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

[Date]

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

RE: Notice of Policy Reinstatement
Policy Number: [Policy Number]
Insured Name: [Insured Name]

Dear [Policyholder Name],

We are pleased to inform you that your application for reinstatement of the above-referenced life insurance policy has been approved. Your coverage is now active and back in force, effective as of [Reinstatement Date].

To finalize this process, we have successfully processed your payment of $[Amount] which covers the past-due premiums and any applicable interest required for reinstatement. Your next premium payment is scheduled for [Next Due Date].

Please keep this letter with your original policy documents for your records. All original terms, conditions, and riders associated with your policy remain in effect.

If you have any questions regarding your coverage or if there are any changes to your contact information or beneficiary designations, please contact your agent at [Agent Phone Number] or our customer service department.

Thank you for choosing [Agency Name] for your life insurance needs.

Sincerely,

[Signature]
[Name of Authorized Representative]
[Title]
[Agency Name]