

Date: [Insert Date]

Policy/Account Number: [Insert Number]

Subject: Notice of Reinstatement Requirements - Final Grace Period Expired

Dear [Recipient Name],

Our records indicate that the final grace period for your [Policy/Account Type] expired on [Expiration Date]. As a result, your coverage and benefits have officially lapsed due to non-payment of the required premiums.

To avoid permanent cancellation and to restore your benefits, you must apply for reinstatement immediately. To reinstate your account, please complete the following steps:

- **Submit Payment:** Pay the past due balance of \$[Amount].
- **Complete Forms:** Fill out and sign the attached Reinstatement Application.
- **Evidence of Insurability:** [Optional: Provide updated health/status information as requested].

Please note that all requirements must be received by [Deadline Date] for your request to be considered. Reinstatement is subject to approval and is not guaranteed. If approved, your coverage will be restored without a gap in service.

If you have already sent your payment or believe this notice was sent in error, please contact our billing department at [Phone Number] or [Email Address] immediately.

Sincerely,

[Your Name/Company Name]

[Department Name]

[Contact Information]