

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

[Date]

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

Subject: Offer to Reinstate Your Health Insurance Policy

Dear [Policyholder Name],

We are writing to inform you that your health insurance policy, [Policy Number], was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment of premium].

We value you as a member and would like to offer you the opportunity to reinstate your coverage without a gap in protection. To reinstate your policy, please complete the following requirements by [Deadline Date]:

- **Payment:** Pay the past due balance of \$[Amount].
- **Form:** Sign and return the enclosed Reinstatement Application.
- **Statement:** Provide a brief statement of health (if applicable).

If your payment and documents are received and approved by [Deadline Date], your coverage will be restored as of [Original Cancellation Date], ensuring you have no lapse in benefits.

If we do not hear from you by the date mentioned above, your policy will remain cancelled, and you may need to reapply for a new policy, which may be subject to different rates or terms.

To make a payment or discuss this offer, please call us at [Phone Number] or visit [Website Address].

Sincerely,

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