



Allstate

Workplace Division

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 WELLNESS 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(s) call **1-800-348-4489**.
- You may **fax** your claim to us at **1-800-430-4188**. Please be assured that your claim will receive our prompt 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.

POLICYHOLDER / CERTIFICATEHOLDER

1. First Name: _____ Middle: _____ Last Name: _____

Policy Number(s): 1) _____ 2) _____

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

2. Home Number: (____) _____ E-mail: _____

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.

WELLNESS EXAM

INSTRUCTIONS FOR FILING WELLNESS CLAIMS:

- Please attach the physician, clinic, or facility receipt showing the specific wellness exam performed and date it was provided. Thank You.

