[Date]

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

Subject: Notice of Policy Lapse and Reinstatement Options

Dear [Policyholder Name],

Our records indicate that the grace period for your life insurance policy, **Policy Number: [Policy Number]**, has expired. Because we did not receive the required premium payment by [Date], your coverage has officially lapsed.

We value your protection and want to help you reinstate your coverage. To restore your life insurance benefits, please complete the following steps:

- **Submit Payment:** Pay the overdue premium amount of $[Amount Due].
- **Application for Reinstatement:** Complete and sign the enclosed Reinstatement Application.
- **Evidence of Insurability:** [Depending on the lapse duration, you may need to provide updated health information].

Please note that your request for reinstatement is subject to approval by our underwriting department. If approved, your coverage will be restored to its previous status without a break in protection.

If you have already sent your payment, please disregard this notice. If you have questions regarding your payment options or the reinstatement process, please contact our Customer Service department at [Phone Number] or [Email Address].

Sincerely,

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

Enclosure: Reinstatement Application Form