



American Heritage Life Insurance Company
Allstate Benefits
1776 American Heritage Life Drive
Jacksonville, Florida 32224

Telephone 1-800-521-3535
Facsimile 866-428-2517
www.allstatebenefits.com

Policy/Certificate Number(s) \_\_\_\_\_ Policy Owner's Name \_\_\_\_\_
Insured's Name if different than Owner \_\_\_\_\_
Policy Owner Mailing Address \_\_\_\_\_ (Street) \_\_\_\_\_ (Apt)
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ [ ] Check if this is a new address
Email \_\_\_\_\_
By providing your email address, you agree that we may email you a customer satisfaction survey to obtain feedback about this transaction.

NON-SMOKING STATEMENT

SUPPLEMENT TO THE APPLICATION

Proposed Insured

Birthdate

INDICATE BY CHECKING APPROPRIATE BOX WHICH OF THESE STATEMENTS IS TRUE:

[ ] I HAVE NOT SMOKED ONE OR MORE CIGARETTES IN THE PAST TWELVE MONTHS AND DO NOT INTEND TO SMOKE IN THE FUTURE.

[ ] I HAVE NOT USED ANY TOBACCO PRODUCTS IN THE PAST TWELVE (12) MONTHS AND DO NOT INTEND TO USE ANY TOBACCO PRODUCTS IN THE FUTURE. TOBACCO PRODUCTS INCLUDES BUT IS NOT LIMITED TO CIGARETTES, CIGARS, PIPE, SNUFF, CHEWING TOBACCO OR VAPING.

I HEREBY REPRESENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE ABOVE STATEMENT IS COMPLETE AND TRUE, AND I AGREE THAT THIS STATEMENT SHALL FORM A PART OF THE APPLICATION AND BECOME A PART OF ANY CONTRACT OF INSURANCE ISSUED AS A RESULT OF SUCH APPLICATION.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Proposed Insured

Witness