[Date]
[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

Subject: Confirmation of Policy Reinstatement and Electronic Access

Dear [Policyholder Name],

We are pleased to inform you that your insurance policy, number **[Policy Number]**, has been officially reinstated effective **[Reinstatement Date]**. Your coverage is now active without any lapse in protection.

Electronic Policy Delivery
As part of our commitment to efficient service, your updated policy documents are now available for viewing and download through our secure online portal. You will no longer receive paper copies by mail unless specifically requested.

Portal Registration and Access
To access your documents, manage payments, or file a claim, please follow these steps:

- Visit our website at: [Portal URL]
- Click on "Register" or "Login."
- Enter your Policy Number and your registered email address: [Email Address].
- Follow the prompts to set up your password.

If you have already registered for an account, you may log in at any time using your existing credentials.

Important Reminders
Please review your reinstated policy carefully to ensure all information is correct. It is important to maintain timely premium payments to prevent any future interruptions in your coverage.

If you have questions regarding your reinstatement or need assistance accessing the portal, please contact our Customer Service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name/Department]
[Insurance Company Name]
[Company Website]