AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)

1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224

ENROLLMENT FORM

☐ New Certificate ☐ Change/Increase Certificate # _____

Remarks:	This box for AHL Home Office use only

GENERAL INFORMATION

		☐ ☐	
	hone Numb [illegible]		
Employer/Association/ nion **ODU Research Foundation**	Date Hire	Occupation	lant Or Di ision
rimary eneficiary s ull Name an A . ress			Relationship
hone Number	Date of irth	Social Security Number	
Contingent eneficiary s ull Name an A . ress			Relationship
hone Number	Date of irth	Social Security Number	

COMPLETE THIS SECTION FOR PERSONS TO BE INSURED

Last Name	First Name	Relationship	Sex	Date of Birth	Social Security Number	Tobacco Use* (Critical Illness)
		Employee				** ☐ Yes ☐ No
		Spouse				** ☐ Yes ☐ No

*Has any adult (19 and older) person to be insured used tobacco in the last 12 months (**If applyin for Critical Illness)

Are you applying for co erage or changing existing co erage. ue to a ualifying e ent
Critical Illness ☐ Yes ☐ No

If Yes, check the ualifying e ent:

☐ arriage ☐ Spouse/Depen ent Chil Death ☐ Newly Eligible
☐ Di orce ☐ Eligible/Ineligible Chil ☐ Termination
☐ irth/A option ☐ Spouse New ob/ ob Loss ☐ Employee Death

Date of , ualifying E ent _____ Current Certificate Number s _____

Do you currently ha e the following In i i ual co erage with American Heritage Life Insurance Company AHL
Critical Illness ☐ Yes ☐ No
If you answere Yes, to the co erage please enter the olicy Number _____
Do you wish to terminate this co erage ☐ Yes ☐ No If Yes, please enter effecti e. ate of termination _____

Premium Billin Mode	Account Number	Employee ID	Situs State
☐ onthly ☐ Semi-monthly ☐ i-weekly ☐ eekly ☐ Other Date of irst De uction _____ Co erage Effecti e Date _____	**V1 1**		**VA**

ENROLLMENT FORM
SELECTION OF COVERAGE

Answer Yes or No an complete for each co erage selecte

Critical Illness (GVCIP1)		m	Total o e	**Home Office Use Only**

Basic Benefit Amount 1 ,

If co ere asic enefit Amount for spouse or other. epen ents is , of the employee s

ellness Option nits _____