

[Policyholder Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Statement of Good Health and Application for Reinstatement

Policy Number: [Insert Policy Number]

Insured Name: [Insert Name of Insured]

To Whom It May Concern,

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

In support of this request, I hereby certify that the Insured is currently in good health. Since the date the policy lapsed, there have been no changes in the Insured's physical or mental condition, and the Insured has not:

- Consulted, been examined, or been treated by any physician or medical practitioner.
- Been admitted to a hospital, clinic, or medical facility.
- Received a diagnosis for any chronic or serious illness.
- Changed tobacco or nicotine usage habits.

Enclosed with this letter, please find the required payment of \$[Amount] to cover the past-due premiums and any applicable interest or fees required for reinstatement.

I understand that the reinstatement of this policy is subject to the approval of [Insurance Company Name] and that the information provided in this statement is true and complete to the best of my knowledge. I acknowledge that any misrepresentation may result in the voiding of the policy.

Please notify me in writing once the reinstatement has been processed or if additional documentation is required.

Sincerely,

[Signature of Policyowner/Insured]
[Printed Name]