

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Acknowledgment of Reinstatement Premium Payment**

Dear [Policyholder Name],

We are writing to confirm that we have received your payment in the amount of [Payment Amount] on [Date Received] for the reinstatement of your policy [Policy Number].

Based on the receipt of this payment and the approval of your reinstatement request, your coverage has been restored effective [Effective Date]. There has been no gap in coverage, provided all other terms and conditions of the policy are met.

Your policy is now in active status. You will receive updated policy documents and your next billing statement according to your selected payment schedule.

If you have any questions regarding your account or this payment, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]

[Title]

[Company Name]