



Underwritten by: **American Heritage Life Insurance Company**

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Job Aid

How to File a Claim MyBenefits

Follow the steps below to file a claim on the **MyBenefits** website:

1. Log into the **MyBenefits** website at standard.com/ahl/mybenefits.

The screenshot shows the MyBenefits login page. On the left, there's a 'welcome to MyBenefits' section with a list of features: 'Anytime access to coverage and claim information', 'File Claims', 'Check Claim Status', 'View Coverage and Benefit Information', 'Update Your Profile and More', 'Download the app for access on the go', and 'Snap pictures of claim documents and upload them!'. Below this list are buttons for 'Download on the App Store' and 'GET IT ON Google Play'. On the right, there's a login form with fields for 'User ID' (labeled 'Enter User Id') and 'Password' (labeled 'Enter Password'). There's a checkbox for 'Remember my User ID' and a link for 'What's this?'. A 'login >' button is at the bottom right of the form. Below the login form are links for 'Forgot User ID or Password?' and 'Create an account'.

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

The screenshot shows the MyBenefits dashboard. At the top, there's a navigation bar with the MyBenefits logo and links for 'coverage & benefits', 'document center', 'claim center', 'help center', and 'profile'. The 'claim center' link is highlighted. Below the navigation bar, there's a section titled 'your claims' with a button labeled 'file a claim' which is highlighted with a red box. At the bottom, there's a 'your dashboard' section. A notification banner at the top says 'Hello! Welcome to My Ben'.

MyBenefits

How to File a Claim Job Aid

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

**MyBenefits**



[home](#) [coverage & benefits >](#) [document center >](#) [claim center >](#) [help center >](#) [profile >](#)

file a claim

Verify your information and select the policy you would like to file

1

2

3

4

select policy

claim detail

e-signature

confirmation

Verify your information

Review your current payment method and address before you file your claim

Address

home

2208 LAKE AVE
MOBILE AL, 36602

update

Check

Pay to Order of
HJDUVVHQ,QTSLSOK

update

Select your policy

For claims tips and instructions, please visit the [How to file a claim](#) page at [Standard.com/AHL](#)

Outpatient Physician's Treatment (OPT)

For covered office visits
80Q3705444 - Accident

Effective Date
06/15/2007

file a claim

Accident

For covered accidents
80Q3705444 - Accident

Effective Date
06/15/2007

file a claim

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

MyBenefits



[home](#) | [coverage & benefits](#) > | [document center](#) > | [claim center](#) > | [help center](#) > | [profile](#) > |

file a claim

Provide information about your claim

1
select policy

2
claim detail

3
e-signature

4
confirmation

Enter Claim Details

Select the claimant and the details of your claim. For claims tips and instructions, please visit the [How to file a claim](#) page.

Claimant Name

- Select Claimant -

▼

Person that the claim applies to

Claimant Information

First Name

Enter First Name

Middle Name

Enter Middle Name

Last Name

Enter Last Name

Birth Date:

mm/dd/yyyy



Gender

▼

Relationship to Insured

▼

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)?

Enter all

When did symptoms of this condition first occur?

MyBenefits

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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

Speciality 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.

Upload Files

Please review the required **Supporting Documentation** to avoid delays in processing your claim.

Drag files here to upload

or

select files

Upload or drop your file(s) here. All documents must be either .tif, .pdf, .jpeg, .jpg, or .tiff format, and file names cannot contain the following special characters "\/~/~?*<>|#!%". Files can be up to 30 MB, and you may upload up to 5 files at a time. Additional documents can be added to your claim after submission.

back

continue

cancel

ABJ37639-2

4

MyBenefits

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

A virus scan will be done to all uploaded files. An email will be sent if an issue is detected.

upload clear all

Added To Claim

File Name	Upload Date	Status
Claim.pdf	10/9/2025	Received

back continue cancel

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

CERTIFICATION

I acknowledge the receipt of the Department of Insurance Claim Fraud Statement shown.
I have read the notice and I am aware that it is a crime to fill out this form with facts I know are false or to leave out facts I know are relevant and important.
I certify that the answers given on this claim form are true, complete, and correctly recorded.

By clicking on the Apply E-Signature button below, I understand and agree that I am signing this document electronically, I am applying my E-Signature as if actually signed in writing, and I agree to be bound by my E-Signature.

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

AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
4920 San Pablo Rd South, Suite 200C
Jacksonville, FL 32224-1844

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.

back apply e-signature

MyBenefits

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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.

The screenshot shows the 'file a claim' confirmation page on the MyBenefits portal. The page title is 'file a claim' with the subtitle 'Confirmation of your electronic signature and claim information'. A progress bar at the top shows four steps: 'select policy', 'claim detail', 'e-signature', and 'confirmation', all marked with green checkmarks. Below the progress bar, the text 'Your Claim Information' is followed by a 'print' button with a printer icon, which is highlighted with a red rectangle. The page also displays a confirmation message: 'Electronically signed and submitted by [redacted] 10/10/2025 07:45 AM Eastern Time'. Below this, the 'American Heritage Life Claim Form' is shown, including the company name 'AMERICAN HERITAGE LIFE INSURANCE COMPANY', the home office address '4920 San Pablo Rd South, Suite 200C, Jacksonville, FL 32224-1844', and a 'view details' button.

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.

The screenshot shows the 'your claims' page on the MyBenefits portal. The page title is 'your claims' with a subtitle 'file a claim'. A 'Sort By' dropdown menu is visible. The page displays a table of claims. The first claim is an 'Accident' with the number '80Q3705444'. The 'Claim Status' is 'IN PROCESS', indicated by a progress bar with three green dots. The 'Claimant' is redacted. The 'Service From Date' is '10/10/2025' and the 'Total Paid' is '\$0.00'. The 'Service Through Date' is '10/10/2025' and the 'Received Date' is '10/10/2025'. A 'view details' button is located below the claim information.



Rev. 10/25. This material is valid as long as information remains current, but in no event later than October 1, 2028. The Standard is the marketing name used for American Heritage Life Insurance Company, Home Office, Jacksonville, Florida, a wholly owned subsidiary of StanCorp Financial Group, Inc.