[Date]

[Insurance Company Name]
[Department Name]
[Street Address]
[City, State, Zip Code]

RE: Request for Policy Reinstatement

Policy Number: [Your Policy Number]
Insured Name: [Your Full Name]

To Whom It May Concern,

I am writing to formally request the reinstatement of my insurance policy, which recently lapsed due to a missed Electronic Funds Transfer (EFT) payment on [Date of Missed Payment].

The payment failure was due to [Briefly state reason, e.g., bank account change / insufficient funds / technical error]. This was unintentional, and I have since ensured that sufficient funds are available for processing.

Please find enclosed the past-due premium amount of $[Amount] to bring the account current. I would like to maintain my coverage and continue using the EFT payment method for all future premiums.

Please confirm once the reinstatement has been processed and if any additional forms or medical statements are required. You may reach me at [Phone Number] or [Email Address] if you have any questions.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Mailing Address]