

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Notification of Reinstatement Application and Underwriting Review

Dear [Policyholder Name],

We have received your request to reinstate your insurance policy, [Policy Number], which lapsed on [Lapse Date] due to non-payment of premium following the expiration of the grace period.

Please be advised that your policy is not currently active. Your request for reinstatement has been forwarded to our Underwriting Department for a formal review. This process is necessary to determine if your policy can be restored based on our current eligibility guidelines.

Next Steps:

- **Review Period:** The underwriting review typically takes [Number] business days.
- **Additional Information:** We may contact you if further documentation or a Statement of Good Health is required.
- **Payment:** Any funds submitted with your request are being held in suspense. If reinstatement is denied, these funds will be refunded to you in full.

Please note that there is no coverage in place for any losses occurring between the date of lapse and the date of official reinstatement, should your application be approved.

We will notify you in writing once a final decision has been made. If you have any questions, please contact our Customer Service Department at [Phone Number] or [Email Address].

Sincerely,

[Name/Department]

[Insurance Company Name]