



# Allstate<sup>®</sup>

## BENEFITS

### AMERICAN HERITAGE LIFE INSURANCE COMPANY CONFIDENTIALITY REQUEST

#### Covered Individual Requesting Confidentiality

I am a Covered Individual Requesting Confidentiality.

Name: \_\_\_\_\_

Current Address of Record: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Primary Insured and Coverage Information

Name of Primary Insured: \_\_\_\_\_

Relationship to Covered Individual: \_\_\_\_\_

Coverage Number(s) (if not known, please list product types):

\_\_\_\_\_  
\_\_\_\_\_

#### Alternative Contact Information

Tell us how we should contact you. Some laws may require certain communications to be in writing, so an alternate mailing address is required to ensure confidentiality. We will send communications to your email address only if permitted by law.

- U.S. mail at this address (Required): \_\_\_\_\_
- Email at this email address: \_\_\_\_\_
- Phone call to the following number: \_\_\_\_\_
- Send to my authorized representative: \_\_\_\_\_  
(provide name & contact information)

#### Protective Order

Please select one:

- I have a court-issued order of protection (please submit a copy of the order with this request)
- I do not have a court-issued order of protection.



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### Parents or Guardians

*If the covered individual is a child younger than 18 years old, and the person making this request is the child's parent or guardian, please provide the following information and submit guardianship documentation (if applicable) with this request.*

**Parent or Guardian's Name:** \_\_\_\_\_

**Relationship to Covered Individual:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Legal Representatives

*If a legal representative, such as an attorney, is making this request on behalf of the covered individual, then please provide the following information and submit Power of Attorney documentation with this request.*

**Legal Representative's Name:** \_\_\_\_\_

**Relationship to Covered Individual:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please return this completed form to:**  
American Heritage Life Insurance Company  
Attn: Privacy Office  
1776 American Heritage Life Dr.  
Jacksonville, FL 32224

**If you have questions, please call: 1-800-521-3535**