

PEKIN LIFE INSURANCE COMPANY
2505 Court Street
Pekin, IL 61558

Indiana Claims: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Ohio Claims: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

TO BE COMPLETED BY THE NEAREST NEXT OF KIN:

1. Deceased's Name: _____ Last 4 Digits of Social Security # _____

Please list any other names by which insured may have been known. _____

(Include maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or alias.)

Date of Birth _____ Occupation at Death _____ Date Last Worked _____

2. When did deceased first complain or give other indications of this illness? _____

3. When did deceased first consult a physician for this illness? _____

4. Names and addresses of all physicians who treated the deceased within five years preceding death:

Name _____ Street, City, State _____

Dates of Treatment _____ Disease or Condition _____

Name _____ Street, City, State _____

Dates of Treatment _____ Disease or Condition _____

Name _____ Street, City, State _____

Dates of Treatment _____ Disease or Condition _____

Name _____ Street, City, State _____

Dates of Treatment _____ Disease or Condition _____

5. Names and addresses of all hospitals where deceased was confined:

Name _____ Street, City, State _____

Dates of Treatment _____ Disease or Condition _____

Name _____ Street, City, State _____

Dates of Treatment _____ Disease or Condition _____

Name _____ Street, City, State _____

Dates of Treatment _____ Disease or Condition _____

Name _____ Street, City, State _____

Dates of Treatment _____ Disease or Condition _____

I hereby certify that the answers given above are full and true:

DATE _____ **Relationship to Deceased** _____

(Signature)