

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Notice of Opportunity to Reinstate Health Insurance Policy #[Policy Number]**

Dear [Policyholder Name],

We are writing to inform you that your health insurance policy was recently terminated effective [Termination Date] due to non-payment of premiums.

We value your health and security, and we would like to offer you the opportunity to reinstate your coverage without a gap in protection. To restore your policy, please complete the following requirements by [Deadline Date]:

- **Past Due Balance:** Pay the outstanding amount of \$[Amount].
- **Reinstatement Fee:** Pay a one-time fee of \$[Amount] (if applicable).
- **Forms:** Complete and sign the enclosed Reinstatement Application/Statement of Health.

Once we receive your payment and completed documents, our underwriting department will review your request. If approved, your coverage will be reinstated back to the date of lapse, ensuring no break in your medical benefits.

Please note that if we do not receive the requirements by [Deadline Date], you may need to reapply for a new policy, which could result in different rates or waiting periods for pre-existing conditions.

To make a payment or discuss your options, please call our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]