

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

[Date]

[Insurance Company Name]
[Department Name, e.g., Policy Services]
[Company Address]
[City, State, Zip Code]

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

Dear Customer Service Department,

I am writing to formally request a reinstatement application for my life insurance policy, number [Your Policy Number], which has recently lapsed due to non-payment of premiums.

I would like to restore my coverage to active status. Please send the necessary reinstatement forms and a statement indicating the total amount of past-due premiums and any applicable interest or fees required to bring the policy current.

Please let me know if there are any additional requirements, such as a new medical examination or a statement of good health, to complete this process.

Thank you for your assistance. I look forward to receiving the documents at your earliest convenience.

Sincerely,

[Your Signature]

[Your Printed Name]