

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

RE: Notice of Policy Lapse and Offer for Reinstatement

Policy Number: [Policy Number]

Insured: [Name of Insured]

Dear [Policyholder Name],

Our records indicate that the premium payment for your Term Life Insurance policy was not received by the end of the grace period. Consequently, your coverage officially lapsed on [Lapse Date].

We value your protection and would like to offer you the opportunity to reinstate your policy without the need for a new medical examination, provided you act immediately.

To reinstate your coverage, please complete the following steps by [Deadline Date]:

1. **Submit Payment:** Pay the past-due premium amount of \$[Total Amount Due].
2. **Sign the Statement:** Complete and sign the enclosed "Statement of Good Health" to confirm there have been no changes in the insurability of the covered individual since the last premium payment.

Upon receipt and approval of your payment and signed statement, your policy will be restored to active status with no break in coverage. If we do not receive these items by [Deadline Date], the policy will remain lapsed, and you may be required to undergo full underwriting to obtain a new policy.

Please send your payment and the signed form to the address listed above, or contact our Customer Service Department at [Phone Number] to pay by phone or online.

Thank you for choosing [Company Name]. We look forward to continuing to protect you and your family.

Sincerely,

[Signature]

[Name of Representative]

[Title/Department]

Enclosure: Statement of Good Health Form