

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

[Date]

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

**Subject: Request for Policy Reinstatement - Policy Number: [Your Policy Number]**

Dear Customer Service Department,

I am writing to formally request the reinstatement of my insurance policy, which recently lapsed following the expiration of the grace period. My policy number is [Policy Number].

The premium payment was missed due to [briefly state reason, e.g., an administrative oversight / a change in bank details / temporary financial hardship]. I value the coverage provided by your company and would like to restore my policy to active status immediately.

I have enclosed/attached the following items to facilitate this request:

- The full past-due premium amount of \$[Amount].
- The required reinstatement fee of \$[Amount] (if applicable).
- A completed and signed Statement of Good Health (if required).

Please let me know if there are any additional forms or information required to process this reinstatement. I would appreciate written confirmation once the policy has been successfully reactivated.

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]