a new card, you can request one via our member portal or by contacting customer service.

To ensure uninterrupted coverage in the future, please ensure that all premium payments are submitted by the [Day] of each month.

If you have any questions regarding your benefits or your account status, please contact our Member Services department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]