

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

[Date]

[Name of Insurance Company/Recipient]
[Department Name]
[Company Address]
[City, State, Zip Code]

Subject: Medical Declaration and Request for Reinstatement of Policy #[Policy Number]

To whom it may concern,

I am writing to formally request the reinstatement of my [Type of Insurance, e.g., Life/Health] insurance policy, number [Policy Number], which lapsed on [Date of Lapse] due to [Reason for Lapse].

In support of this application, I hereby declare that I am currently in good health. Since the date the policy lapsed and up to the present date:

- I have not suffered from any illness, injury, or physical condition requiring surgical or medical treatment.
- I have not been admitted to a hospital or clinic for any reason.
- I have not consulted a physician or specialist for any chronic or new medical concerns.
- There has been no change in my physical or mental health status.

I confirm that the information provided above is true and accurate to the best of my knowledge. I understand that any false statements or omissions may result in the denial of my reinstatement request or the voiding of the policy.

I have enclosed the required premium payment of \$[Amount] to bring my account up to date. Please let me know if there are any further forms or medical examinations required to process this reinstatement.

Thank you for your prompt attention to this matter. I look forward to receiving confirmation that my coverage has been restored.

Sincerely,

[Your Signature]

[Your Printed Name]