

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Reinstatement Offer for [Agreement/Policy/Member] Number: [Reference Number]

Dear [Recipient Name],

Our records indicate that your commitment regarding [Specific Promise/Agreement Name] has lapsed as of [Date] due to [Reason, e.g., non-payment/inactivity].

We value your relationship and would like to offer you the opportunity to reinstate your status without penalty. By fulfilling the following requirements, you can restore your original benefits and terms:

- [Requirement 1: e.g., Payment of outstanding balance of \$XXX.XX]
- [Requirement 2: e.g., Submission of signed renewal form]
- [Requirement 3: e.g., Update of contact information]

To take advantage of this reinstatement offer, please complete the actions above by [Deadline Date]. Once processed, your account will be returned to good standing, and your benefits will resume immediately.

If you have already addressed this matter, please disregard this notice. If you have any questions or would like to discuss a customized plan, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Company Name]

[Your Title]

[Contact Information]