

[Your Full Name]
[Your Address]
[Policy Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]

Subject: Short-Form Statement of Good Health for Policy Reinstatement

To Whom It May Concern,

I am writing to request the reinstatement of my insurance policy, [Policy Number], which recently lapsed. I understand that as part of the reinstatement process, I must provide a statement regarding my current health status.

I hereby certify that since the date of the policy lapse:

- I have not suffered any illness, injury, or physical impairment.
- I have not consulted a physician or received medical treatment.
- I am currently in good health and my physical condition is the same as it was when the original policy was issued.
- (Note: If any changes have occurred, please list them here: _____)

I declare that the answers provided above are true and complete to the best of my knowledge. I understand that this information will be used by [Insurance Company Name] to determine my eligibility for reinstatement and that any misrepresentation may void the policy.

Please find the required premium payment enclosed to bring my account current.

Sincerely,

[Signature]

[Printed Name]