

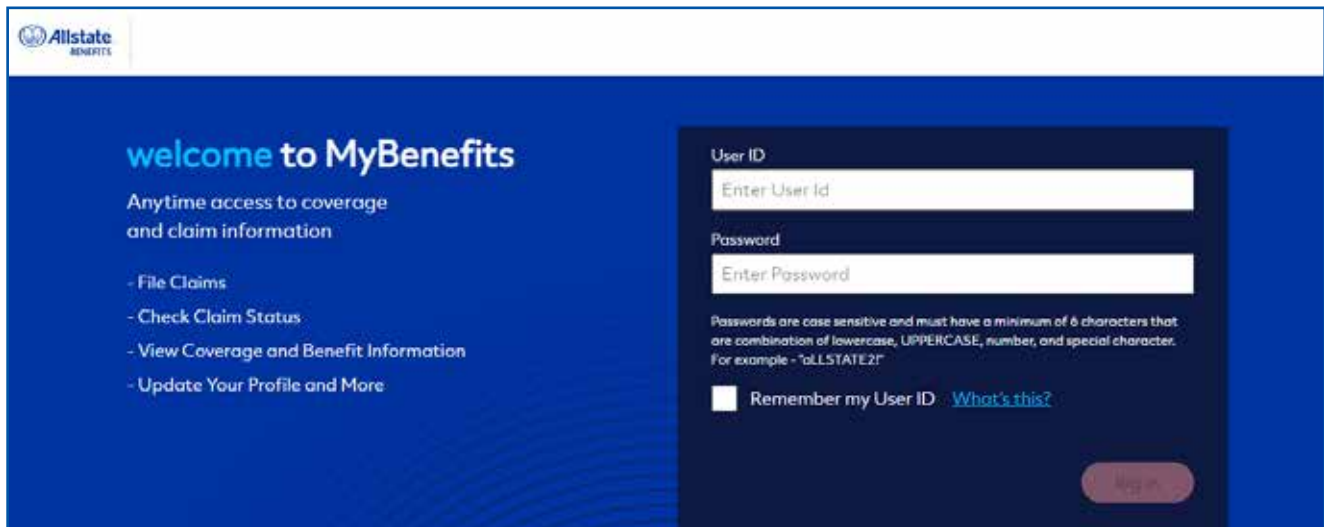
how to file a claim

mybenefitsSM

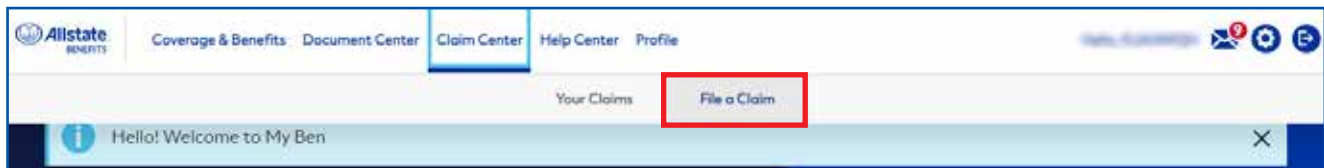


Follow the steps below to file a claim on the [MyBenefits](https://mybenefits.allstate.com/#/login) website:

