[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Offer to Reinstate Your Life Insurance Policy - [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your life insurance policy, [Policy Number], lapsed on [Lapse Date] due to non-payment of premiums. We value your membership and would like to offer you the opportunity to reinstate your coverage to ensure your loved ones remain protected.

To reinstate your policy, please complete the following steps by [Deadline Date]:

- **Pay Total Overdue Amount:** $[Amount] (Includes unpaid premiums and any applicable interest).
- **Submit Reinstatement Application:** Complete and sign the enclosed "Application for Reinstatement" form.
- **Evidence of Insurability:** [Select one: No medical exam is required at this time / Please complete the attached health questionnaire].

Once we receive your payment and completed forms, our underwriting department will review your request. If approved, your coverage will be restored to its original status.

Please note that if we do not hear from you by [Deadline Date], this offer will expire, and you may be required to apply for a new policy at current age and health rates.

If you have already mailed your payment or have any questions regarding this process, please contact our Customer Service Department at [Phone Number] or email us at [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]

Enclosures: [Application for Reinstatement Form, Return Envelope]