

Request to Restore Insurance Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request the restoration of my insurance benefits under policy number [your policy number]. Due to [brief explanation of circumstances that led to the suspension or cancellation of benefits], I believe that my benefits should be reinstated.

Since the lapse in coverage, [provide any relevant information about changes in your situation or how the circumstances have been resolved]. I have attached any necessary documentation to support my request.

I value my relationship with [Insurance Company Name] and appreciate your prompt attention to this matter. Please let me know if there are any further steps I should take or additional information you require.

Thank you for your consideration.

Sincerely,

[Your Name]