



**Allstate**  
Benefits

American Heritage Life Insurance Company  
Allstate Benefits  
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# Health Policy Service Request

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.

## Section 1: Name, SSN, Ownership, Date of Birth

1.  **Name and Social Security Number Change Request, Date of Birth correction**

**Correct or add Social Security Number for** (name of individual) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ ( owner,  insured or  dependent)  
 **Change Name Of**  Insured  Dependent  Owner  Payor  
 From: \_\_\_\_\_  
 To: \_\_\_\_\_  
**Reason for name change:**  Marriage  Divorce  Legal Name Change *(Provide Legal Documents)*  
 Misspelled Name Correction  Other (specify) \_\_\_\_\_  
 **Date of Birth correction** \_\_\_\_\_ *(Provide Legal Documents)*

2.  **Change of Ownership**  
*(This option is to change from current owner to a new owner as contractually accepted, Accident AP1 – AP6)*

\_\_\_\_\_  
 (New Owner's full name) (Relationship to Primary Insured)  
 \_\_\_\_\_  
 (Street) (Apt) (City) (State) (Zip)  
 \_\_\_\_\_  
 (Date of Birth) (New Owner's Social Security Number)  
 \_\_\_\_\_  
 (Contact Phone Number) (Email)  
 **Please check here if change of ownership is due to the death of the current owner**  
*(Provide certified Death Certificate)*

## Section 2: Reduction, Removals, Primary Insured, Newborn Child

1.  **Coverage Changes, Reductions or Removals**

Change from Family to  Individual Coverage  Individual and Spouse Coverage  
 Individual and Child coverage  
 Reduce the amount of insurance From: \_\_\_\_\_ To: \_\_\_\_\_  
 Basic Policy  
 Reduce the number of Rider Units From number of Units: \_\_\_\_\_ To number of Units: \_\_\_\_\_  
 Rider Name \_\_\_\_\_  
 Remove the following Benefit Rider(s) \_\_\_\_\_

2.  **Change of Primary Insured** *(only due to death of current Primary Insured)*

Name of New Insured \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Gender \_\_\_\_\_ Date of Death \_\_\_\_\_  
*(Provide copy of Death Certificate)*

3.  **Newborn Child**

Add Newborn child (if no underwriting required; born after effective date of in-force **Family** or **Individual and Child** coverage)  
 Name of Newborn \_\_\_\_\_  
 Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Relationship of Dependent to Primary Insured \_\_\_\_\_

### Section 3: Correspondence, Duplicate Policy

1.  **Application for Duplicate Policy or Certificate**

I certify that the above policy has been lost or destroyed and that said policy is not assigned, hypothecated, or pledged in any way whatsoever. I, therefore, request the issuance of a duplicate of said policy and agree that should the original policy be found or in any way come into my possession, I will return or cause the same to be returned to American Heritage Life Insurance Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void immediately upon issuance of the duplicate policy herein requested. I also agree that if duplicate forms of the lost policy are not available, I will accept a Certificate of Lost Policy.

2.  **Other Instructions (Please be specific)**

I agree that my signature below shall apply to each request which has been checked on this form. I further agree that only checked items will be considered for processing. (Date and signature required below)

➡ **Policy Owner's Signature Required for all Requests** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agent Name and Producer Number** \_\_\_\_\_

**Note: For Corporate Owner, provide corporation name, two officer's signatures and their titles.**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Officer Signature/Title

\_\_\_\_\_  
Officer Signature/Title