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

[Date]

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

Subject: Request for Policy Reinstatement - Policy Number: [Your Policy Number]

Dear Reinstatement Department,

I am writing to formally request the reinstatement of my life insurance policy, number [Your Policy Number], which was recently cancelled due to non-payment of premiums.

The policy lapsed on [Date of Lapse] because of [Briefly state reason, e.g., an administrative oversight / financial hardship / change in bank accounts]. I value this coverage and wish to restore the policy to active status immediately.

I understand that to reinstate the policy, I may be required to:

- Pay all past-due premiums and any applicable interest or fees.
- Complete a Statement of Health or Evidence of Insurability form.
- Undergo a new medical examination, if requested.

Please provide me with the exact total amount due and any necessary forms required to complete this process. If there are specific documents I need to sign, please send them to my address listed above or via email at [Your Email Address].

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Signature]
[Your Printed Name]