

Pekin Life Insurance Company



I am interested in Medicare Supplemental Insurance.

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Age:

Gender:

Male

Female

Are you currently a Pekin Life Insurance Policyholder?

_____ No (No problem, we will be happy to have one of our agents contact you.)

_____ Yes (Please provide your Agency's name and we will have them contact you.)

Agency Name:

[Submit to Pekin Life Insurance Company](#)

This policy has (exclusions) (limitations) (reductions of benefits) (terms under which the policy may be in force or discontinued). For cost and complete details of coverage, call (or write) your insurance agent or company (whichever is applicable).

Not connected with or endorsed by the U.S. government or the federal Medicare program. The purpose of this communication is the solicitation of insurance. Respondents will be contacted by a Pekin Life Insurance Company agent.