



Allstate

Workplace Division

Group Voluntary Disability Income Claims
Instruction Sheet

1. The Claimant's Statement of Accident and Illness should be fully completed and signed by the person the claim is for. Please list your current occupation and your average monthly earnings in part A of the claim form. **PLEASE NOTE:** The *Internal Revenue Service and Section 125* requirements must be completed before disability can be paid.
2. The Attending Physician Statement must be fully completed by the doctor who treated you and certifies that you are totally disabled.
3. The Employer's Statement portion of the form must be fully completed, signed and dated by the person with whom you were working at the time disability began.
4. The Employer must complete a "Coordination of Benefits" form advising the type and amount of salary continuance received during the claimant's disability period.
5. If your policy coordinates benefits with Workers Compensation, Social Security or any other occupational disease law, a copy of your check stub will allow the Claim Department to process your claim without requesting additional information.
6. If you have any questions regarding your claim or need additional information, please contact our Group Voluntary Unit. **If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our customer service department at our toll-free telephone number 1-866-456-6198.** We are always happy to help you.

THANK YOU for selecting American Heritage Life Insurance Company

Please mail your claim form to:

American Heritage Life Insurance Company
Attention: Group Voluntary Unit
1776 American Heritage Life Drive
Jacksonville, FL 32224-6688

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