

[Your Name/Company Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Department Name, if applicable]

[Address]

[City, State, Zip Code]

RE: Request for Reinstatement of Policy #[Policy Number]

To Whom It May Concern,

I am writing to formally request the reinstatement of my insurance policy, which was recently cancelled or lapsed due to a past due premium payment.

I understand that the payment was not received by the due date. This was due to [briefly state reason, e.g., an administrative oversight / a change in banking details]. I value the coverage provided by your company and would like to restore the policy to active status immediately.

Enclosed/Attached is the total payment amount of \$[Amount] to cover the past due premium and any applicable late fees. Please apply this payment to my account to ensure there is no further gap in coverage.

If any additional forms or medical statements are required for the reinstatement process, please let me know as soon as possible. I would appreciate a written confirmation once the policy has been successfully reinstated.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]