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

[Date]

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

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

To the Reinstatement Department,

I am writing to formally request the reinstatement of my life insurance policy, which recently lapsed due to non-payment of premiums.

Enclosed with this letter, please find a check in the amount of $[Total Amount Owed] to cover the past due premiums and any applicable late fees. I have also enclosed the completed Application for Reinstatement as required by your company guidelines.

Please review my request and notify me once the policy has been successfully reinstated. If there are any additional forms or health questionnaires required to complete this process, please let me know at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [Check/Payment, Reinstatement Application]