

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Notification of Payment Received and Pending Reinstatement Review**

Dear [Policyholder Name],

We are writing to acknowledge that we have received your payment in the amount of \$[Amount] on [Date Received] regarding Policy Number: [Policy Number].

Please be advised that the receipt of this payment does not automatically reinstate your insurance coverage. Your policy currently remains in a lapsed status. Your request for reinstatement is now undergoing a formal review by our Underwriting Department.

During this review process, the following conditions apply:

- Coverage is not currently in force.
- Any claims occurring during the lapse period may not be covered.
- We may require additional information or documentation to complete our evaluation.

We will notify you in writing of the underwriting decision as soon as the review is complete. If your reinstatement is approved, a formal notice will be sent to you confirming the effective date of coverage. If the reinstatement is declined, your payment will be refunded in full.

If you have any questions, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Name/Department]

[Company Name]