



AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)

1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224

Benefits

Request for Change Form

Please Print Clearly

EMPLOYER NAME | GROUP NUMBER
EMPLOYEE'S NAME Last (Sr, Jr, etc) First M.I. | SOCIAL SECURITY NUMBER OR CERTIFICATE NUMBER

CHANGE NAME checkbox. Employee/Dependent checkboxes. If a dependent, complete the information below:
Change Name From: Relationship To: Social Security Number
Please Provide the Reason for the Change:

CHANGE ADDRESS checkbox. Employee/Dependent - Name of Dependent:
To: STREET or P.O. BOX CITY STATE ZIP

CHANGE OF BENEFICIARY: I hereby request, subject to the terms of the Group Policy...
PRIMARY BENEFICIARY (To receive Proceeds if living at the Insured employee's death)
COMPLETE NAME OF PRIMARY BENEFICIARY RELATIONSHIP TO INSURED EMPLOYEE
CONTINGENT BENEFICIARY (To receive Proceeds if living at the Insured employee's death and if Primary Beneficiary is not living)
COMPLETE NAME OF CONTINGENT BENEFICIARY RELATIONSHIP TO INSURED EMPLOYEE

ADD COVERAGE for Dependent(s), as requested on the fully completed Dependent Enrollment Form attached.

TERMINATE COVERAGE as indicated below:
TYPE OF COVERAGE: 1. MEDICAL 2. DENTAL 3. CANCER 4. ACCIDENT 5. HOSPITAL INDEMNITY 6. CRITICAL ILLNESS

Table with 6 columns: RELEVANT PERSON, NAME, SOCIAL SECURITY NUMBER, TYPE OF COVERAGE, REASON FOR TERMINATION, DATE OF TERMINATION. Rows for EMPLOYEE, SPOUSE, DEP. CHILD, DEP. CHILD, DEP. CHILD.

Medical Coverage Only: I understand that if I am terminating the group health coverage for me or my dependents (including my spouse) because of other health insurance coverage, I may in the future be able to re-enroll myself or my dependents in this health plan...
All Coverages: If I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll all of my dependents for health coverage...

SMOKING STATUS CHANGE for EMPLOYEE or SPOUSE: Current Tobacco Use:
NONE CIGARETTES PER DAY CHEWING TOBACCO OTHER
Have you ever smoked cigarettes? YES NO If "Yes," date late cigarette smoked

Date Signed Employee's Signature