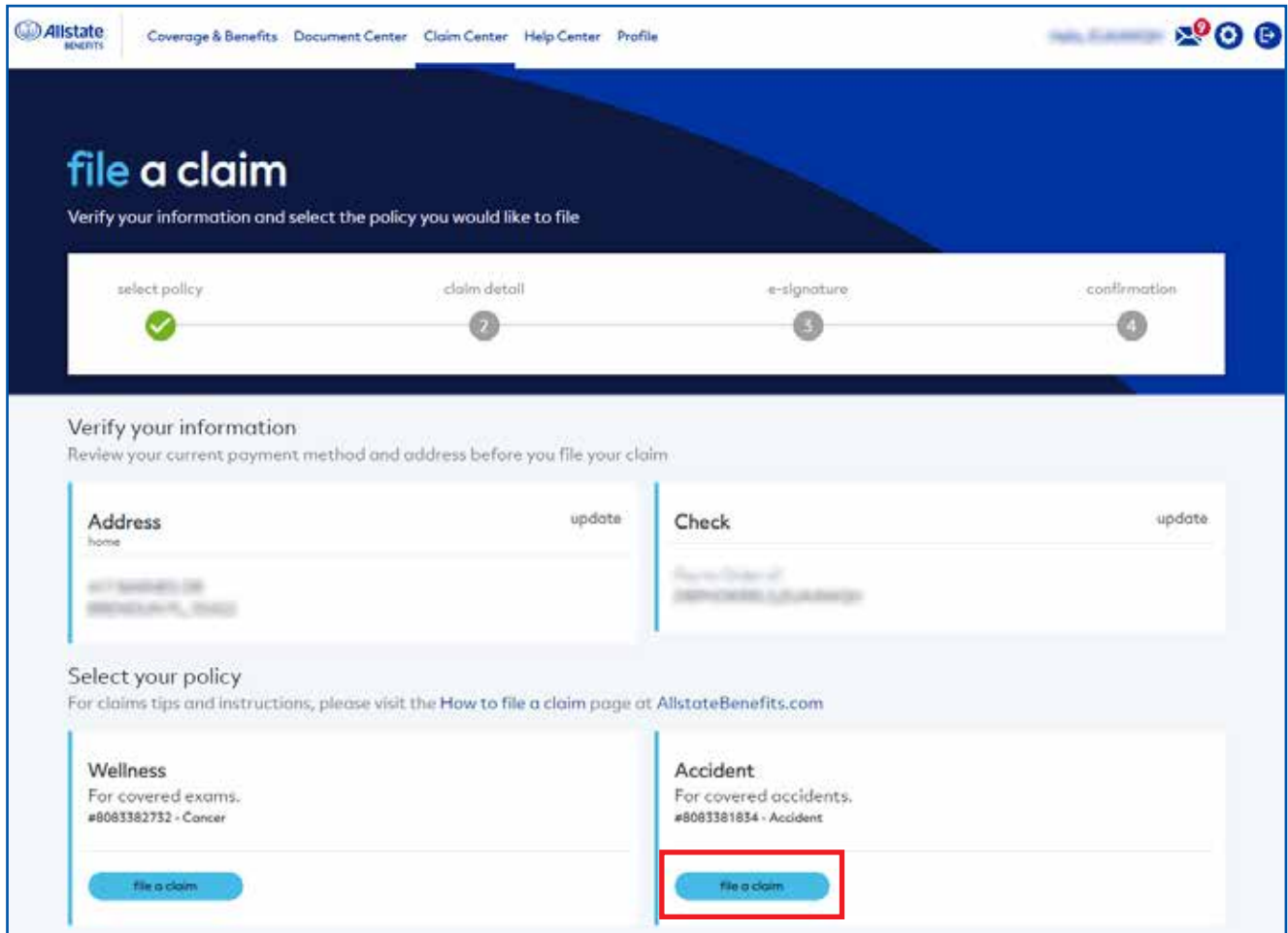
1. Log into the [MyBenefits](https://mybenefits.allstate.com/#/login) website at <https://mybenefits.allstate.com/#/login>.



