

URGENT: APPLICATION FOR REINSTATEMENT

Date: [Insert Date]

To: [Insurance Company Name]
Attn: Reinstatement Department
[Company Address]
[City, State, Zip Code]

Subject: Reinstatement Request for Policy #[Insert Policy Number]
Insured: [Insert Full Name]

To Whom It May Concern,

I am writing to formally request the urgent reinstatement of my term life insurance policy, which recently lapsed effective [Insert Date of Lapse] due to non-payment of premiums.

The lapse occurred because of [Briefly state reason, e.g., an expired credit card / a mailing address change / temporary financial oversight]. This was an unintentional oversight, and I am committed to maintaining this coverage.

I understand that to reinstate the policy, I must meet the following requirements:

- Payment of all past-due premiums plus any applicable interest.
- Completion of a Statement of Health or Evidence of Insurability form.

Please find enclosed a check for \$[Insert Amount] covering the overdue premiums. If payment via credit card or electronic transfer is preferred to expedite this process, please contact me immediately at [Insert Phone Number].

I am eager to restore my coverage as soon as possible. Please send the necessary medical questionnaire or reinstatement forms to [Insert Email Address] or the mailing address listed above. I will complete and return them within 24 hours of receipt.

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]