

**AMERICAN HERITAGE LIFE INSURANCE COMPANY
ASSIGNMENT OF BENEFITS FORM**

Submit Claims: Online at <https://www.standard.com/ahl>, by Fax to: 1-866-424-8482 or by
Mail to: American Heritage Life Insurance Company 4920 San Pablo Road S, Suite 200C, Jacksonville, FL 32224-6687
For Claim Assistance, please contact our Customer Care Center at 1-800-521-3535

ASSIGNMENT OF BENEFITS (Not applicable in New Hampshire)
I request that American Heritage Life Insurance Company send benefits to someone other than me. Please send available benefits to the person and address stated below*
Name:
Address:
Provider Tax ID #:
Relationship to Claimant:
Signature of Policy Owner:
Print Name:
Date:
*Please be advised that if the claimant is covered by MEDICAID, we may be required to Assign Benefits (except disability coverage) to Medicaid or the provider of service in accordance with State and Federal Regulations.

*Remember it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important.
Please check to be sure all information is correct before signing. Please refer to the fraud notice specific to your state.*