

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Confirmation of Reinstatement and Premium Payment

Dear [Policyholder Name],

We are pleased to inform you that your request for the reinstatement of policy number **[Policy Number]** has been fully approved.

We gratefully acknowledge receipt of your payment in the amount of **[Payment Amount]**. This payment covers the outstanding premiums and applicable fees required to bring your account back to active status.

Your coverage is now fully reinstated effective **[Reinstatement Date]**. There is no lapse in protection, and all benefits associated with your policy are once again in full force.

Please keep this letter for your records as proof of payment and active coverage. You can view your updated policy status and future billing schedule by logging into your account at [Website URL].

Thank you for your continued trust in our services. If you have any questions regarding your policy, please contact our customer service department at [Phone Number].

Sincerely,

[Sender Name]

[Title]

[Company Name]