AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)
1776 American Heritage Life Drive, Jacksonville, Florida, 32224

Change Form To Add Child(ren)

Not for late enrollees

Policy/Certificate Number(s): _____

Type of Plan(s)*****: _____

Employee Information Section

Please Print Clearly

EMPLOYER NAME (if applicable)			GROUP NUMBER
EMPLOYEE / OWNER NAME LAST FIRST M. I.			EMPLOYEE SOCIAL SECURITY NUMBER
RESIDENT ADDRESS (Street or P.O. Box)	CITY	STATE	ZIP
RESIDENT PHONE NUMBER	EMPLOYEE'S EMAIL ADDRESS		

Child(ren) Coverage Section

Please list the policy and/or certificate number and type of coverage(s)***** under which you are currently covered that you would like to add a child(ren) to. Then provide all additional information needed for each child.

CHILD(REN) NAME	RELATIONSHIP	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER

I request to have the child(ren) listed above added to all coverage***** that I currently have in force, except as follows: _____

***Additional child(ren) are not eligible for the AHLminimedical® product at this time.**

By signing this form, I agree to the change(s) in coverage requested above and that the child(ren) for whom coverage is being requested (is/are) my legal child(ren). I understand that the effective date of coverage for the child(ren) will be the date AHL approves their coverage.

Date Signed _____ Employee/Owner's Signature _____

Once completed, please return to:

Allstate Benefits
Policy Change Unit
1776 American Heritage Life Drive
Jacksonville, FL 32224

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