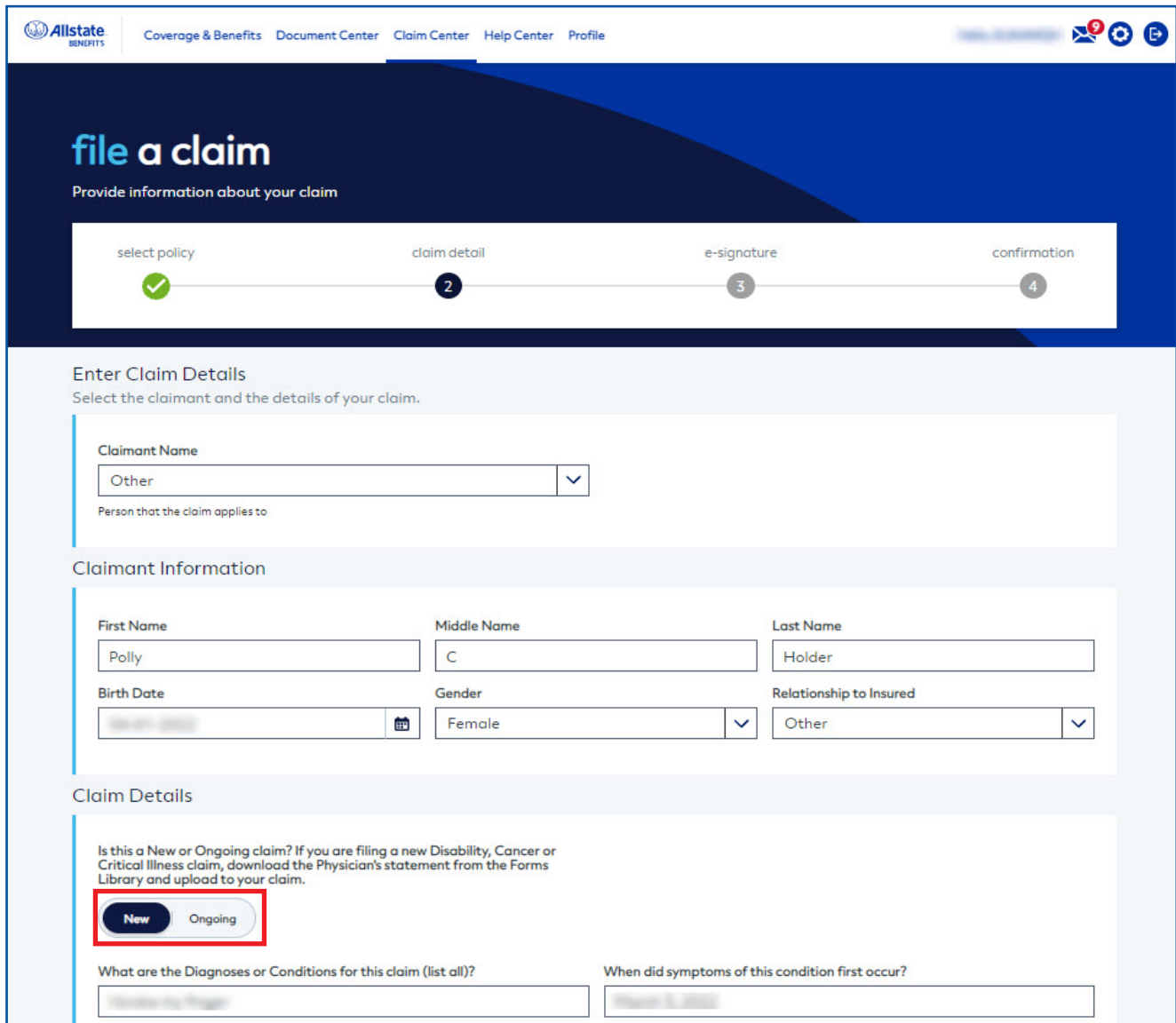
2. From the Claim Center, click **File a Claim**.



3. Verify or update your address and your claim payment method, then click the **file a claim** button under the appropriate policy.



4. Enter your Claim Details, including whether this is a new or ongoing claim.



file a claim
Provide information about your claim

select policy claim detail e-signature confirmation

1 2 3 4

Enter Claim Details

Select the claimant and the details of your claim.

Claimant Name
Other

Person that the claim applies to

Claimant Information

First Name: Polly Middle Name: C Last Name: Holder

Birth Date: Gender: Female Relationship to Insured: Other

Claim Details

Is this a New or Ongoing claim? If you are filing a new Disability, Cancer or Critical Illness claim, download the Physician's statement from the Forms Library and upload to your claim.

New Ongoing

What are the Diagnoses or Conditions for this claim (list all)?
When did symptoms of this condition first occur?

5. Scroll down and enter at least one Treatment Type
NOTE: *You can enter more than one Treatment Type for the claim*

Treatment Type
At least one instance of Physician Name and/or specialty care is required.

What Type of treatment was provided?

physician office specialty care

Specialty Care - Urgent Care, Emergency Room, Inpatient Hospital, Outpatient Facility/Hospital Selected

Please submit the itemized bills and medical records documenting the condition, treatment and/or services received.

Medicaid ID#

If Medicaid paid for services for the claim, please provide the Medicaid Explanation of Benefits (EOB) and the Medicaid ID #

Medicaid Explanation of Benefits (EOB) and the Medicaid ID#

We may be required to assign benefits to Medicaid in accordance with State and Federal Regulations.

6. Scroll down to the Supporting Documentation section and drag your supporting documents into the **Secure File Upload** box, or click in the box to browse your computer for your documents.
NOTE: *Supporting documents should show the condition/diagnosis, treatment, and any services received as well as the claimant's name, provider name and dates of service.*

Supporting Documentation ⓘ

Send us any documentation showing the condition, treatment, and any services received. This documentation must include the claimant's name, provider name, and date of service.

