

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

[Date]

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

RE: Request for Policy Reinstatement

Policy Number: [Your Policy Number]

Insured Name: [Full Name on Policy]

To Whom It May Concern,

I am writing to formally request the reinstatement of my life insurance policy, which recently lapsed due to the expiration of the grace period for the premium payment due on [Date Premium was Due].

I value this coverage and would like to bring the account back to good standing. Enclosed with this letter, you will find:

- A check/payment for the past-due premium amount of \$[Amount].
- The completed Reinstatement Application form.
- [Optional: A completed Statement of Health/Evidence of Insurability form].

Please let me know if there are any additional requirements or forms needed to process this request. I look forward to receiving confirmation that my policy has been successfully reinstated.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]