[Date]

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

Subject: Final Confirmation of Life Insurance Policy Reinstatement

Dear [Policyholder Name],

We are pleased to inform you that your life insurance policy, number **[Policy Number]**, has been officially reinstated effective **[Reinstatement Date]**.

All requirements for reinstatement have been met, and your coverage is now active and in full force. Please note the following details regarding your policy:

- **Policy Status:** Active
- **Premium Amount:** [Premium Amount]
- **Next Due Date:** [Next Payment Date]

We recommend that you attach this letter to your original policy documents for your records. It is important to continue making your premium payments on time to ensure your coverage remains uninterrupted.

If you have any questions or would like to update your contact information or beneficiaries, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

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

Sincerely,

[Sender Name/Department]
[Insurance Company Name]