



PEKIN LIFE INSURANCE COMPANY
 Attn: Vice President – Life Claims
 2505 Court Street • Pekin, Illinois 61558
 (800)371-9622 • Fax: (309)346-8265
 www.pekininsurance.com

REQUEST FOR INDEPENDENT REVIEW – WISCONSIN POLICY

All supporting documentation should be submitted with this request.

Insured Name:	Patient Name:
Your Name (if not Insured):	Policy Number:
Relationship (if not Insured):	Claim Number and/or Date of Service:
Independent Review Organization Selected*:	
Insured Contact Information:	
Address _____	
City _____ State _____ Zip _____ Phone _____	

REASON FOR INDEPENDENT REVIEW REQUEST:

I certify the internal grievance procedure has been exhausted or that this request qualifies to proceed directly to Independent Review. I have attached all pertinent information that I would like included in the review.

 Signed by Insured or Authorized Representative _____
 Date

* You must select an Independent Review Organization from the Wisconsin Office of the Commissioner of Insurance’s approved independent review organization listing.