



**Allstate**  
Benefits

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.allstateatwork.com

Agent Use Only – subject to AHL rules, send all items to be returned to:  Agent  Owner

Agent Name and Number \_\_\_\_\_

Policy 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**

Home Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ ( Cell or  Work)

Preferred contact number ( Home or  Alternate) and best time to call if possible \_\_\_\_\_  a.m.  p.m.

Email \_\_\_\_\_ Agent Name and Number \_\_\_\_\_

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

- Change from Family to  Individual Coverage  Individual and Spouse Coverage
- Individual and Child coverage on health policy due to \_\_\_\_\_  
If due to death of Insured, Name of New Insured \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Add Newborn child (if no underwriting required)  
Name of Newborn \_\_\_\_\_  
Sex:  Male or  Female Date of Birth \_\_\_\_\_  
Relationship of Dependent to Primary Insured \_\_\_\_\_
- 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 \_\_\_\_\_
- Change Death Benefit Option from 2 to 1 (if changing from 1 to 2, an application must be completed for underwriting purposes)

**2.  Flexible Premium Payment Changes (FPA or UL only)**

- Place policy in non-billing status
- Place policy back in a premium payment status
- Change premium to \$ \_\_\_\_\_  
(Per  Month  Semi-Annual  Annual)
- Make Change Effective \_\_\_\_\_

**3.  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.

**4.  Other Instructions (Be specific)**

I agree that my signature below shall apply to each request which has been checked on this form and I further agree that no request will be effective if not checked.

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

Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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