

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

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

Subject: Request for Reinstatement Application for Policy #[Your Policy Number]

To the Customer Service Department,

I am writing to formally request a reinstatement application for my expired term life insurance policy, number [Your Policy Number], which lapsed on [Date of Expiration/Lapse] due to non-payment of premiums.

I would like to restore my coverage. Please send the necessary reinstatement forms and a statement of the total amount due, including unpaid premiums and any applicable interest or late fees, to my address listed above.

If there are any additional requirements, such as a new medical examination or a statement of health form, please let me know as soon as possible.

Thank you for your assistance with this matter. I look forward to receiving the documents.

Sincerely,

[Your Signature]

[Your Printed Name]