

## RIGHT TO FILE A GRIEVANCE

You (or your personal representative) have the right to file a grievance any time you are dissatisfied with us, or any time we deny a claim or benefit, or initiate termination of coverage. You can submit your grievance in any format, including the following:

Mail: Wisconsin Grievance Committee  
Pekin Life Insurance Company  
2505 Court Street  
Pekin, IL 61558

Fax: (309)346-8265

Email: [healthclaimappeal@pekininsurance.com](mailto:healthclaimappeal@pekininsurance.com)

We try to resolve all grievances within 30 calendar days of receiving the grievance. If we cannot resolve the grievance within 30 days, we may extend the time period another 30 days. We will notify you in writing of the reason of the delay, the date resolution is expected, and the reason why additional time is needed if we extend that time period.

You have the right to appear in person before the grievance panel to present written oral information and to submit written questions to those people responsible for making the determination that resulted in the grievance. We will inform you of the time and place of the meeting at least 7 calendar days before the meeting

### Expedited Grievance Procedure

There may be situations when the normal grievance process could have adverse health effects for you. We will resolve an expedited grievance situation within 72 hours of receiving oral or written grievance.

## NOTICE OF RIGHT TO AN INDEPENDENT REVIEW

You (or your authorized representative) have the right to an independent review if we make a Coverage Denial Determination once you have exhausted the grievance procedures. Coverage Denial Determination means an adverse determination, an experimental treatment determination, a preexisting exclusion denial determination, or the rescission of a policy.

You can request an independent review without exhausting the grievance review process, if:

- Both you and us agree your appeal should proceed directly to the independent review; or
- Along with your appeal to the independent review agency you selected, you request to bypass the internal review process, and the independent review agency determines that an expedited review is appropriate.

You must request the independent review within 4 months from the later of the date we made the coverage denial determination, or the date our grievance panel sends out notice of our decision. You must also select an independent review organization listed on the Wisconsin Office of the Commissioner of Insurance approved independent review organization listing.

Your request must be made in writing, and contain the name of the approved independent review organization you want to conduct the review. The request must be sent to:

Pekin Life Insurance Company  
Attn: Vice President – Life Claims  
2505 Court Street  
Pekin, IL 61558

Within 5 business days of receiving your request for an independent review, your appeal and the supporting documentation you provided will be submitted to the independent review organization you selected. If additional information is needed, the review organization will contact us within 5 business days. We will then inform you within 5 business days of that notification if the information required is needed from you.

Once the independent review organization makes a determination, the determination is binding upon you and us with the exception of rescission and pre-existing condition exclusion denial determinations.

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

PROBLEMS WITH YOUR INSURANCE? – If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

You may also resolve your problem by taking the steps outlined in the Grievance Procedure section.

**PEKIN LIFE INSURANCE COMPANY  
LIFE & HEALTH CLAIM COMMITTEE  
2505 COURT STREET  
PEKIN, IL 61558  
1-800-371-9622  
1-309-346-1161**

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

**OFFICE OF THE COMMISSIONER OF INSURANCE  
COMPLAINTS DEPARTMENT  
PO BOX 7873  
MADISON, WI 53707-7873  
1-800-236-8517  
1-608-266-0103**