

Date: [Current Date]

Policyholder Name: [Full Name]

Policy Number: [Policy Number]

Insurer Name: [Insurance Company Name]

RE: Statement of Good Health for Policy Reinstatement

To the Reinstatement Department,

I am writing to formally request the reinstatement of the life insurance policy mentioned above, which lapsed on [Date of Lapse] due to non-payment of premiums.

As part of the reinstatement process, I hereby certify that:

- Since the date of the original application or the date the policy lapsed, I have not suffered any illness, injury, or physical impairment.
- I have not consulted a physician, surgeon, or other medical practitioner for any reason other than routine check-ups.
- There has been no change in my health, habits, or occupation that would increase the insurance risk.
- I am currently in good health and free from any symptoms of disease or injury.

I understand that this statement is a material representation and that the company relies on this information to decide whether to reinstate my policy. I further understand that any misrepresentation may result in the denial of a claim or the voiding of the policy.

Enclosed is the required premium payment in the amount of \$[Amount] to bring the policy current.

Please notify me once the reinstatement has been processed.

Sincerely,

[Policyholder Signature]

[Print Name]