

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Approval of Health Insurance Policy Reinstatement - Policy #[Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your request for the reinstatement of your health insurance policy, number [Policy Number], has been approved. Your coverage is now active and in good standing.

Reinstatement Details:

- **Effective Date of Reinstatement:** [Date]
- **Policy Status:** Active
- **Outstanding Premium Received:** \$[Amount]

Your benefits, coverage limits, and provider networks remain the same as previously established in your original policy agreement. Please ensure that future premium payments are made by the [Due Date] of each month to prevent any further interruptions in your coverage.

You will receive an updated insurance card and updated policy documents via mail within [Number] business days. You may also access your digital member portal at [Website URL] to view your coverage details and claim history.

If you have any questions regarding this reinstatement or your policy benefits, please contact our Customer Service Department at [Phone Number] or email us at [Email Address].

Thank you for choosing [Insurance Company Name]. We look forward to continuing to serve your healthcare needs.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]