

**Date:** [Insert Date]

**Policyholder Name:** [Insert Name]

**Policy Number:** [Insert Policy Number]

**Subject:** Notice of Policy Lapse and Reinstatement Option

Dear [Insert Policyholder Name],

We are writing to inform you that your life insurance policy listed above has lapsed effective [Insert Lapse Date] due to non-payment of the premium scheduled for [Insert Due Date].

As of the date of this letter, your coverage is no longer in force. However, we value your protection and are providing you with an opportunity to reinstate your policy.

**To reinstate your coverage without a gap, please complete the following steps by [Insert Deadline Date]:**

- Submit the past-due premium payment of \$[Insert Amount].
- Complete and sign the enclosed Reinstatement Application/Statement of Good Health.
- [Optional: Insert any additional requirements here].

Please note that reinstatement is subject to approval by our underwriting department. If your application is approved, your coverage will be restored to its previous status.

If you have already mailed your payment or have questions regarding your policy, please contact our Customer Service Department at [Insert Phone Number] or visit our website at [Insert Website].

Sincerely,

[Insert Name/Department]

[Insert Company Name]