

Disability Insurance Reinstatement Request Letter

Date:

To:

Insurance Company Name

Address

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,

Signature

Printed Name

Date