

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Insurance Company Name]  
[Reinstatement Department]  
[Company Address]  
[City, State, Zip Code]

**RE: Request for Policy Reinstatement**

**Policy Number:** [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the reinstatement of my health insurance policy, which recently lapsed due to non-payment of premiums on [Date].

I am enclosing a payment in the amount of \$[Amount] to cover all past-due premiums and any applicable reinstatement fees. Please let me know if there are additional costs required to bring the account current.

Furthermore, I am submitting this Statement of Good Health. I certify that since the date of the policy lapse, I have not suffered any new illnesses, injuries, or changes in my physical or mental health. I have not consulted a physician or been admitted to a hospital during this period. I remain in the same state of health as when the policy was originally issued.

I value the coverage provided by [Insurance Company Name] and hope to restore my policy as soon as possible. Please notify me in writing once the reinstatement has been processed.

Thank you for your assistance in this matter.

Sincerely,

[Signature]

[Printed Name]