

[Date]

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

**Subject: Approval of Policy Reinstatement - Policy Number: [Policy Number]**

Dear [Customer Name],

We are pleased to inform you that your request to reinstate your lapsed insurance policy, [Policy Number], has been approved. Your coverage is now active again, effective as of [Reinstatement Effective Date].

We have received and processed the following items required for this reinstatement:

- Completed Reinstatement Application
- Past due premium payment of \$[Amount]
- [Any other required documentation, e.g., Statement of Good Health]

Your policy will continue under the original terms and conditions. Please ensure that future premium payments are made by the due date to prevent any further interruptions in your coverage. Your next premium payment is due on [Next Due Date].

Updated policy documents reflecting this reinstatement are enclosed with this letter. We recommend keeping these with your original policy files.

If you have any questions regarding your policy or the reinstatement process, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Sender Name]  
[Title]  
[Company Name]