



HEALTH INSURANCE ID CARD REQUEST FORM

Member Name:

Member ID:

(9 or 11 digit ID, Example: A00001234 or 01234A56789)

Member Date of Birth:

Employer Name (If coverage is through employer):

Type of Card Requested: _____ Medical Card _____ Prescription Card

Daytime Phone Number:

Notes:

[Submit to Pekin Life Insurance Company](#)