

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Insurance Company Name]  
[Reinstatement Department Address]  
[City, State, Zip Code]

**Subject: Request for Policy Reinstatement - Policy Number: [Your Policy Number]**

Dear Customer Service Department,

I am writing to formally request the reinstatement of my life insurance policy, number [Policy Number], which recently lapsed due to non-payment within the grace period.

The lapse occurred because [Briefly state reason, e.g., an expired credit card / temporary financial hardship / clerical error]. This was an oversight, and I intend to keep the policy active.

I have enclosed the following to facilitate this request:

- A check for \$[Amount] covering all past-due premiums and any applicable late fees.
- The completed and signed Reinstatement Application form.
- [If applicable] The Statement of Good Health/Evidence of Insurability form.

Please review these documents and notify me once the policy has been reinstated. If there are any additional requirements or forms needed to restore my coverage, please contact me immediately.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]