

# Request for Reinstatement Benefit - Policy Rider Addition

**Recipient Name**  
**Company Name**  
**Company Address**  
**City, State, Zip Code**  
**Email: recipient@example.com**  
**Phone: (123) 456-7890**

**Date: [Insert Date]**

Dear [Recipient Name],

I am writing to formally request the addition of a rider for reinstatement benefits to my existing policy ([Policy Number]). I believe that the inclusion of this rider will enhance the coverage of my policy and provide me with necessary financial security.

My details are as follows:

- **Policyholder Name:** [Your Name]
- **Policy Number:** [Your Policy Number]
- **Email:** [Your Email Address]
- **Phone:** [Your Phone Number]

Kindly let me know the steps required to add this rider, along with any pertinent information regarding the premium adjustments that may follow. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,  
[Your Name]  
[Your Address]  
[City, State, Zip Code]