



# Illinois Department of Insurance

## Life Policy Finder

320 W. Washington Street  
Springfield, IL 62767  
Main Phone 866-445-5364  
Local 217-557-6955  
TDD 217-524-4872  
insurance.illinois.gov

**The Illinois Department of Insurance can forward a consumer's request to locate and identify individual life insurance policies or annuity contracts of a deceased family member.**

**WHO CAN SUBMIT A REQUEST:**

- *An executor or legal representative of a deceased individual who may have lived in Illinois when an individual life insurance policy or individual annuity was purchased, or*
- *Individuals who have reason to believe they are beneficiaries.*

**HOW TO SUBMIT A REQUEST:**

*Please complete all information indicated on this form, and return your request in an envelope marked "CONFIDENTIAL" along with a COPY of the deceased's death certificate to:*

**IL DOI-Life Policy Finder  
320 W. Washington Street  
Springfield, IL 62767**

***You should keep the original death certificate. Companies will require an original death certificate in the event that you are contacted to submit a claim.***

**\*\*\*\*\*IMPORTANT: Life insurance companies will respond directly to you ONLY IF they have reason to believe the deceased has individual policies or contracts with them AND you are authorized to receive this information.\*\*\*\*\***

**CONFIDENTIAL PERSONAL INFORMATION**

PLEASE WRITE CLEARLY IN BLACK OR BLUE INK

Requestor's Name (Person completing the form) (Mr. Ms. Mrs. Dr., etc.)		Date of Request	
Street Address	City	State	Zip Code
Phone Number(s)	Email Address		

**Deceased Person's Information**

Name of Deceased Policyholder or Annuitant (Please include all previous legal names (i.e. maiden name)*)		Deceased's Social Security Number	
Policyholder/Annuitant's <i>Most Recent</i> Street Address	City	State	Zip Code
Policyholder/Annuitant's <i>Previous</i> Street Address(es)*	City	State	Zip Code
Date of Birth	Date of Death	State of Purchase	

\*Please attach separate page if more space is needed

**Relationship of Requestor to the Deceased Person (check all that apply)**

Spouse <input type="checkbox"/>	Child (18 or older) <input type="checkbox"/>	Executor or Legal Representative <input type="checkbox"/>	Attorney <input type="checkbox"/>	Other (Please specify below) <input type="checkbox"/>
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**Upon receipt of the fully completed request form and death certificate copy, the Department of Insurance will:**

- Forward the form and attachments, along with the death certificate copy, to all Illinois licensed life insurance companies.
- Ask that the companies search their records to determine whether they have any individual life insurance policies or annuity contracts in the name of the deceased.
- Ask that the companies respond directly to the requestor **only if** they have any individual life insurance policies or annuity contracts naming the deceased, **and if** the requestor is authorized to receive this information.

### REQUESTER'S CERTIFICATION

I certify that I have made a diligent search of the deceased person's records and property, including bank statements and safety deposit boxes, and have asked family members to identify all individual life policies or individual annuity contracts that I have reason to believe covered the life of the deceased person named above. I understand that life insurance companies will respond directly to me **only if** they have reason to believe the deceased has any individual policies with them **and** I am authorized to receive this information.

I understand that the Department of Insurance's only role with this request is to forward to all Illinois licensed life insurance companies this completed form and the death certificate copy. I understand that a company may require additional information from me, including the original death certificate and documentation of my legal authority to request or obtain information about the deceased.

For privacy and protection of confidential personally identifiable information, I understand that all original documents I submit to the Illinois Department of Insurance will not be returned. I further understand all original documents I submit with this request will be destroyed pursuant to Department Retention Schedules.

**I certify that the information I have provided is complete and accurate.**

**Requestor's Signature:** \_\_\_\_\_