

[Your Name]
[Your Title/Position]
[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Account Manager Name or Department]
[Insurance Company Address]
[City, State, Zip Code]

RE: Request for Group Health Benefits Reinstatement Application
Group Policy Number: [Your Policy Number]

Dear [Contact Person Name or Reinstatement Department],

I am writing on behalf of [Company Name] to formally request an application for the reinstatement of our group health insurance coverage under the policy number referenced above. Our coverage was recently terminated effective [Date of Termination].

We are eager to restore benefits for our employees and wish to understand the necessary steps to bring our account back into good standing. Please provide the following:

- The formal Reinstatement Application forms.
- A detailed statement of any outstanding premiums, interest, or late fees required for reinstatement.
- Information regarding any additional documentation or underwriting requirements needed for the review process.

Please send the required documents and instructions to my attention at [Email Address] or via mail to the address listed above. We intend to complete the application and submit the necessary payments as soon as possible.

Thank you for your prompt assistance in this matter. Should you have any questions, please contact me directly at [Phone Number].

Sincerely,

[Signature]

[Your Printed Name]