### ILLINOIS DEPARTMENT OF INSURANCE Life Policy Locator Service

#### A Home

#### Welcome

The Illinois Department of Insurance can assist consumers in locating and identifying individual life insurance policies or annuity contracts of a deceased family member. When a request is received, the Department of Insurance will:

- · Forward the request and related documents to all Illinois licensed life insurance companies.
- · Ask that 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 companies respond directly to the request only if they have any individual life insurance policies or annuity contracts in the name
  of the deceased, and if the requestor is authorized to receive this information.



Sign in with one of these accounts



# ILLONOIS.cov

Accounts . Create a new Account

#### **Create a new Account**

#### Self-Registration Form

All fields are required in order to create your Illinois Public Account.

	First Name:	
Note: Please follow the onscreen	Last Name:	
instructions to create an account	Email Address:	
	Confirm Email Address:	
		Confirm your email address. The two email addresses must match exactly.
You will be redirected back to the main site after you have successfully created an account	Choose your Username: Password:	Your Username can include letters, numbers, and periods (may not start or end with a period); and must be between 6 and 20 characters long. Examples: JohnSmith, JSmith. 
If you are not automatically redirected use link below	Confirm Password:	Confirm your password. The two passwords must match exactly.           Register         Cancel
https://insurance.illinois.	gov/applicati	ons/LifePolicyLocator/



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### **Consumer Registration**

If you are a representative an insurance compar	ly, please use the link that was emailed to your con	ompany to complete registration. This form is for consumer registration.	
Registration Form Fill in the information below to complete registra	ion		
User Name:	User Name		
Email Address:	******@******.com		
Street:	12345 NOWHERE LN	Fill out the	
City:	Springfield	all of the	
State:	<b>4</b>	text boxes	
Zip Code:	62767	with the site.	
Phone Number:	(555) 555-5555	←	
Submit Once complete of	click on submit.		





### ILLINOIS DEPARTMENT OF INSURANCE Life Policy Locator Service

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### **Request Details**

Complete the information below to submit a new Requestor Deceased Addres	w request		
All fields are required.			
First Name	Jane	Fill out the	
Last Name	Smith	mandatory text	
Phone	(217) 555-1234	the Requestor	
Email	JaneSmith@something.com	tab	
Street	12345 NOWHERE LN		
City	Neverland	Then click on	
State	IL 🗸	Deceased tab	
Zip	62767		
Save			Back





## ILLINOIS DEPARTMENT OF INSURANCE Life Policy Locator Service

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Request	Details
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# ILLINOIS DEPARTMENT OF INSURANCE Life Policy Locator Service

A Home My Requests

Sign Out

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# ILLINOIS DEPARTMENT OF INSURANCE Life Policy Locator Service

A Home My Requests

Sign Out

### **Request Details**

Request submitted at 06/14/2016 11:15:19	•	After clicking submit you will see this notificati to verify the request was submitted	n
Date: 06/14/2016			Status: Submitted
Requestor Deceased Address	es Do	cuments	
All fields are required.			
First Name	Jane		
Last Name	Smith		
Phone	(217) 55	5-1234	
Email	JaneSmi	th@something.com	
Street	12345 N	OWHERE LN	
City	Neverlan	d	
State	IL		
Zip	62767		
Save Submit Save your progress,	or Submit th	is Request (cannot be undone)	Back

<b>\$</b>	ILLINOIS DEPARTMENT OF INSURANCE					
<b>A</b> H	ome N	My Requests	•	Under the My Request tab is where you will find pending requests		Sign Out

### My Requests

+ Ne	w Request							
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