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

[Date]

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

RE: Request for Life Insurance Policy Reinstatement

Policy Number: [Your Policy Number]

To whom it may concern,

I am writing to formally request the reinstatement of my life insurance policy, which recently lapsed due to non-payment of premiums.

The lapse occurred because [briefly state reason, e.g., a change in banking details / oversight during travel]. 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.
- Complete a reinstatement application.
- Provide evidence of continued good health or undergo a medical examination.

Please send me the necessary forms and provide the exact total amount due to bring my account current. If there is an online portal where I can complete this process, please let me know.

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

Sincerely,

[Your Signature]
[Your Printed Name]