

**AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)**1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FLORIDA 32224**Allstate**

Workplace Division

**ENROLLMENT FORM**

This Box for AHL Home Office use only		
<b>Group No.</b>	<b>Account</b>	<b>Location</b>
<b>Dep Code</b> E S C F	<b>Smoker</b> EE Y or N SP Y or N	<b>Issue State</b>
<b>EFFECTIVE DATE</b>		

**GENERAL INFORMATION SECTION**

Please print with black ink

(Please complete entire section for all coverages)

EMPLOYEE'S NAME Last (Sr, Jr, etc.)		First	M.I.	<input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NUMBER		<input type="checkbox"/> Married <input type="checkbox"/> Single
HOME ADDRESS (Street or P.O. Box)					CITY	STATE	ZIP
BIRTHDATE (MM/DD/YEAR)	HOME PHONE NUMBER		EMPLOYER			DATE HIRED (MM/DD/YEAR)	
OCCUPATION		PLANT OR DIVISION			CURRENT EARNINGS \$ _____ (also check appropriate box)		
BENEFICIARY'S NAME (Last, First, M.I.)				RELATIONSHIP		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Annually	

<b>Short-Term Disability</b>	Benefit Amount	Monthly Premium	<b>AHL Home Office Use Only</b> SET ID/PLAN ID <b>ACTIV/STD</b> _____ and/or <b>EMPLR/STD</b> _____ and/or (other) _____
	per month		
<b>Life/Accidental Death &amp; Dismemberment</b>	Benefit Amount	Monthly Premium	<b>AHL Home Office Use Only</b> SET ID/PLAN ID <b>ACTIV/AD&amp;D</b> _____ <b>LIFE</b> _____ and/or <b>EMPLR/AD&amp;D</b> _____ <b>LIFE</b> _____ and/or (other) _____

**ELECTRONIC ACCEPTANCE**

By checking the "Yes" box below, I agree to electronic delivery of my certificate of insurance, describing my coverage under the group policy, and its accompanying notices ("my Certificate"). If electronically delivered, I will be provided instructions on how to receive my Certificate via the following address: [www.allstateatwork.com/mybenefits](http://www.allstateatwork.com/mybenefits).

To electronically receive my Certificate, I must use a computer that meets the following minimum requirements: (1) Operating system with a minimum of: (a) Pentium or higher processor, (b) 16 MB random access memory (RAM), (c) 20 MB of free hard drive space; (2) Operating system Windows® XP or higher or Windows® 2000 or higher; (3) Microsoft® Internet Explorer 6.x or greater; (4) Adobe® Reader 6.x or greater; (5) Internet connection.

My consent is valid while I am covered under the group policy. At any time, I may withdraw my consent for any reason and receive a paper copy of my Certificate, free of charge, by calling, toll-free: 1-800-521-3535; or by writing to: Customer Care Center, American Heritage Life Insurance Company, 1776 American Heritage Life Drive, Jacksonville, Florida, 32224.

☐ YES, I agree to receive my Certificate electronically via the internet.

☐ NO, I prefer to receive paper copies of my Certificate.

**ACCEPTANCE:** I hereby request all coverage checked "yes" above for which I am or may become eligible under the group coverages issued by AHL. I authorize my employer to deduct from my earnings any contributions required of me for the payment of premiums for such coverage. • **I UNDERSTAND** that the "effective date" of my elected coverages will be the effective date recorded on my Certificate, not the date this Enrollment form is signed. • **WAIVER/DECLINATION:** I understand that if I refuse any coverage for which I am eligible (by checking "no" above), satisfactory proof of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such application may be declined on the basis of such proof.

Date \_\_\_\_\_ Employee's  
Signed \_\_\_\_\_ Signature \_\_\_\_\_