

Date: [Date]

Policy Number: [Policy Number]

Subject: Urgent: Offer to Reinstate Your Insurance Coverage

Dear [Policyholder Name],

We are writing to inform you that your insurance policy recently lapsed due to non-payment of premiums. However, we value your business and would like to offer you the opportunity to reinstate your coverage without the need for new medical exams or underwriting requirements.

To restore your policy to active status with no gap in protection, please follow these steps:

1. Submit the past-due premium amount of: **[\$Amount]**
2. Ensure payment is received by: **[Deadline Date]**
3. Complete and sign the attached short-form Reinstatement Application.

By accepting this offer before the deadline, you will maintain your original policy terms, premium rates, and accumulated benefits. If we do not receive your payment and signed form by the date listed above, this offer will expire, and full underwriting (including health questions or exams) may be required for any future application.

You may submit your payment via [Payment Method/Website] or by using the enclosed envelope.

If you have already sent your payment, please disregard this notice. For any questions, please contact our Customer Service department at [Phone Number].

Sincerely,

[Company Name]
[Department Name]
[Contact Information]