



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 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

Underwritten by: American Heritage Life Insurance Company

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