



# Hospital Indemnity Insurance Claims Checklist

## Information to Identify Your Policy

Policy number

Policyholder's name

Policyholder's date of birth

Policyholder's address

## Claim Details & Documentation

Patient or Claimant name

Itemized bill showing date of diagnosis, date of service, and list of services performed

Health care provider/Facility name

Signed Authorization Form

## File Your Claim Quicker Using MyBenefits

1. Visit [standard.com/ahl/mybenefits](http://standard.com/ahl/mybenefits) to register your MyBenefits account and log in.
2. With multiple payment options available, choose how you will receive your benefits.
3. Click 'File a Claim' to begin. Our system will guide you through each step along the way.
4. Securely upload supporting documents by scanning or attaching stored files.
5. Submit your completed claim.

## Other Ways to File a Claim

**Fax claim submissions:** 1.866.428.2516

**Mail:**

American Heritage Life Insurance Company  
PO Box 43067  
Jacksonville FL 32203-3067

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**Underwritten by: American Heritage Life Insurance Company**

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