



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:

1776 AMERICAN HERITAGE LIFE DRIVE

JACKSONVILLE, FLORIDA 32224-6688

(904) 992-1776

DEATH CLAIM INSTRUCTIONS FOR GROUP VOLUNTARY LIFE POLICIES

Please submit the following information with your claim:

1. A certified copy of the Insured person's Death Certificate
2. The Claimant's Statement Section I completed by the beneficiary and Section II completed by the employer— all sections should be fully completed
3. A copy of the Enrollment form
4. Proof of death of the beneficiary (if applicable)
5. If there is no living beneficiary OR if the Estate is the named beneficiary – please provide Court documentation showing who has been appointed as the Executor of the Estate
6. Proof of birth and Social Security number if the beneficiary is a minor (if applicable)
7. Legal Guardianship papers from the Court if the beneficiary is a minor (if applicable)
8. A copy of the Accident report (if applicable)
9. A copy of the Homicide report (if applicable)
10. A complete copy of Divorce papers between Insured and beneficiary (if applicable)

Your claim will receive our immediate attention once this information has been received. If you have any questions regarding your claim or require additional information, please do not hesitate to contact our Customer Care Department at 1-800-348-4489. We are always happy to help you.

Please mail your claim form to:

American Heritage Life Insurance
1776 American Heritage Life Drive
Jacksonville, Florida 32224-6688
ATTN: GROUP VOLUNTARY LIFE CLAIMS