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

[Date]

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

Subject: Confirmation of Life Insurance Policy Reinstatement

Dear [Policyholder Name],

We are pleased to inform you that your life insurance policy, number **[Policy Number]**, has been officially reinstated effective **[Reinstatement Date]**.

Following our review of your application for reinstatement and the receipt of the required outstanding premium payments in the amount of **$[Amount Paid]**, your coverage is now active and in good standing. All benefits, terms, and conditions of your original policy remain in full force.

Please note the following details regarding your reinstated policy:

- **Current Cash Value (if applicable):** $[Amount]
- **Next Premium Due Date:** [Date]
- **Payment Frequency:** [Monthly/Quarterly/Annually]

We recommend keeping this letter with your original policy documents for your records. You may also view your policy status and payment history at any time through our online customer portal at [Website URL].

If you have any questions or require further assistance, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name] for your life insurance needs.

Sincerely,

[Sender Name/Department Name]
[Company Name]