Date: [Insert Date]

Policy Number: [Insert Policy Number]
Insured Name: [Insert Client Name]
Outstanding Balance: [Insert Amount]

Dear [Insert Name],

Our records indicate that your insurance policy has lapsed due to non-payment of premiums. We value your business and would like to offer you an opportunity to settle the outstanding balance and reinstate your coverage.

The Settlement Offer:

To assist you in bringing your account current, we are prepared to accept a reduced settlement amount of [Insert Settlement Amount] if paid by [Insert Expiration Date]. Upon receipt of this payment, we will waive the remaining balance and initiate the reinstatement process.

Reinstatement Conditions:

- Payment must be received in full by the date specified above.
- A signed "Statement of Good Health" may be required (attached if applicable).
- Coverage will be reinstated effective from the date payment is processed.

Failure to accept this offer will result in the permanent termination of your policy and the loss of all associated benefits. To make a payment, please visit our online portal at [Insert Website] or call our billing department at [Insert Phone Number].

If you have already sent your payment, please disregard this notice.

Sincerely,

[Your Name/Department]
[Company Name]