



## CLAIM FORM AND INSTRUCTIONS

If you have any questions regarding benefits available, or how to file 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 ACCIDENT INCLUDING POLICY RIDERS/ DISABILITY/ WAIVER OF PREMIUM CLAIMS

- 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 call 1-800-348-4489.
- You may fax your claim to us at 1-888-424-8482. Please be assured that your claim will receive our prompt attention. If you would like to receive your claim proceeds even faster, Allstate Benefits can automatically deposit them into your bank account by completing and returning our ACH form (ASJ16961). This form can be found on our website at [www.AllstateBenefits.com](http://www.AllstateBenefits.com) or electronically at [www.AllstateBenefits.com/mybenefits](http://www.AllstateBenefits.com/mybenefits). Additional claim forms are available on our website.
- You may mail your claim to:  
American Heritage Life Insurance Company  
P.O. Box 43067  
Jacksonville, Florida 32203-3067
- If you are filing a claim within the first 24 months your policy is in force, additional information may be required.

#### POLICYHOLDER / CERTIFICATEHOLDER

Employer Name (Company/Address): \_\_\_\_\_ Occupation: \_\_\_\_\_

1. Policyholder's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Policy Number(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female

2. Home Number: (\_\_\_\_) \_\_\_\_\_ Avg. Monthly Earnings: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### PATIENT'S INFORMATION

3. Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ ☐ Male ☐ Female

5. This person is your: \_\_\_\_\_ (ex: self, wife, son, etc.)

#### ☐ FIRST CLAIM

#### ☐ CONTINUED CLAIM

☐ ACCIDENT/DISABILITY Policy No.(s): \_\_\_\_\_

☐ Accident ☐ Outpatient Physicians Rider ☐ Waiver of Premium ☐ Benefit Enhancement Rider

☐ Disability ☐ Hospital Rider ☐ Routine Pregnancy

#### INSTRUCTIONS FOR FILING ACCIDENT CLAIMS

##### We need:

- ☐ (For Puerto Rico residents only) A copy of the Explanation of Benefits (EOB) from your health insurance carrier, if applicable, if this claim is for an emergency room visit.
- ☐ A copy of the hospital bill. Please make sure the bill includes your diagnosis and the number of days you were in the hospital. If you were treated in the emergency room or a doctor's office, please include a copy of these bills also.
- ☐ Attending Physician's Statement should be completed and signed by your doctor

##### We may also need:

- ☐ A copy of the accident report if the accident was investigated by the police or sheriff.
- ☐ A copy of the blood alcohol report or drug screening if the patient was tested for alcohol or drugs.
- ☐ A certified copy of the death certificate if the patient is deceased.

#### ACCIDENT POLICY CLAIMS

Please attach itemized bill(s), including date(s) of service, diagnosis code(s), procedure codes(s) and charge(s).

DATE OF ACCIDENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of accident: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Where did it happen? \_\_\_\_\_ Tell us exactly how your accident/injury happened: \_\_\_\_\_

Did your injuries occur while you were working for pay or profit? ☐ Yes ☐ No ☐ On the job ☐ Off the job  
Have you ever had a similar injury? \_\_\_\_\_ If so, please tell us when: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are claiming disability due to your accident, please have your physician complete the ATTENDING PHYSICIAN STATEMENT and your employer complete the EMPLOYER'S STATEMENT.

# Allstate Training Manual Auto Claim

**Tim Smith**

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the name bar.

**Allstate Training Manual Auto Claim:**

Yeah, reviewing a book **Allstate Training Manual Auto Claim** could grow your near connections listings. This is just one of the solutions for you to be successful. As understood, finishing does not recommend that you have extraordinary points.

Comprehending as well as understanding even more than other will find the money for each success. neighboring to, the revelation as well as sharpness of this Allstate Training Manual Auto Claim can be taken as with ease as picked to act.

<https://legacy.tortoisemedia.com/results/publication/fetch.php/Wellness%20Planner%20Tips.pdf>

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