

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

[Date]

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

RE: Request for Reinstatement of Health Insurance Coverage

Policy Number: [Your Policy Number]

Member ID: [Your Member ID]

Dear Reinstatement Department,

I am writing to formally request the reinstatement of my health insurance policy, which was recently cancelled effective [Date of Cancellation] due to [Reason for Cancellation, e.g., non-payment of premiums].

I value my coverage with [Insurance Company Name] and the lapse in payment was due to [Briefly explain the circumstance, e.g., an administrative error, financial hardship, or missing a notification]. I have since resolved this issue and am committed to maintaining my premium payments moving forward.

I am prepared to immediately pay all past-due premiums and any applicable reinstatement fees required to restore my coverage without a gap in service. Please let me know the total balance due and the preferred method of payment to expedite this process.

Enclosed/Attached you will find [List any supporting documents, such as proof of payment or a completed reinstatement form if required].

Thank you for your time and for considering my request for reinstatement. I look forward to your prompt response regarding the status of my coverage.

Sincerely,

[Your Signature]

[Your Printed Name]