American Heritage Life Insurance Company
The Standard
4920 San Pablo Road S, Suite 200C
Jacksonville, Florida 32224

Telephone 1-800-521-3535
Facsimile 866-428-2517
https://www.standard.com/ahl

Health Policy Service Request

Policy/Certificate Number(s) _____ **Policy Owner's Name** _____

Insured's Name if different than Owner _____

Policy Owner Mailing Address _____
(Street) (Apt)

_____ ❑ ***Check if this is a new address***
(City) (State) (Zip)

Email _____

By providing your email address, you agree that we may email you a customer satisfaction survey to obtain feedback about this transaction.

Section 1: Name, SSN, Date of Birth, Ownership

1. ❑ Name and Social Security Number Change Request, Date of Birth correction

(Provide Legal Documents for Legal Name Change, SSN/Date of Birth update)

❑ **Correct or add Social Security Number for** (name of individual) _____

SSN *(Provide Legal Documents)* _____ (❑ Insured ❑ Dependent ❑ Owner)

❑ **Change Name Of** ❑ Insured ❑ Dependent ❑ Owner ❑ Payor

From: _____

To: _____

Reason for name change: ❑ Legal Name Change *(Provide Legal Documents)* ❑ Marriage ❑ Divorce

❑ Misspelled Name Correction ❑ Other (specify) _____

❑ **Date of Birth correction** *(Provide Legal Documents)* _____

2. ❑ Change of Ownership

(This option is to change from current owner to a new owner as contractually accepted, Accident AP1 – AP6)

_____
(New Owner's full name) (Relationship to Primary Insured)

_____
(Street) (Apt) (City) (State) (Zip)

_____
(Date of Birth) (New Owner's Social Security Number)

_____
(Contact Phone Number) (Email)

❑ **Please check here if change of ownership is due to the death of the current owner**
(Provide certified Death Certificate)

Section 2: Reduction, Removals, Primary Insured, Newborn Child

1. ❑ Coverage Changes, Reductions or Removals

❑ Change from Family to ❑ Individual Coverage ❑ Individual and Spouse Coverage

❑ Individual and Child coverage *(if due to death, provide certified Death Certificate)*

❑ Reduce the amount of insurance Basic Policy From: _____ To: _____

❑ Reduce the number of Rider Units Rider Name _____ From number of Units: _____ To number of Units: _____

❑ Remove the following Benefit Rider(s) _____

2. ❑ Change of Primary Insured *(only due to death of current Primary Insured)*

❑ Name of New Insured _____

Social Security Number _____ Date of Birth _____

Gender _____ Date of Death _____

(Provide copy of Death Certificate)

3. ❑ Newborn Child

❑ Add Newborn child (if no underwriting required; born after effective date of in-force **Family** or **Individual and Child** coverage)

Name of Newborn _____

Gender _____ Date of Birth _____

Relationship of Dependent to Primary Insured _____

Section 3: Correspondence, Duplicate Policy

1. ❑ Application for Duplicate Policy or Certificate	I certify that the above policy has been lost or destroyed and that said policy is not assigned, hypothecated, or pledged in any way whatsoever. I, therefore, request the issuance of a duplicate of said policy and agree that should the original policy be found or in any way come into my possession, I will return or cause the same to be returned to American Heritage Life Insurance Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void immediately upon issuance of the duplicate policy herein requested. I also agree that if duplicate forms of the lost policy are not available, I will accept a Certificate of Lost Policy.
2. ❑ Other Instructions (Please be specific)	

I agree that my signature below shall apply to each request which has been checked on this form. I further agree that only checked items will be considered for processing. (Date and signature required below)

➡ **Policy Owner's Signature Required for all Requests** _____ **Date** _____
(We do not accept electronic signatures.)

Agent Name and Producer Number _____

Note: For Corporate Owner, provide corporation name, two officer's signatures and their titles. ***(We do not accept electronic signatures.)***

Company Name	Officer Signature/Title	Officer Signature/Title

To return this form by mail or fax:

American Heritage Life Insurance Company
The Standard
4920 San Pablo Road S, Suite 200C
Jacksonville, Florida 32224
Fax: 1-866-428-2517

To return this form online via MyBenefits:

- Complete your form and,
  - Scan it to your computer or,
  - Take a picture of the form with your phone/tablet (.jpg/.tiff formats only)
- Register/log on to https://www.standard.com/ahl
- From the homepage or Help Center, go to the **UPLOAD CENTER**
- Select the correct policy/certificate number
- Click **UPLOAD DOCUMENTS**
- Select the form or picture of the form from your computer/phone/tablet
- Click **VIEW** to ensure you've selected the correct file, then click **SUBMIT FILE**

You'll receive a confirmation that your file was successfully submitted!

For assistance, please call **800-521-3535** 8 a.m. - 8 p.m. ET Monday - Friday