



Illinois Spousal/Dependent Continuation Election Form

You, as an insured employee's spouse and/or dependent child, have the right to continue your group health insurance policy due to the employee's death, the dissolution of the marriage, or the retirement of the employee and the spouse is at least age 55 at the time of the retirement.

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

Employer: _____ Policy Number: _____

Employee Name: _____

Spouse's Name: _____

Spouse's Social Security Number _____

Spouse's Address: _____

City _____ State _____ Zip Code _____

Dependent Child's (Children's) Name (s): _____

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

Dependent Address: (if different from spouse's) _____

City _____ State _____ Zip Code _____

Date

Spouse'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.