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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.



ILLINOIS.gov Authentication Portal

Sign in with one of these accounts

Employee Account

Public Account

Partner Account

ILLINOIS.gov

[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:

Last Name:

Email Address:

Confirm Email Address:

Confirm your email address. The two email addresses must match exactly.

Choose your Username:

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.

Password:

Enter a password that conforms to the State of Illinois password requirements ([Click here for requirements](#)).

Confirm Password:

Confirm your password. The two passwords must match exactly.

Note: Please follow the onscreen instructions to create an account

You will be redirected back to the main site after you have successfully created an account

If you are not automatically redirected use link below

<https://insurance.illinois.gov/applications/LifePolicyLocator/>



Consumer Registration

If you are a representative an insurance company, please use the link that was emailed to your company to complete registration. This form is for consumer registration.

Registration Form

Fill in the information below to complete registration...

User Name:

Email Address:

Street:

City:

State:

Zip Code:

Phone Number:

Fill out the all of the text boxes to register with the site.

Once complete click on submit.



My Requests

This is where you will go to submit a new request

Search:

Date	Requestor	Deceased	Status	%	Hits	Tracking ID
No data available in table						

Showing 0 to 0 of 0 entries

Previous Next

* Click on a row to see request details...

This is where you can check the progress of an existing request

Request Details

New Request

Complete the information below to submit a new request...

Requestor Deceased Addresses Documents

All fields are required.

First Name	Jane
Last Name	Smith
Phone	(217) 555-1234
Email	JaneSmith@something.com
Street	12345 NOWHERE LN
City	Neverland
State	IL
Zip	62767

Fill out the mandatory text boxes under the Requestor tab
Then click on Deceased tab

Save Back

Request Details

New Request

Complete the information below to submit a new request...

Requestor Deceased Addresses Documents

All fields are required, except for Other Names.

Legal Name	John Smith
Other Names	N/A
Relationship	Spouse
SSN	123-45-6789
Date Of Birth	10/18/1900
Date Of Death	06/01/2016

Fill out the mandatory text boxes under the Deceased tab

Optional

Save Back

Note: Requestor & Deceased tab both need to be filled out in order to move on to the Addresses tab as well as the Documents tab.
Click save to continue



Request Details

Date: 06/14/2016

Status: Not Submitted

[Requestor](#) [Deceased](#) [Addresses](#) [Documents](#)

Enter the most recent policy holder's address first, then any previous known addresses.

[Add Address](#) Click on Add Address

Move Up	Move Down	Street	City	State	Zip	
No data available in table						

Showing 0 to 0 of 0 entries

[Save](#) [Submit](#) Save your progress, or Submit this Request (cannot be undone)

[Back](#)



Request Details

Date: 06/14/2016

Status: Not Submitted

[Requestor](#) [Deceased](#) [Addresses](#) [Documents](#)

Enter the most recent policy holder's address first, then any previous known addresses.

[Add Address](#)

New Address

Street: 12345 NOWHERE LN

City: Neverland

State: IL

Zip: 62767

[Save](#) [Cancel](#)

Fill out the all of the text boxes to add latest address

Click save to add address to the request ticket

Move Up	Move Down	Street	City	State	Zip	
No data available in table						

Showing 0 to 0 of 0 entries

Request Details

Date: 06/14/2016

Status: Not Submitted

[Requestor](#) [Deceased](#) [Addresses](#) [Documents](#)

Enter the most recent policy holder's address first, then any previous known addresses.

[Add Address](#) Add any additional known addresses

Move Up	Move Down	Street	City	State	Zip	
↑	↓	12345 NOWHERE LN	Neverland	IL	62767	

Showing 0 to 0 of 0 entries

[Save](#) [Submit](#) Save your progress, or Submit this Request (cannot be undone)

[Back](#)

You must click on save in order to move to the next tab



Request Details

Date: 06/14/2016

Status: Not Submitted

Requestor Deceased Addresses Documents

A copy of the death certificate is required. Uploading a scanned copy of this document now will speed up processing time. Alternatively, you may mail or hand deliver this document to the address below.

Add Document ← Click on Add Document
Documents must be in PDF or JPEG format

Document	Name	Uploaded	Uploaded By
No data available in table			

Showing 0 to 0 of 0 entries

Save Submit Save your progress, or Submit this Request (cannot be undone) Back

New Document

Document Name: John Smith Death Certificate ← Give the document a name

Document Type: Death Certificate ← Select document type

Document: Choose File | John Smith ...ificate.pdf ← Click Choose File to upload the document

Save ← Click save to add document to the request ticket

Cancel

Status: Not Submitted

Request Details

Date: 06/14/2016

Status: Not Submitted

Requestor Deceased Addresses Documents

A copy of the death certificate is required. Uploading a scanned copy of this document now will speed up processing time. Alternatively, you may mail or hand deliver this document to the address below.

Add Document ← Add any additional documents

Document	Name	Uploaded	Uploaded By
	Death Certificate	John Smith Death Certificate	06/14/2016

Showing 0 to 0 of 0 entries

Save **Submit** ← Click Submit finish request (Note: Once submitted it cannot be undone) Back

Request Details

Request submitted at 06/14/2016 11:15:19

After clicking submit you will see this notification to verify the request was submitted

Date: 06/14/2016

Status: Submitted

Requestor Deceased Addresses Documents

All fields are required.

First Name	Jane
Last Name	Smith
Phone	(217) 555-1234
Email	JaneSmith@something.com
Street	12345 NOWHERE LN
City	Neverland
State	IL
Zip	62767

Save Submit Save your progress, or Submit this Request (cannot be undone) Back

Under the My Request tab is where you will find pending requests

My Requests

+ New Request

Show 10 entries Search:

Date	Requestor	Deceased	Status	%	Hits	Tracking ID
06/14/2016	Jane Smith	John Smith	Submitted	0	0	65cac534b

Showing 1 to 1 of 1 entries
* Click on a row to see request details...

This is the reference number to only this specific request

This is the percentage of completion based off of all the company responses

This is the number of companies that have potentially found something for the deceased