[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Conditional Acceptance of Reinstatement Application - Policy #[Policy Number]

Dear [Policyholder Name],

We have received your request to reinstate your life insurance policy, which lapsed on [Date of Lapse] due to non-payment of premiums.

We are pleased to inform you that we have conditionally approved your application for reinstatement. To restore your coverage to active status, the following requirements must be met by [Deadline Date]:

- **Outstanding Premium Payment:** A total payment of $[Amount] is required to cover unpaid premiums and applicable interest.
- **Evidence of Insurability:** Completion of the enclosed [Medical Questionnaire/Statement of Health form].
- **Required Documentation:** [List any other documents, e.g., physician's statement].

Important Notice regarding Conditional Coverage:
Please be advised that your policy remains inactive until we have received, reviewed, and formally approved all the items listed above in writing. If a claim occurs before you receive our final written approval of reinstatement, the claim may be denied as the policy is currently in a lapsed state.

If the above conditions are not met by the specified deadline, this conditional offer will expire, and your policy will remain lapsed. In such an event, any premium payments sent during this conditional period will be refunded to you.

Please return the required documents and payment using the enclosed envelope or through our online portal at [URL].

If you have any questions, please contact our Customer Service Department at [Phone Number].

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]