

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Notice of Conditional Policy Reinstatement - Policy Number: [Policy Number]**

Dear [Policyholder Name],

We have received your application and payment for the reinstatement of your life insurance policy, which lapsed on [Lapse Date] due to non-payment of premiums.

We are pleased to inform you that your policy has been **conditionally reinstated** effective [Effective Date]. Please be advised that this reinstatement is subject to the following conditions:

- **Underwriting Approval:** Final reinstatement is contingent upon the review and approval of your evidence of insurability.
- **Accuracy of Information:** All statements provided in your reinstatement application must be true and complete. Any material misrepresentations may render this reinstatement void.
- **Payment Clearance:** Your recent payment of \$[Amount] must be successfully processed and cleared by your financial institution.

During this conditional period, the company reserves the right to contest claims based on the information provided in your reinstatement application for a period of [Number] years from the date of this letter.

If we determine that the requirements for reinstatement have not been met, we will notify you in writing, and any premiums paid for this reinstatement will be refunded.

Please keep this letter with your original policy documents. If you have any questions, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]