

Disability Claims Checklist

Information to identify your policy

Policy number Policyholder's name Policyholder's date of birth Policyholder's address

Claim details & documentation

Patient or Claimant name	Documentation of other disability coverage
Accident date & time	Attending Physician's Statement
Accidental injury diagnosis	Employer Statement
How & where accident occurred	Completed & Signed Authorization Form

File your claim quicker using MyBenefits

1. Log in to MyBenefits or create an account today by registering.
2. With multiple payment options, choose how you will receive your benefits.
3. Click 'File a Claim' to begin. Our system will guide you through each step along the way.
4. Securely upload supporting documents by scanning or attaching stored files.
5. Submit your completed claim.

Other ways to file a claim

Fax claim submissions: 1(866) 424-8482

Mail: American Heritage Life Insurance Company
P.O. Box 43067
Jacksonville, FL 32203-3067