

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**Subject: Notification of Policy Reinstatement - Policy #[Policy Number]**

Dear [Policyholder Name],

We are pleased to inform you that your application for the reinstatement of your life insurance policy, number [Policy Number], has been approved.

Your coverage is now active and in full force effective as of [Effective Date]. This reinstatement confirms that all previous terms, conditions, and benefits of your original policy remain unchanged, provided that all future premiums are paid on time.

**Reinstatement Details:**

- Policy Number: [Policy Number]
- Reinstatement Effective Date: [Date]
- Next Premium Due Date: [Date]
- Premium Amount: \$[Amount]

We have received and applied your payment of \$[Amount] to cover the past due premiums and applicable interest. To ensure your coverage does not lapse again, we recommend setting up automatic payments through our [Online Portal/Direct Debit program].

Please keep this letter with your original policy documents. If you have any questions regarding your coverage or need to update your beneficiary information, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

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

Sincerely,

[Name of Representative]  
[Title]  
[Company Name]