



American Heritage Life Insurance Company
 The Standard
 4920 San Pablo Road S, Suite 200C
 Jacksonville, FL 32224-6687

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

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, Ownership, Date of Birth

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

Correct or add Social Security Number for (name of individual) _____
 Social Security Number _____ (owner, insured or dependent)
 Change Name Of Insured Dependent Owner Payor
 From: _____
 To: _____
Reason for name change: Marriage Divorce Legal Name Change *(Provide Legal Documents)*
 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
 Reduce the amount of insurance From: _____ To: _____
 Basic Policy
 Reduce the number of Rider Units From number of Units: _____ To number of Units: _____
 Rider Name _____
 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** _____

Agent Name and Producer Number _____

Note: For Corporate Owner, provide corporation name, two officer's signatures and their titles.

Company Name

Officer Signature/Title

Officer Signature/Title