[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Health Insurance Policy Reinstatement

Dear [Policyholder Name],

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

Following the receipt of your [payment/request/documentation] on [Date], your coverage is now active without any lapse in benefits. You may continue to use your current insurance ID card and access all medical services as outlined in your original policy agreement.

Policy Details:

- **Policy Number:** [Policy Number]
- **Status:** Active / Reinstated
- **Reinstatement Effective Date:** [Date]
- **Next Premium Due Date:** [Date]

Please ensure that future premium payments are made by the due date to avoid any further interruptions in your coverage. You can manage your account and view your benefit details online at [Website URL].

If you have any questions regarding this reinstatement or your policy benefits, please contact our Customer Service department at [Phone Number] or email us at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

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