



## Illinois Dependent Child Continuation Election Form

You, as an insured employee's insured dependent child, have the right to continue your group health insurance policy due to the employee's death (and coverage is not already available under the Spousal Continuation law) or your attainment of the limiting age for dependent children.

I (We) elect to continue our group health insurance coverage as indicated below.

Employer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Dependent Child's (Children's) Name (s): \_\_\_\_\_

Dependent Child's Social Security Number: (oldest child's SSN if more than one child) \_\_\_\_\_

Dependent Child's Residence Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Dependent Child's or  
Responsible Adult's Signature

Amount of premium and due date: \_\_\_\_\_

Send premium payments to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You must return this election form and the first premium payment within 30 days after the date it is received to Pekin Life Insurance Company, Group Policy Service, 2505 Court Street, Pekin, IL, 61558.

Failure to exercise this election to continue your insurance coverage by notifying the insurance company within such 30 day period shall terminate the continuation of benefits and the right to continuation.