#### **Job Aid**





#### Follow the steps below to file a claim on the <u>MyBenefits</u> website:

1. Log into the <u>MyBenefits</u> website at <u>https://mybenefits.allstate.com/#/login</u>.

welcome to MyBenefits	User ID
Anytime access to coverage	Enter User Id
and claim information	Password
- File Claims	Enter Password
- Check Claim Status	Passwords are case sensitive and must have a minimum of 6 characters that
- View Coverage and Benefit Information	are combination of lowercase, UPPERCASE, number, and special character. For example - "aLLSTATE2?"
- Update Your Profile and More	Remember my User ID <u>What's this?</u>

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

	Coverage & Benefits Document Center	Claim Center	Help Center Prof	ie -	
-			Your Cloims	File a Claim	
Он	ello! Welcome to My Ben				×



# **mybenefits**<sup>M</sup> 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.

Coverage & Benefits Docur	nent Center Claim Center Help Center Prof	le	
file a claim Verify your information and select	: the policy you would like to file		
select policy	claim detail	e-signature	confirmation
Address	hod and address before you file your clo update	im Check	update
Home		Aurora Science of Segmentation (generation) pro-	
Select your policy For claims tips and instructions, pl	ease visit the How to file a claim page a	t AllstateBenefits.com	
Wellness For covered exams. #8083382732 - Cancer		Accident For covered accidents. #8083381834 - Accident	
file a claim		file a claim	



# **mybenefits**<sup>™</sup> How to File a Claim Job Aid

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

Allstate Coverage & Benefits Doce	ument Center Claim Center Help Center Profile		200
file a claim	slaim		
select policy	claim detail	e-signature	confirmation
Enter Claim Details Select the claimant and the deta	iils of your claim.		
Other Person that the claim applies to	~		
Claimant Information	Middle Name	Last Name	
Polly	с	Holder	
Birth Date	Gender	Relationship to Insur	red V
Claim Details Is this a New or Ongoing claim? If Critical lliness claim, download th Library and upload to your claim	you are filing a new Disability, Cancer or e Physician's statement from the Forms		
What are the Diagnoses or Cond	itions for this claim (list all)?	When did symptoms of this condition first occu	-?



#### **mybenefits**<sup>M</sup> How to File a Claim Job Aid

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

nysician Name and/or specie	alty care is required.	
	2, M. Lines (1797) Co. 52, pt/900 and Burger (1	
an office	speciality care	Speciality Care - Urgent Care, Emergency Room, Inpatient Hospital, Outpatient Facility/Hospital Selected
stad bills and modical record	de decumenting the condition tract	ment and for services resoluted
nized bills and medical record	is documenting the condition, treat	ment anajor services received.
ces for the claim, please provide	the Medicaid Explanation of Benefits (EC	OB) and the Medicaid ID #
	nized bills and medical record	2.23.45.07.94.02.59.461

Scroll down to the Supporting Documentation section and drag your supporting documents into 6. 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.

Secure File Upload 🔒	Uploaded Files
Deliver of the set of	No Uplooded Files
Patient Record_Polly C. Holder.pdf ×	



### **mybenefits**<sup>™</sup> How to File a Claim Job Aid

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

Secure File Upload	Uploaded Files
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 delete
bankar	(icear all

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

Document Name		
Patient Record_Polly C. Holder.pdf		
CERTIFICATION		
Certificate/Policy Holder who completed the claim form pl	ease 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, defrau misleading information is guilty of a felony of the third deg	d, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or ree.	
		Y
		-



## **mybenefits**<sup>M</sup> How to File a Claim Job Aid

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.

Coverage & Benefits Doct	ument Center Claim Center Help Center Profile		20 B
file a claim			
Confirmation of your electronic	ignature and claim information		
select policy	claim detail	e-signature	confirmation
<b>~</b>	<b>~</b>	<b>S</b>	<b>~</b>
Your Claim Information			print 🖨
✓ Electronically signed and su	omitted by 04/	25/2022 09:54 AM Eastern Time	
Allstate Benefit Claim Fo	rm		
AMERICAN HERITAGE LIFE INSURAN HOME OFFICE:	ICE COMPANY		
1776 AMERICAN HERITAGE LIFE DRI JACKSONVILLE, FLORIDA 32224-66			

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.

Allistate Coverage &	Benefits Document Center Claim Cente	r Help Center Profile		· 🖉 🧿
your clai	ms			file a claim Sort By 💙
8083381834	Claim Status <b>Pending</b> Additional information required	Claimant	Service From Date	Total Paid \$0.00
view details	Claim Number		Service Through Date	Received Date 02/25/2022



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