

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Notification of Reinstatement Application - Pending Underwriting Review

Dear [Policyholder Name],

We have received your application and payment to reinstate your Term Life Insurance Policy, number [Policy Number].

At this time, your application is being forwarded to our Underwriting Department for a formal review. This process is necessary to evaluate your current eligibility for coverage. During this review period, please be advised of the following:

- **Coverage Status:** Your policy remains in a lapsed state. Coverage is not currently in force, and no death benefit will be paid for claims occurring before a final reinstatement approval is issued.
- **Additional Information:** Our underwriters may contact you to request medical records, a paramedical exam, or further health clarifications.
- **Timeline:** The review process typically takes [Number] to [Number] business days, depending on the availability of required information.

If your reinstatement is approved, we will send you a formal confirmation notice, and your coverage will be restored as of the approval date. If we are unable to reinstate the policy, any funds submitted for this application will be refunded to you.

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

Sincerely,

[Sender Name/Department]

[Insurance Company Name]