

1013 Involuntary Unemployment Benefits Activation

IMPORTANT: DO NOT COMPLETE ANY OF THIS FORM UNTIL YOU HAVE MET YOUR WAITING PERIOD. IF THIS FORM IS COMPLETED PRIOR TO THE WAITING PERIOD, WE WILL NOT BE ABLE TO ACCEPT IT.

(Your Loan Addendum will show what your waiting period is, or you can contact your Financial Institution or our office.)

FILL OUT PART ONE, BE SURE TO COMPLETE FIELDS #1 THROUGH #15

PRINT THE FORM AFTER COMPLETING THE ABOVE INDICATED FIELDS

SIGN AND DATE PART ONE

HAVE PART TWO COMPLETED BY THE UNEMPLOYMENT OFFICE **OR...**
ATTACH A COPY OF YOUR APPROVAL LETTER AND MOST RECENT BENEFIT STATEMENT.

IF YOU ARE ON STRIKE OR LOCKOUT, HAVE SECTION THREE COMPLETED BY YOUR UNION STEWARD, if you are not on strike or lockout you may skip section three.

IF YOU ARE LAYED OFF OR TERMINATED, HAVE SECTION FOUR COMPLETED BY YOUR EMPLOYER/FORMER EMPLOYER. IF YOUR FORMER EMPLOYER REFUSES TO COMPLETE SECTION FOUR, PROVIDE US WITH THEIR FULL NAME, ADDRESS, AND PHONE NUMBER. If you are on strike, you may skip section four.

RETURN BOTH PAGES TO:

**PEKIN LIFE INSURANCE COMPANY
ATTN: FINANCIAL PRODUCTS BENEFITS DEPT.
2505 COURT STREET
PEKIN IL 61558**

309-346-1161, x2329

Involuntary Unemployment Benefits Activation Form

FINANCIAL INSTITUTION – COMPLETE THIS SECTION BEFORE GIVING FORM TO PROTECTED BORROWER

Name of Insured in full _____

Customer ID number _____ Term of Loan _____ Loan Date _____

Creditor _____ Agent # _____

Completed by _____ Title _____ Date _____ Phone _____

Benefits Activation Form must be signed and dated by the employer 30 days or more after the start date of the involuntary unemployment. Protected Borrower Authorization Form must be signed and dated by the Protected Borrower 30 days or more after the start date of the involuntary unemployment.

Please complete all fields. Missing information may cause processing delays.

Part 1 – To be completed by Protected Borrower

1. Customer ID Number	2. Last Four Digits of Social Security Number	3. Date of Birth
4. Last Name	5. First Name	6. Middle Initial
7. Address	8. City 8a.State 8b. Zip	9. Phone Number
10. Occupation	11. Reason for unemployment	12. Date employer notified you of termination/layoff or lockout (mo-day-yr)
13. If you have a PIN number with your state unemployment office, please list it to enable us to verify coverage.		
14. Have you returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date.	15. Did you receive severance pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date it ended.	

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

Signature **Date**

Part 2 – To be completed by State Unemployment Office in the event of an involuntary layoff or termination by your Employer. Instead of completing Part 2 of this form, you may provide us with a copy of your approval letter and a copy of your most recent benefit from the State Unemployment Office.

16. Unemployment Date	17. Reason for unemployment	
18. Registered with this office on what date? (mo-day-yr)	19. Is this individual still registered with your office? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Has individual qualified for unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, why?		
21. Name of Unemployment Office	22. Street Address of Unemployment office	
23. City 23a.State	23b. Zip Code	24. Phone Number
25. Printed Name	26. Title	
27. Signature	28. Date	

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Please complete all fields. Missing information may cause processing delays.

Part 3 – To be completed by Union Steward in the event of a strike, labor dispute or lockout.

29. Employment income was interrupted for the following reason. Please mark one: <input type="checkbox"/> Strike <input type="checkbox"/> Labor Dispute <div style="text-align: right;"><input type="checkbox"/> Lockout</div>			
30. Date employment income was interrupted (mo-day-yr)		31. Did the employee work 30 hours per week, at the same job for the 90 days prior to unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Has this union member returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Is this strike authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Local Union Name		35. Address	
		35a.City	35b.State 35c. Zip Code
36. Union Steward's Printed Name		37. Union Steward's Title	38. Phone Number (Required)
39. Fax Number (Required)	40. Union Steward's Signature		41. Date

Part 4 – To be completed by Employer in the event of a layoff or termination by the employer.

42. Reason for unemployment?		43. Beginning employment date (mo-day-yr)	
44. Date last employed (mo-day-yr)		45. Date you notified this employee of unemployment (mo-day-yr)	
46. Is this employee expected to return to work? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please indicate the last date paid (mo-day-yr)			
47. Is this employee receiving salary or severance pay? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, through what date? (mo-day-yr)			
48. Did employee work at least 30 hours per week, at the same job for the 90 days prior to unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete 48a.			
48a.Reason for not working 30 hours per week for the 90 days prior to unemployment: <input type="checkbox"/> Sick/Vacation, list days _____ <input type="checkbox"/> Part time employment <input type="checkbox"/> Other, please specify			
49. Employee is considered: (please mark one) <input type="checkbox"/> Regular Employee <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Self Employed <input type="checkbox"/> Seasonal Worker – If marked, please complete 49a. <input type="checkbox"/> Temporary Worker – If marked, please complete 49a.			
49a.If seasonal or temporary worker, does employee work more than 1,000 hours per year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
50. Is unemployment due to injury, sickness, pregnancy or childbirth? <input type="checkbox"/> Yes <input type="checkbox"/> No			
51. Company Name		52. Street Address	53. City
53a.State	53b. Zip Code	54. Phone Number (Required)	55. Fax Number (Required)
56. Employer/Manager Full Name (Please Print)		57. Employer/Manager Title	
58. Signature			59. Date

Return completed forms to:

Pekin Life Insurance Company, Financial Products Benefit Activation, 2505 Court Street, Pekin, IL 61558.