

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Opportunity to Reinstate Your Term Life Insurance Policy - [Policy Number]**

Dear [Policyholder Name],

We are writing to inform you that your term life insurance policy, number [Policy Number], recently lapsed on [Lapse Date] due to non-payment of premiums. We understand that life can be busy, and we want to ensure you do not lose your valuable coverage.

The good news is that you may still be eligible to reinstate your policy and maintain your original premium rate and benefits. Protecting your family's financial future is important, and reinstating your existing policy is often simpler than applying for a new one.

**To reinstate your coverage, please complete the following steps:**

- Submit the enclosed Reinstatement Application.
- Provide payment for the past-due premium amount of \$[Amount].
- [Optional: Complete a brief health questionnaire or statement of good health].

Please note that reinstatement is subject to approval by our underwriting department. This offer is available until [Expiration Date]. After this date, you may be required to undergo a full medical exam or apply for a completely new policy at current market rates.

If you have already sent your payment or have questions regarding your policy, please contact our Customer Service Department at [Phone Number] or email us at [Email Address].

We value your business and look forward to helping you restore your peace of mind.

Sincerely,

[Sender Name/Signature]

[Title]

[Insurance Company Name]