

[Company Name]
[Department]
[Street Address]
[City, State, Zip Code]

[Date]

[Recipient Name]
[Policy/Account Number]
[Street Address]
[City, State, Zip Code]

Subject: Confirmation of Grace Period Exception and Policy Reinstatement

Dear [Recipient Name],

This letter is to formally confirm that your request for a grace period exception has been approved and your policy [Policy Number] has been successfully reinstated, effective as of [Reinstatement Date].

We have received and processed your payment in the amount of [Payment Amount]. Your coverage is now active and will continue under the existing terms and conditions of your original agreement.

Please be advised that this exception was granted on a one-time basis due to the specific circumstances discussed. To ensure uninterrupted coverage in the future, please ensure that all subsequent premiums are paid by the scheduled due dates. The next premium payment is due on [Next Due Date].

If you have any questions regarding your account or would like to set up automatic payments to avoid future delays, please contact our customer service team at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Your Name]
[Your Title]
[Company Name]