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

Subject: Notification of Underwriting Review for Policy Reinstatement

Dear [Policyholder Name],

Regarding Policy Number: [Policy Number]

We have received your request to reinstate your life insurance policy, which recently lapsed due to non-payment of premiums. To consider your request, your policy must now undergo an underwriting review.

As part of this process, we require the following items to be completed and returned:

- **Reinstatement Application:** Please complete, sign, and date the enclosed form.
- **Evidence of Insurability:** You may be required to provide updated medical information or undergo a brief medical exam.
- **Outstanding Premium Payment:** A total payment of $[Amount] is required to cover the unpaid balance and interest.

Once we receive the necessary documentation and payment, our underwriting department will evaluate your eligibility. Please note that reinstatement is not guaranteed and is subject to approval based on our current guidelines.

If you have any questions regarding the required forms or the review process, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Name of Underwriter/Representative]
[Company Name]
[Department Name]