

Letter of Appeal for Reinstatement of Lapsed Coverage

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

[Date]

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

Dear [Recipient Name],

I am writing to formally appeal for the reinstatement of my coverage under policy number [Policy Number], which recently lapsed due to [briefly explain reason, e.g., missed payment, etc.]. I understand the importance of timely payments, and I sincerely apologize for any oversight on my part.

Given the circumstances, I kindly request that you consider reinstating my coverage. I have taken the necessary steps to rectify the issue by [mention any actions you have taken, e.g., making the payment, setting up automatic payments, etc.]. Maintaining this coverage is essential for me due to [mention any personal circumstances or reasons].

I appreciate your understanding and consideration of my request. I hope to resolve this matter promptly. Please feel free to contact me at [your phone number] or [your email address] if you need any additional information or documentation.

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

Sincerely,

[Your Name]