Application for Lapse Health Insurance Remedy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to formally request a remedy for the lapse in my health insurance policy, which occurred on [Insert Lapse Date]. My policy number is [Insert Policy Number].

Due to [briefly explain reason for lapse], I was unable to make the required payments on time. I understand the importance of maintaining continuous coverage and would like to discuss possible options for reinstatement or any other remedies you may provide.

Please find attached any relevant documents that support my case. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your understanding.

Sincerely,

[Your Name]