

[Company Logo/Letterhead]

[Date]

[Member Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

**Subject: Confirmation of Health Insurance Plan Reinstatement**

Dear [Member Name],

This letter is to formally confirm that your health insurance coverage under [Policy Name/Number] has been successfully reinstated effective [Effective Date].

Your coverage was restored following [reason for reinstatement, e.g., receipt of past-due premium payments / resolution of administrative error]. As of this date, your policy is considered active and in good standing. There will be no lapse in your coverage period.

**Policy Details:**

- **Policy Number:** [Number]
- **Member ID:** [ID]
- **Coverage Start Date:** [Date]
- **Next Premium Due Date:** [Date]

You may continue to use your existing insurance ID card. If you require a replacement card, you can request one via our member portal or by contacting customer service.

If you have any questions regarding your benefits or your premium status, please contact our Member Services department at [Phone Number] or visit [Website].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Signature/Name]  
[Title]  
[Insurance Company Name]