

[Company Letterhead/Logo Area]

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Acknowledgment of Reinstatement Premium Payment - Policy #[Policy Number]**

Dear [Policyholder Name],

We are writing to officially acknowledge receipt of your payment in the amount of \$[Amount] received on [Date]. This payment was submitted for the purpose of reinstating your life insurance policy, which had previously lapsed.

We are pleased to inform you that your reinstatement application has been approved. Your policy is now active and in good standing. Your next premium payment is due on [Next Due Date].

Please keep this letter for your records as proof of payment and coverage restoration. All terms and conditions of your original policy remain in effect.

If you have any questions regarding your coverage or would like to discuss your policy benefits, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Company Name] for your protection needs.

Sincerely,

[Sender Name]

[Title/Department]

[Insurance Company Name]