

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Insured Name: [Insert Name]

Subject: Offer to Reinstate Your Insurance Policy

Dear [Policyholder Name],

Our records show that your insurance policy lapsed on [Date] due to non-payment of premiums. We value your coverage and would like to offer you the opportunity to reinstate your policy.

To restore your coverage, please complete the following steps by [Deadline Date]:

- Pay the total outstanding premium amount of \$[Amount].
- Complete, sign, and return the enclosed Statement of Good Health form.

The Statement of Good Health is a declaration that the health status of the insured has not changed significantly since the policy was originally issued. Please note that reinstatement is subject to approval by our underwriting department based on the information provided.

If your request is approved, your coverage will be restored as if no lapse occurred. If we do not receive the payment and the completed form by the deadline, this offer will expire, and you may be required to submit a full new application.

If you have any questions, please contact our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Title]

[Company Name]