Consumer Service Division
50 W. Town St., 3rd Fl.
Suite 300
Columbus, OH 43215
(614) 644-2673
(800) 686-1526
Fax (614) 644-3744
www.insurance.ohio.gov

Ohio Department of Insurance
John R. Kasich – Governor
Mary Taylor – Lt. Governor/Director

Missing Life Insurance/Annuity Search Request

ODI Ohio Department of Insurance

CONFIDENTIAL PERSONAL INFORMATION

Instruction Sheet

Missing Life Insurance/Annuity Search Service: The Ohio Department of Insurance (the "Department") provides a missing policy search service to Ohio residents and their families to help them identify Ohio in force individual life insurance policies on the life of a deceased family member or Ohio individual annuity contracts where the deceased family member is an annuitant.

INSTRUCTIONS: An executor or legal representative of:

(1) a deceased resident of Ohio; or

(2) a deceased, former resident of Ohio, who may have resided in Ohio at the time a policy was issued or an annuity purchased

may submit a Missing Life Insurance/Annuity Search Request to the Department by completing the information on page two (2) of this form, signing it before a Notary Public, and mailing it, in an envelope marked "Confidential" along with an original or a photocopy of the certified death certificate to:

Missing Life Insurance/Annuity Search Request
Ohio Department of Insurance
50 West Town Street, Suite 300
Columbus, OH 43215

Upon receipt of the completed Request form and death certificate, the Department will:

(1) forward the completed Missing Life Insurance/Annuity Search Request form and any attachments, along with the death certificate to all Ohio licensed life insurance companies; and

(2) ask that they search their records to determine whether they have any Ohio in force individual life insurance policies on the life of the deceased person or Ohio individual annuity contracts where the deceased person is an annuitant; and

(3) ask that they respond directly to the requestor **ONLY IF** they have any in force individual life insurance policies insuring the life of the deceased or any in force individual annuity contracts naming the deceased as an annuitant, **AND IF** the requestor is authorized to receive this information. The Department will not make further inquiries to the companies on the requestor's behalf in connection with this request.

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Requestor's Contact Information (Please print)

Date of Request	
Print Full Name of Requestor	
Mailing Street Address of Requestor	
City, State, Zip of Requestor	
Requestor's E-mail Address	
Requestor's Daytime Phone Number	

Deceased Person's Information (Please print)

Full Name of Deceased Insured (First, MI, Last)	
Other legal names previously used (i.e. maiden name)*	
Date of Birth	
Social Security Number	
Current & Previous Address(es)*	
City, State, Zip Code	

*** Please attach separate page if more space is needed.**

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

Spouse ☐	Executor or Legal Representative ☐	Child ☐ (18 or Older)	Attorney ☐
Other (please specify) ☐			

Requestor's Certification and Notarized Signature:

I certify that I have made a diligent search of the deceased person's records and property, including bank statements, safety deposit boxes, etc., and have made inquiries to family members to identify all in force 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 to me directly **ONLY IF** they have reason to believe that this deceased person has any individual policies in force with them **AND** that I am authorized to receive this information. I further understand that the Department's only role in connection with this request is to forward to all Ohio licensed life insurance companies this completed Missing Life Insurance/Annuity Search Request form and a photocopy of the certified death certificate that I have provided. I understand that a life insurance company may require additional information from me, including documentation of my legal authority to request or obtain information about the deceased person that I have named. For the purposes of privacy and protection of confidential personally identifiable information, I understand that all original documents that I submit to the Ohio Department of Insurance will not be returned to me. I further understand that all original documents will be destroyed pursuant to Department Retention Schedules.

I certify that the information that I have provided is complete and accurate in all respects.

Requestor's Signature:_____

Sworn to and subscribed in my presence this _____ day of _____, 20____.
By_____ NOTARY

Notary Signature_____ SEAL

Notary Public, State of_____. My Commission Expires___/___/_____.

My Notary Commission is recorded in the County of _____.