

New Policy

Change/Increase Policy # _____

APPLICATION FOR LIFE AND HEALTH INSURANCE TO: American Heritage Life Insurance Company 1776 American Heritage Life Drive, Jacksonville, Florida 32224

Employee/Payor (if other than Proposed Insured)		Employee's Date of Birth	Employee/Payor Social Security Number	Employee's I.D. Number	Date Hired		
PROPOSED INSURED	Proposed Insured (Last, First, M.I.)		<input type="checkbox"/> Emp. <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Height	Weight	Social Security Number (if known)	
	Resident Address	City	State	Zip	Resident Phone Number		
	Employer	Occupation					
	Owner's Name and Address (if different than Proposed Insured's)		City	State	Zip	Social Security Number or Tax I.D. Number (Owner)	Owner's Email Address
Primary Beneficiary - Full Name		Age	Relationship	Contingent Beneficiary - Full Name		Age	Relationship

Please complete this section for persons to be insured (except information already provided above)

Relationship to Employee	CODE	Last Name	First Name	Date of Birth	Sex	Actively at Work*	Full Time Student	Used tobacco in any form in last 12 months?
Employee	E					<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse	S					<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent						N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Dependent						N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Dependent						N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A

*Actively at work means that he/she is actively at work now for wage or profit and has worked at least 20 hours each week performing all duties at his/her regular occupation at his/her regular place of employment for the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy.

List additional dependents on separate sheet. Relationship Codes: E-Employee, S-Spouse, C-Child (Son or Daughter), G-Grandchild, O-Other. Please provide details of "Other" in Remarks section.

INSURANCE PLANS	Universal Life _____ <input type="checkbox"/> SI <input type="checkbox"/> CGI	Face Amount _____	Riders _____	Rider _____	Rider _____	Rider _____	Rider _____	Rider _____	Rider _____	Rider _____	Mode Premium \$ _____
		Death Benefit Option <input type="checkbox"/> 1 <input type="checkbox"/> 2	Units/Amt _____								
	Term Life _____ <input type="checkbox"/> SI <input type="checkbox"/> CGI	Face Amount _____	Riders _____	Rider _____	Rider _____	Rider _____	Rider _____	Rider _____	Rider _____	Rider _____	Mode Premium \$ _____
			Units/Amt _____								
	Disability _____ <input type="checkbox"/> SI <input type="checkbox"/> CGI	Monthly Salary \$ _____	Elimination Period _____ Days Acc. _____ Days Sick.	On The Job Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode Premium \$ _____				
	Occupation Class <input type="checkbox"/> Preferred <input type="checkbox"/> Standard	Monthly Benefit \$ _____	Benefit Period _____ Months		Units _____ <input type="checkbox"/> Individual <input type="checkbox"/> Family						
	Cancer _____ (Plan Type) <input type="checkbox"/> Individual <input type="checkbox"/> Family	Riders _____	Rider _____	Rider _____	Rider _____	Rider _____	Rider _____	Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode Premium \$ _____		
		Units/Amts. _____									
	Accident _____ (Plan Type and Units) <input type="checkbox"/> SI <input type="checkbox"/> CGI <input type="checkbox"/> Individual <input type="checkbox"/> Family	Monthly Salary \$ _____	Rider APDIR	Rider APBER	Rider APEXT	Rider APOPTR1	Rider APHCR1	Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode Premium \$ _____		
		Rider Units _____									
SHOP (Hospital Indemnity) _____ Units: _____ <input type="checkbox"/> SI <input type="checkbox"/> CGI <input type="checkbox"/> Individual <input type="checkbox"/> Ind. & Children <input type="checkbox"/> Ind. & Spouse <input type="checkbox"/> Family	Rider IHR1	Rider SAR1	Rider IPBR1	Rider OPBR1	Rider OEAR1	Rider AHNHR	Rider TR1	Rider ADIR1	Rider SDIR1	Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode Premium \$ _____
Heart/Stroke _____ <input type="checkbox"/> Individual <input type="checkbox"/> Family	Riders _____	Rider CIDR1	Rider ICR	Rider WBR	Rider _____	Rider _____	Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode Premium \$ _____			
	Units: _____	Units/Amt _____									
Critical Illness _____ <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Single Parent Family	Riders _____	Rider CICR1	Rider WBR	Rider _____	Rider _____	Rider _____	Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode Premium \$ _____			
	Basic Benefit Amount: _____	Units/Amt _____									

PAC <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Transit Number _____ Routing Number _____ Draft Date _____	Account Name _____	Account Number _____	Total Mode Premium: \$ _____
Remarks	Premiums/Billing Mode <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other	Requested Issue Date _____	Date of First Deduction _____	Producer Number _____
				Servicing Agent _____
				Percentage Credit _____ %
				_____ %

