

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Notice of Reinstatement of Coverage

Dear [Policyholder Name],

We are pleased to inform you that your coverage under policy number **[Policy Number]** has been officially reinstated.

The effective date of your reinstated coverage is **[Effective Date]**. Your benefits and protection are now active and will continue as long as premiums are paid according to your plan schedule.

Please note the following details regarding your reinstatement:

- **Policy Type:** [Type of Insurance]
- **Reinstatement Date:** [Date]
- **Next Premium Due Date:** [Date]

Any claims incurred during the period of lapse (from [Lapse Start Date] to [Reinstatement Date]) will be handled according to the specific terms and conditions of your policy agreement.

If you have any questions regarding your coverage or the reinstatement process, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]

[Title]

[Company Name]