

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: Notice of Policy Lapse and Reinstatement Options

Dear [Policyholder Name],

This letter is to inform you that your Whole Life Insurance Policy, number **[Policy Number]**, lapsed on **[Lapse Date]** due to non-payment of the premium scheduled for [Due Date].

As of the date of this letter, your coverage is no longer in force. However, we value your protection and would like to offer you the opportunity to reinstate your policy and restore your life insurance benefits, including the accumulation of cash value.

To reinstate your policy, please complete the following steps:

- Submit a payment in the amount of \$[Total Amount Due] to cover unpaid premiums and any applicable interest.
- Complete and sign the enclosed "Application for Reinstatement" form.
- [Optional: Provide evidence of insurability/health statement as required by the terms of your policy].

Please note that the reinstatement application is subject to approval by our underwriting department. Once approved, your policy will be restored to its full status as if the lapse had not occurred.

If you have already mailed your payment or believe this notice was sent in error, please contact our Customer Service Department at [Phone Number] or [Email Address] immediately.

Thank you for choosing [Insurance Company Name]. We look forward to helping you maintain your financial security.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]