

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Confirmation of Life Insurance Policy Reinstatement

Dear [Policyholder Name],

We are pleased to inform you that your life insurance policy, number **[Policy Number]**, has been officially reinstated effective **[Reinstatement Date]**.

Your application for reinstatement has been reviewed and approved. We have received the required payment of \$[Amount Paid], which covers the past-due premiums and any applicable interest or fees. Your coverage is now active and in full force under the original terms and conditions of the policy.

Please note the following details regarding your policy:

- **Policy Status:** Active
- **Next Premium Due Date:** [Date]
- **Premium Amount:** \$[Amount]

We recommend that you keep this letter with your original policy documents. It is important to ensure that future premium payments are made by the due date to prevent any further lapse in coverage.

If you have any questions regarding your policy or need to update your beneficiary information, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name] for your life insurance needs.

Sincerely,

[Sender Name/Signature]
[Title/Department]
[Company Name]