Secure File Upload 🔒

Upload or Drop your file here. All document must be in either .TIFF, .JPG or .PDF format. File can be up to 30MB and you may upload upto 5 files at a time.

Patient Record_Polly C. Holder.pdf x

upload

Uploaded Files

-- No Uploaded Files --

clear all

back continue cancel

7. Click the **upload** button and your supporting documentation will show in the Uploaded Files box. Click **continue**.

Supporting Documentation ⓘ

Send us any documentation showing the condition, treatment, and any services received. This documentation must include the claimant's name, provider name, and date of service.

Secure File Upload 🔒

Upload or Drop your file here. All document must be in either .TIFF, .JPG or .PDF format. File can be up to 30MB and you may upload upto 5 files at a time.

upload

Uploaded Files

📄 Patient Record_Polly C. Holder.pdf delete

clear all

back continue cancel

8. Review your Claim Information on the next page, then scroll to the bottom and click **apply e-signature**.

SUPPORTING DOCUMENTATION

Document Name
Patient Record_Polly C. Holder.pdf

CERTIFICATION

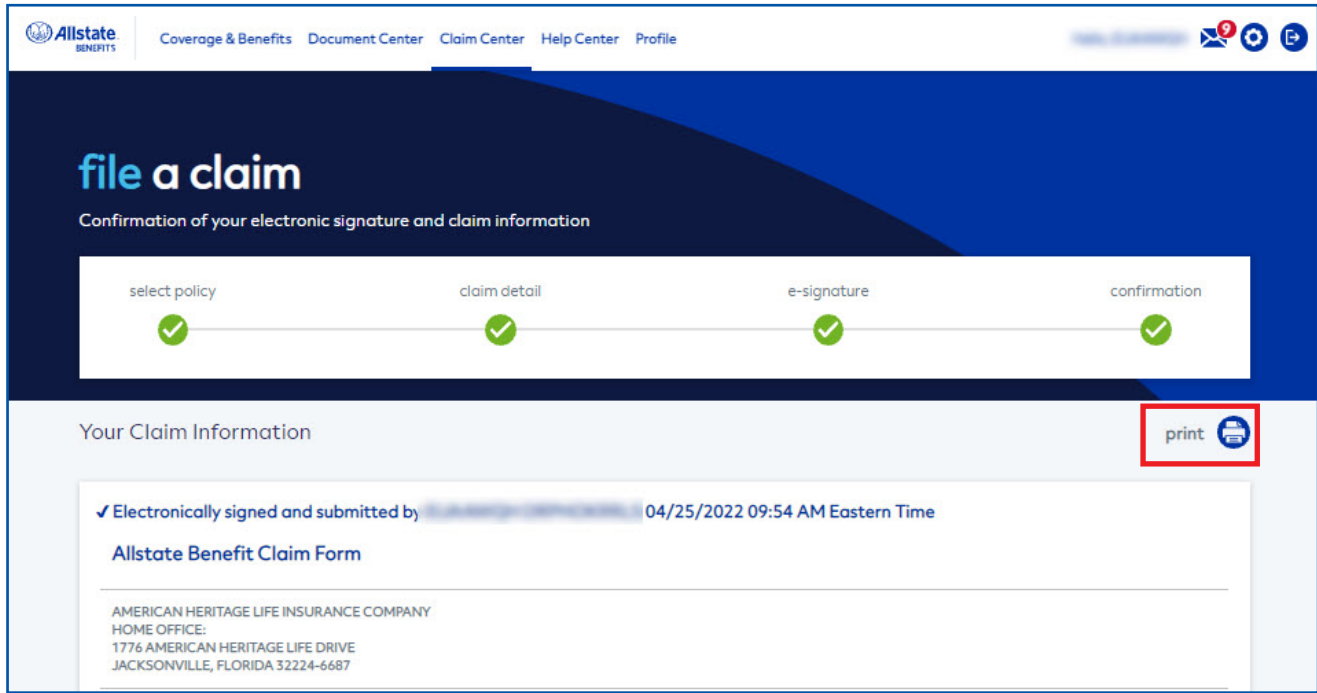
Certificate/Policy Holder who completed the claim form please read and E-Sign below.

AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687

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.

back apply e-signature

9. A confirmation page shows that your claim has been signed and submitted. You can print this page using the **print** button on the right.



10. You can check the Claim Center to see the status of your claim or upload additional claim information.

NOTE: Some claims that are submitted after 9 p.m. ET may not appear in the Claim Center until the following business day.

