

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

[Insurance Company Name]
[Department Name]
[Address Line 1]
[Address Line 2]

Subject: Declaration of Good Health and Application for Policy Reinstatement

Policy Number: [Insert Policy Number]
Policy Type: Term Life Insurance

To Whom It May Concern,

I am writing to formally request the reinstatement of my Term Life Insurance policy, which recently lapsed due to non-payment of premiums. Please find enclosed the required outstanding premium amount of \$[Amount].

In support of this application, I hereby declare that:

- I am currently in good health and free from any physical or mental disease or infirmity.
- Since the date of the policy lapse, I have not suffered any illness, injury, or medical condition, nor have I consulted any medical practitioner or been hospitalized.
- There has been no change in my lifestyle, occupation, or habits that would increase the insurance risk.
- No application for life, health, or accident insurance on my life has been declined, postponed, or accepted at modified terms by any other insurer.

I understand that these statements form the basis of the reinstatement request and that any material misrepresentation may render the policy void.

Please process this reinstatement at your earliest convenience and confirm once the policy is active again.

Sincerely,

[Signature]
[Printed Name]