

1011 – 25 UNPAID FAMILY LEAVE BENEFIT 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.

FILL OUT PART ONE, BE SURE TO COMPLETE FIELDS #1 THROUGH #11

PRINT THE FORM AFTER COMPLETING THE ABOVE INDICATED FIELDS

SIGN AND DATE PAGE ONE

HAVE PAGE THREE COMPLETED BY YOUR EMPLOYER

RETURN BOTH PAGES TO:

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

309-346-1161, x 2329

Unpaid Family Leave 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 leave. Protected Borrower Authorization Form must be signed and dated by the Protected Borrower 30 days or more after the start date of the leave.

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

Part 1 – To be completed by Protected Borrower

1. Customer ID Number		2. Last 4 Digits of Social Security Number	
3. Last Name		4. First Name	5. Middle Initial
6. Address		7. City	
7a. State	7b. Zip Code	8. Phone Number	
9. Date of leave of absence: Beginning (mo-day-yr) End (mo-day-yr)			
10. Has your loan been refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide prior loan number.			
11. Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No.			

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

Signature

Date

Please Complete Page 2

**Return completed forms to:
 Pekin Life Insurance Company, Financial Products Benefit Activation, 2505 Court Street, Pekin, IL 61558.**

Unpaid Family Leave Benefits Activation Form

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

Part 2 – To be completed by Employer

Employee Name _____

12. Company Name		13. Company Street Address		
14. City		14a. State		14b. Zip Code
15. Employee's Full Name		16. Employee's Hire Date (mo-day-yr)	17. Employee's Occupation	
18. What is the reason for Leave of Absence?			19. Is this leave unpaid? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please indicate the last date paid (mo-day-yr)	
20. Was leave approved? <input type="checkbox"/> Yes <input type="checkbox"/> No				
21. Did employee work at least 25 hours per week for the 90 day period immediately preceding the leave of absence? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please complete 21a.				
21a. Reason for not working 25 hours per week for the 90 day period immediately preceding the leave of absence: <input type="checkbox"/> Sick/Vacation, list days _____ <input type="checkbox"/> Part time employment <input type="checkbox"/> Other, please specify				
22. 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 22a. <input type="checkbox"/> Temporary Worker – If marked, please complete 22a.				
22a. If seasonal or temporary worker, does employee work more than 1,000 hours per year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
23. Employer/Manager Full Name		24. Employer/Manager Title		25. Phone Number (Required)

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