

Date: [Insert Date]

To: [Insurance Company Name]

Department: Policy Reinstatement Department

Address: [Insert Company Address]

Subject: Request for Policy Reinstatement and Statement of Good Health

Policyholder Name: [Insert Full Name]

Policy Number: [Insert Policy Number]

Dear Reinstatement Department,

I am writing to formally request the reinstatement of the above-mentioned insurance policy, which lapsed on [Insert Date] following the expiration of the grace period due to non-payment of premiums.

Enclosed with this letter, you will find the total outstanding premium amount of \$[Insert Amount] to bring the account current. I understand that reinstatement is subject to company approval and the following Statement of Good Health.

Statement of Good Health:

I, [Insert Full Name], hereby certify that to the best of my knowledge and belief, since the date the policy lapsed:

- I have remained in good health and free from any new injury or illness.
- I have not consulted a physician or medical practitioner for any new condition.
- There have been no changes in my medical history or physical condition that would affect my insurability.

I understand that any misrepresentation in this statement may result in the denial of a claim or the voiding of the policy. I authorize the company to verify this information if necessary.

Please process this reinstatement at your earliest convenience. Please notify me in writing once the policy is active again.

Sincerely,

[Signature]

[Printed Name]

[Phone Number]

[Email Address]