

[Insurance Company Name]
[Policy Department]
[Company Address]
[City, State, Zip Code]

[Date]

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

Subject: Reinstatement of Life Insurance Policy #[Policy Number] and Payment Receipt

Dear [Policyholder Name],

We are pleased to inform you that your life insurance policy, number [Policy Number], has been officially reinstated effective [Reinstatement Date]. Your coverage is now active and in good standing.

Payment Receipt Confirmation

This letter also serves as a formal receipt for the payment received on [Date of Payment] in the amount of \$[Amount Paid]. This payment covers the following:

- Past due premiums: \$[Amount]
- Accrued interest (if applicable): \$[Amount]
- Reinstatement fees (if applicable): \$[Amount]

Policy Details:

- **Policy Number:** [Policy Number]
- **Status:** Active / Reinstated
- **Next Premium Due Date:** [Date]
- **Next Premium Amount:** \$[Amount]

Please keep this letter with your original policy documents for your records. If you have any questions regarding your coverage or future billing, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Company Name] for your protection needs.

Sincerely,

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