

Insurance Lapse Reinstatement Request

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Contact/Claims Department],

I hope this letter finds you well. I am writing to formally request the reinstatement of my insurance policy, [Policy Number], which lapsed on [Date of Lapse]. Due to my recent job loss on [Date of Job Loss], I faced financial challenges that regrettably led to this lapse in coverage.

Understanding the importance of maintaining continuous coverage, I am eager to resolve this issue and reinstate my policy at your earliest convenience. I have since secured a new position as [Your New Job Title] with [New Employer's Name] and am in a position to resume premium payments.

Please let me know the steps I need to take to reinstate my policy. I appreciate your understanding and assistance during this challenging time.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]