[Date]

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

RE: Notice of Denial for Reinstatement of Life Insurance Policy #[Policy Number]

Dear [Applicant Name],

We have carefully reviewed your application for the reinstatement of the life insurance policy referenced above, which lapsed on [Lapse Date] due to non-payment of premiums.

After a thorough evaluation of the information provided in your reinstatement application and [mention specific reason such as medical records/underwriting guidelines/eligibility criteria], we regret to inform you that we are unable to reinstate your coverage at this time.

Our decision is based on the following reason(s):

- [Insert specific reason for denial, e.g., current health status does not meet underwriting requirements.]
- [Insert secondary reason if applicable.]

Any funds submitted with your reinstatement application will be refunded to you. You should receive a check or electronic credit for $[Amount] within [Number] business days.

If you believe there has been an error or if you have additional information you would like us to consider, you have the right to appeal this decision. Please submit your appeal in writing within [Number] days of the date of this letter to the address below:

[Appeals Department Name]
[Address]
[City, State, Zip Code]

Thank you for your interest in [Insurance Company Name]. If you have any questions regarding this letter, please contact our Customer Service Department at [Phone Number].

Sincerely,

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