

**STATEMENT OF CLAIM FOR
GROUP LIFE INSURANCE
ACCELERATED BENEFIT**

**RETURN COMPLETED FORM
TO EMPLOYER**



Allstate
Benefits

**American Heritage Life
Insurance Company**

1776 American Heritage Life Drive
Jacksonville, Florida 32224-6687

**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 service department at
1-800-348-4489**

A PHYSICIAN'S CERTIFICATION FORM (ABJ5071) must accompany this claim.

THE BENEFITS YOU ARE REQUESTING MAY BE TAXABLE. CONSULT WITH YOUR PERSONAL TAX ADVISOR.

SECTION I – CLAIMANT STATEMENT TO BE COMPLETED IN FULL (Please Print or Type)

1. Employee's Name <i>Last First M.I.</i>			2. Employee's Social Security Number		3. Employee's Birth Date	
4. Mailing Address: <i>Number/Street City State Zip Code</i>						
5. Group Policy Number		6. Policyholder		7. Claimant's Current Amount of Life Insurance under this Group Policy \$		8. Requested Accelerated Benefit (up to 50%) \$
Complete Only if Claim is for Spouse:						
9. Spouse's Name <i>Last First M.I.</i>			10. Spouse's Social Security Number		11. Spouse's Birth Date	
12. ASSIGNEE ACKNOWLEDGEMENT (<i>Applies only if an absolute assignment has been made.</i>) The undersigned acknowledges this request for an Accelerated Benefit and the fact that it will reduce the Life Insurance benefit under the above policy at the time of death. _____ Assignee Signature Date Signed						
13. <input type="checkbox"/> I hereby request the above Accelerated Benefit on my life insurance. <input type="checkbox"/> I hereby request the above Accelerated Benefit on my spouse's life insurance. (<i>Spouse must sign below.</i>) AUTHORIZATION: I acknowledge this request for a death benefit advance and the fact that it will reduce the death benefits of the above policy at the time of death. I hereby authorize any hospital, practitioner, clinic, or other medically related facility, pharmacy, insurance company or government agency or other person who has attended the deceased to disclose or furnish American Heritage Life Insurance Company, or its designee, any and all medical information with respect to any illness or injury the Insured may have suffered including but not limited to medical history, drug/alcohol abuse, AIDS or AIDS related conditions; or other consultations, prescriptions, diagnosis and treatment; or any information regarding benefits provided, together with copies of all other medical records that may be requested. The information provided to American Heritage Life Insurance Company, or its designee is to be used solely for purposes of evaluating a claim. This Authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this Authorization by notifying American Heritage Life in writing of my desire to do so. A photographic copy of the Authorization shall be as valid as the original, regardless of the date signed. I understand that I or my representative may receive a copy of this Authorization by supplying policy number (s) and Insured's name in a written request to the company or its designee. _____ Employee Signature Date Signed Signature of Spouse (if required) Date Signed _____ Signature of Witness Date Signed Signature of Witness Date Signed						

SECTION II – EMPLOYER STATEMENT TO BE COMPLETED IN FULL (Please Print or Type)

1. Group Policy No.		2. Group Policyholder Name Address:			
3. Employee Information: Branch Number:		Class No.	Effective Date	Last Day Worked	Amount of Life Insurance \$
The above statements are true and complete to the best of my knowledge and belief.					
Signed by _____ Employer's Authorized Representative Title Date Telephone Number					

SEE FRAUD WARNINGS APPLICABLE TO YOUR STATE ON REVERSE SIDE

Allstate Benefits is the marketing name for American Heritage Life Insurance Company (home office: Jacksonville, Florida – www.AllstateBenefits.com). All products are underwritten by American Heritage Life Insurance Company, a wholly-owned subsidiary of The Allstate Corporation (home office: Northbrook, Illinois - allstate.com).

ILLINOIS INTEREST STATEMENT: For contracts issued in and residents of Illinois, unless payment is made within fifteen (15) days from the date of receipt by the company of due proof of loss, interest shall accrue on the proceeds payable because of the death of the insured, from date of death, at the rate of 9% on the total amount payable or the face amount if payments are to be made in installments until the total payment or the first installment is paid.

FRAUD WARNINGS BY STATE

NOTICE IN ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE IN ALASKA, ARKANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, AND VIRGINIA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

NOTICE IN ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE IN CALIFORNIA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE IN DELAWARE, IDAHO, INDIANA, MINNESOTA, AND OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

NOTICE IN DISTRICT OF COLUMBIA: FRAUD NOTICE: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

NOTICE IN FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE IN MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE IN NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

NOTICE IN NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE IN OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE IN OREGON: Any person who makes intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE IN PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE IN PUERTO RICO: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE IN TENNESSEE AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE IN TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE IN WEST VIRGINIA AND RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.