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

[Date]

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

Subject: Request for Reinstatement of Health Insurance Policy #[Policy Number]

Dear Reinstatement Department,

I am writing to formally request the reinstatement of my health insurance policy, number [Policy Number], which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment/unintentional lapse].

The cancellation occurred because [Briefly explain the circumstance, e.g., an expired credit card or a temporary financial hardship]. This issue has since been resolved. Maintaining health coverage is a priority for me and my family, and I am eager to restore my benefits immediately.

I have enclosed [Mention payment amount or attached documents] to cover the outstanding balance and any applicable reinstatement fees. Please let me know if there are additional forms required to complete this process.

I look forward to receiving written confirmation that my coverage has been restored without a lapse in benefits. Thank you for your time and assistance regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]