

New Account Set Up Instructions

American Heritage Life Insurance Company

Account No.: _____ Master Account No.: _____ Industry Type: _____
 SIC Code: _____ Years in Business: _____ Number of Employees: _____
 (or number of members if not an employer)

Account Name: _____

Owner/Chief Executive: _____ Account Contact Person: _____

Account Effective Date: _____ Date of First Deduction: _____

Is account discontinuing a previous voluntary insurance program? Yes No

If yes, name of prior insurer and product types: _____

Billing Instructions (check & complete one)

Credit Union Account. Complete Credit Union Account Set-Up Form

Direct Account. Initial Billing Date: _____

Electronic invoice notices will be sent to (email address): _____

Correspondence Address (if different from Account's address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

If billing/premium payment will be processed through a third party, indicate whether third party is:

The account's own service provider (example: payroll service company).

A third party administrator of AHL (example: AHL agent). Requires TPA contract with AHL.

Name of third party: _____

Billing will be sorted: Alphabetically Numerically (By Control #) _____

Billing Options (Check only one.)

Billing Frequency	Deductions Per Year	Bills Per Year	Billing Frequency	Deductions Per Year	Bills Per Year
<input type="checkbox"/> Monthly	12 monthly	12	<input type="checkbox"/> Semi-Annually	varies	2
<input type="checkbox"/> Monthly	24 semi-monthly	12	<input type="checkbox"/> Annually	varies	1
<input type="checkbox"/> Every 4 Weeks (28 days)	52 weekly	13	<input type="checkbox"/> Ninthly	varies	9
<input type="checkbox"/> Every 4 Weeks (28 days)	26 bi-weekly	13	<input type="checkbox"/> Tenthly	varies	10
<input type="checkbox"/> Quarterly	varies	4			

Is account to be under a Section 125 Plan? Yes No Federal Tax I.D. No. _____

Enrollment for Plan Year ____ / ____ / ____ to ____ / ____ / ____
 (Effective Date)

Note-Self Accounting: Accounts may remit premium checks with their own payroll deduction lists or worksheets if the data (1) is in electronic format only, and (2) includes the following minimum information for each deduction: Employee/Member Name, Social Security or Other I.D. Number, and Amount Deducted. Please contact the AWD Premium Administration Department for details.

Servicing Agent Certification

I have personally contacted this new account, verified all the above information and the account is ready to be processed.

Signature: _____

Agent No.: _____

Printed Name: _____

Date: _____