Date: [Insert Date]

Policy Number: [Insert Policy Number]
Insured Name: [Insert Full Name]
Insurance Company: [Insert Company Name]

To whom it may concern,

I am writing to request the reinstatement of the life insurance policy mentioned above, which lapsed on [Insert Date of Lapse] due to non-payment of premiums.

I hereby certify that, to the best of my knowledge and belief, I am currently in good health and of sound mind. Since the date the policy lapsed, there have been no changes in my physical or mental condition, and I have not:

- Consulted, been examined, or been treated by any physician or medical practitioner.
- Been admitted to a hospital, clinic, or medical facility.
- Been diagnosed with any chronic illness, injury, or disease.
- Changed my tobacco or nicotine usage habits.

I understand that this statement is being used as a basis for the reinstatement of my policy and that any false or hidden information may result in the denial of a claim or the voiding of the policy.

Enclosed is the required premium payment of $[Insert Amount] to bring the account current.

Sincerely,

_____
[Signature of Insured]

[Printed Name]
[Phone Number]
[Email Address]