



CLAIM FORM AND INSTRUCTIONS

If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our Customer Care Center at 1-800-348-4489 8:00 A.M. to 8:00 P.M. Eastern Standard Time

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

INSTRUCTIONS FOR FILING A CRITICAL ILLNESS CLAIM

- To avoid delays in processing please fill out the sections which apply to your specific claim.
- Include your policy number(s). To obtain your policy number(s) call **1-800-348-4489**.
- You may **fax** your claim to us at **1-972-510-1773**. Please be assured that your claim will receive our immediate attention. You will usually receive a response from us in the mail within 10 business days following the receipt of your claim. The length of time in the mail will depend on your location.
- You may mail your claim to: **American Heritage Life Insurance Company
P.O. Box 43067
Jacksonville, Florida 32203-3067**
- Additional claim forms are available on our website at www.allstateatwork.com.
- If you are filing a claim within the first 24 months your policy is in force, additional information may be required.

POLICYHOLDER

Employer Name (Company): _____ Occupation: _____

1. Policyholder's Name: First: _____ Middle: _____ Last: _____

E-mail: _____

Social Security Number: _____ Date of Birth: ____/____/____ Male Female
MO/DAY/YR

2. Home Number: (____) _____

PATIENT'S INFORMATION

3. Name: First: _____ Middle: _____ Last: _____

4. Date of Birth: ____/____/____ Age: _____ Social Security Number: _____ Male Female
MO/DAY/YR

5. This person is your: _____ (ex: self, wife, son, etc.) Is he/she a full-time student? Yes No

If yes, please submit proof of student status.

INSTRUCTIONS FOR FILING CRITICAL ILLNESS CLAIMS:

- The results of a tissue specimen, culture(s) and/or titer(s) or other diagnostic studies, which initially diagnosed the specified disease, must accompany your claim. Include a copy of your itemized hospital billing and **Attending Physician's Statement**. Thank You.

