

Date: [Insert Date]

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

Re: Conditional Reinstatement of Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We received your request to reinstate your insurance policy, which lapsed on [Insert Date] due to non-payment of premiums. We have also received your payment in the amount of \$[Insert Amount].

Please be advised that your policy is being reinstated **conditionally**. This reinstatement is subject to the truthfulness and completeness of the following Statement of Good Health:

**Statement of Good Health:**

I, the undersigned, hereby declare that to the best of my knowledge and belief, since the date the original application for this policy was signed:

1. The insured person(s) have remained in good health and free from any new injury or illness.
2. There have been no changes in the physical or mental condition of the insured person(s).
3. The insured person(s) have not consulted a physician or received medical treatment/advice except as noted here: [Insert Details or "None"].

**Agreement:**

I understand that if any of the statements provided above are found to be false or incomplete, the company reserves the right to contest a claim or void the reinstatement of this policy. I understand that the policy will not be considered fully in force until this signed statement is received and approved by the company.

Please sign and return this letter by [Insert Deadline Date] to finalize the reinstatement process.

Policyholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sincerely,

[Sender Name/Department]  
[Company Name]