

Request for Reinstatement of Health Insurance

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative/Customer Service],

I am writing to formally request the reinstatement of my health insurance policy, [Policy Number], which was terminated on [Termination Date]. Due to [brief explanation of the circumstances, e.g., an oversight in payment, personal hardship], I was unable to maintain my coverage at that time.

Since then, my situation has changed and I am now able to resume my premium payments. I understand the importance of continuous coverage and am committed to resolving any outstanding issues.

Please let me know what steps I need to take to reinstate my policy. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]