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

[Date]

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

Subject: Request for Reinstatement of Life Insurance Policy #[Policy Number]

To Whom It May Concern,

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

I value the coverage provided by this policy and wish to restore it to active status. Enclosed with this letter, please find:

- A check for the total past-due premium amount of $[Amount].
- The completed and signed Reinstatement Application / Statement of Health form (if required).
- [List any other required documents, e.g., Evidence of Insurability].

Please review my request and confirm the reinstatement of my coverage. If there are any additional requirements or forms needed to finalize this process, please contact me as soon as possible.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]