

# Appeal for Life Insurance Policy Reinstatement

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Appeal for Reinstatement of Policy #[Policy Number]**

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally appeal for the reinstatement of my life insurance policy, #[Policy Number], which was recently lapsed due to [briefly explain reason, e.g., missed payment].

I understand the importance of maintaining timely payments, and I sincerely apologize for any inconvenience this may have caused. [You may include any personal circumstances that affected your ability to pay]. I am committed to rectifying this situation and continuing my coverage under this policy.

To demonstrate my commitment, I have enclosed a payment of [amount] to cover the missed premium. I kindly request that you review my case and consider reinstating my policy based on my intention to maintain coverage.

Thank you for taking the time to consider my appeal. I appreciate your understanding and assistance in this matter. Please feel free to contact me at [your phone number] or [your email address] should you need any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]