

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

[Date]

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

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

Dear [Policyholder Name],

Our records show that your term life insurance policy lapsed on [Date] due to non-payment of premiums. As a result, your coverage is no longer active, and your beneficiaries are currently not protected.

We value your business and would like to offer you the opportunity to reinstate your policy without the need for a new medical examination, provided you act by [Expiration Date].

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

1. **Payment:** Pay the past-due premium amount of \$[Amount].
2. **Statement of Health:** Sign and return the enclosed "Application for Reinstatement" confirming that your health status has not changed significantly since the policy was issued.
3. **Submission:** Return the payment and signed form in the enclosed envelope or via our online portal at [URL].

If we receive your payment and completed form by [Expiration Date], your coverage will be restored to its original terms with no lapse in protection. If this date passes, you may be required to undergo a full medical underwriting process or apply for a new policy at current age-based rates.

If you have already sent your payment or have questions regarding this offer, please contact our Customer Service Department at [Phone Number] between [Hours of Operation].

Sincerely,

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