



I am interested in Medicare Supplemental Insurance.

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Age:

Gender:

Male

Female

Are you currently a Pekin Insurance Policyholder?

_____ No (No problem, we will be happy to have a Pekin Insurance Agent contact you.)

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

Agency Name:

[Submit to Pekin Life Insurance Company](#)

The agent/broker is making the sale on the behalf of Pekin Life Insurance Company.

You may verify the agent/broker and Pekin Life Insurance Company information by contacting: The Ohio Department of Insurance, 50 W. Town Street, Third Floor - Suite 300, Columbus, OH 43215. Consumer Hotline: 800-686-1526 or TDD Number: 614-644-3745.

Contact the plan: Pekin Life Insurance Company, 2505 Court Street, Pekin, IL 61558, 800-322-0160.

Not connected with, sponsored by, nor endorsed by the federal or state government, the Social Security Administration, the Centers for Medicare and Medicaid Services, or the Department of Health and Human Services. The purpose of this communication is the solicitation of insurance. The Medicare Supplement insurance policy is sold by Pekin Life Insurance Company.