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

[Date]

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

RE: Request for Missing Information - Policy Reinstatement
Policy Number: [Your Policy Number]
Insured Name: [Full Name of Insured]

Dear Reinstatement Department,

I am writing in response to your correspondence dated [Date of Letter from Insurer] regarding the reinstatement of the above-mentioned life insurance policy. Your notice indicated that additional information is required to process my reinstatement application.

Please find the requested information and/or documents enclosed below:

- [Description of Missing Document 1, e.g., Signed Medical Authorization]
- [Description of Missing Document 2, e.g., Completed Health Questionnaire]
- [Description of Missing Document 3, e.g., Clarification on Occupation]

I have also enclosed a check for $[Amount] or completed the authorization for payment to cover any outstanding premiums and interest required to bring the policy current, as previously discussed.

I hope this completes my application. Please notify me in writing once the policy has been officially reinstated or if any further steps are necessary. Thank you for your assistance in maintaining my coverage.

Sincerely,

[Your Signature]
[Your Printed Name]