

# Disability Insurance Reinstatement Request Letter

**Date:**

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**To:**

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**Insurance Company Name**

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**Address**

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**Subject:**

Disability Insurance Reinstatement Request

Dear \_\_\_\_\_,

I, \_\_\_\_\_, policyholder of Disability Insurance policy number \_\_\_\_\_, respectfully

request the reinstatement of my policy. Due to \_\_\_\_\_, my policy was lapsed on

\_\_\_\_\_.  
I have now resolved the circumstances leading to the lapse and am enclosing all outstanding premiums and required documents. Kindly review my request and inform me of any additional requirements for reinstatement.

Thank you for your attention to this matter.

Sincerely,

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Signature

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Printed Name

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Date