

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Offer to Reinstate Your Insurance Policy - [Policy Number]

Dear [Policyholder Name],

Our records indicate that your insurance policy, [Policy Number], lapsed on [Lapse Date] due to non-payment of premiums. As a result, your coverage is no longer active.

We value your business and would like to offer you the opportunity to reinstate your policy and restore your protection without having to reapply for a new plan.

To reinstate your policy, please complete the following steps by [Deadline Date]:

- Pay the past-due premium amount of: \$[Amount Due]
- Complete and sign the enclosed Reinstatement Application / Statement of Good Health.
- [Optional: List any other requirement, e.g., interest charges or medical exams].

Once we receive your payment and the required documentation, our underwriting department will review your request. If approved, your coverage will be restored to its original status.

Please note that any incidents occurring between [Lapse Date] and the date of reinstatement are not covered by this policy.

If you have already sent your payment or have any questions regarding this offer, please contact our customer service department at [Phone Number] or via email at [Email Address].

Sincerely,

[Your Name/Department]

[Company Name]