

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

[Date]

[Insurance Company Name]
[Claims/Appeals Department]
[Company Address]
[City, State ZIP Code]

Subject: Formal Appeal for Reinstatement of Lapsed Health Insurance (Policy No. [Your Policy Number])

Dear Sir or Madam,

I am writing to formally appeal for the reinstatement of my health insurance coverage, which lapsed on [Date of Lapse] due to [brief reason, e.g., an inadvertent non-payment]. My policy number is [Your Policy Number].

I acknowledge the lapse occurred as a result of [explain circumstances, e.g., an unexpected financial hardship and missed premium payment]. This was not intentional, and I have always valued my coverage and strived to keep my account in good standing.

I kindly request your consideration to reinstate my policy, as continuous health coverage is crucial for me and my family's well-being. I have since paid all outstanding premiums and am willing to comply with any additional requirements necessary for reinstatement.

Enclosed are copies of supporting documents, including proof of payment and any other required forms. Please let me know if further information is needed.

Thank you very much for your time and understanding regarding my appeal. I look forward to your favorable response.

Sincerely,

[Your Signature]
[Your Printed Name]