

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: Request for Reinstatement of Disability Income Insurance Policy

Policy Number: [Your Policy Number]

Dear Reinstatement Department,

I am writing to formally request the reinstatement of my disability income insurance policy, which recently lapsed on [Date of Lapse] due to non-payment of premiums.

The lapse in payment was due to [Briefly state reason, e.g., an administrative oversight / change in banking information / temporary financial hardship]. This was not an intentional cancellation of my coverage, and I wish to maintain my protection without further interruption.

Enclosed with this letter, please find:

- A check for \$[Amount] covering the past-due premiums and any applicable late fees.
- The completed and signed Application for Reinstatement (if required).
- Updated Evidence of Insurability forms (if required).

I confirm that since the date of the lapse, there [have / have not] been any significant changes to my health or employment status. [If there have been changes, briefly list them here].

Please review my request and notify me in writing once the policy has been successfully reinstated. If any additional forms or information are required to process this request, please contact me immediately at [Your Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]