

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

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Acknowledgment of Premium Payment and Request for Reinstatement Documents

Dear [Policyholder Name],

We are writing to acknowledge receipt of your payment in the amount of \$[Amount] received on [Date] regarding the reinstatement of your policy number [Policy Number].

While we have received your payment, we require the following documents to complete the reinstatement process:

- [Required Document 1, e.g., Signed Reinstatement Application]
- [Required Document 2, e.g., Statement of Good Health]
- [Required Document 3, e.g., Updated Proof of Residency]

Please submit these documents by [Deadline Date] via email at [Email Address] or by mail to the address listed above. Please note that your coverage remains inactive until all documents are reviewed and approved by our underwriting department.

If you have already sent these documents, please disregard this notice. For any questions, please contact our customer service department at [Phone Number].

Sincerely,

[Your Name/Department Name]
[Your Title]