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

[Date]

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

RE: NOTICE OF POLICY LAPSE AND REINSTATEMENT OFFER

Policy Number: [Policy Number]
Insured: [Insured Name]

Dear [Policyholder Name],

We are writing to inform you that the grace period for your life insurance policy has ended. Because the required premium payment was not received by [Due Date], your coverage has officially lapsed effective [Lapse Date].

As a result, the death benefit and any supplemental riders are no longer in effect. However, we value your protection and would like to offer you the opportunity to reinstate your policy.

How to Reinstate Your Coverage:

To restore your policy without a gap in coverage, please complete the following steps by [Expiration Date of Offer]:

- **Submit Payment:** Pay the past-due amount of $[Total Amount Due].
- **Complete Forms:** Fill out and sign the enclosed Reinstatement Application.
- **Evidence of Insurability:** Depending on the time elapsed, you may be required to answer health questions or undergo a brief medical exam.

Once we receive your payment and application, our underwriting department will review the request. If approved, your policy will be placed back in force, and you will receive a formal confirmation notice.

If you have already mailed your payment or have questions regarding your policy status, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Sincerely,

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

Enclosure: Reinstatement Application