

how to file a claim

MyBenefits



Follow the steps below to file a claim on the [MyBenefits](#) website:

1. Log into the [MyBenefits](#) website at <https://mybenefits.allstate.com/#/login>.

welcome to MyBenefits

Anytime access to coverage and claim information

- File Claims
- Check Claim Status
- View Coverage and Benefit Information
- Update Your Profile and More

User ID
Enter User Id

Password
Enter Password

Passwords are case sensitive and must have a minimum of 6 characters that are combination of lowercase, UPPERCASE, number, and special character. For example - "aLLSTATE2!"

Remember my User ID [What's this?](#)

log in

2. From the Claim Center, click **File a Claim**.

Coverage & Benefits Document Center **Claim Center** Help Center Profile

Your Claims **File a Claim**

Hello! Welcome to My Ben

3. Verify or update your address and your claim payment method, then click the **file a claim** button under the appropriate policy.

file a claim

Verify your information and select the policy you would like to file

select policy claim detail e-signature confirmation

Verify your information
Review your current payment method and address before you file your claim

Address update
home

Check update
Payment Method of

Select your policy
For claims tips and instructions, please visit the [How to file a claim](#) page at [AllstateBenefits.com](#)

Wellness
For covered exams.
#8083382732 - Cancer

file a claim

Accident
For covered accidents.
#8083381834 - Accident

file a claim

4. Enter your Claim Details, including whether this is a new or ongoing claim.

file a claim
Provide information about your claim

select policy ✓ claim detail 2 e-signature 3 confirmation 4

Enter Claim Details

Select the claimant and the details of your claim.

Claimant Name
Other

Person that the claim applies to

Claimant Information

First Name: Polly Middle Name: C Last Name: Holder
Birth Date: [calendar icon] Gender: Female Relationship to Insured: Other

Claim Details

Is this a New or Ongoing claim? If you are filing a new Disability, Cancer or Critical Illness claim, download the Physician's statement from the Forms Library and upload to your claim.

New Ongoing

What are the Diagnoses or Conditions for this claim (list all)?
None at this time

When did symptoms of this condition first occur?
March 9, 2020

5. Scroll down and enter at least one Treatment Type
NOTE: *You can enter more than one Treatment Type for the claim*

Treatment Type
At least one instance of Physician Name and/or specialty care is required.

What Type of treatment was provided?

physician office specialty care

Speciality Care - Urgent Care, Emergency Room, Inpatient Hospital, Outpatient Facility/Hospital Selected

Please submit the itemized bills and medical records documenting the condition, treatment and/or services received.

Medicaid ID#

If Medicaid paid for services for the claim, please provide the Medicaid Explanation of Benefits (EOB) and the Medicaid ID #

Medicaid Explanation of Benefits (EOB) and the Medicaid ID #

We may be required to assign benefits to Medicaid in accordance with State and Federal Regulations.

6. Scroll down to the Supporting Documentation section and drag your supporting documents into the **Secure File Upload** box, or click in the box to browse your computer for your documents.
NOTE: *Supporting documents should show the condition/diagnosis, treatment, and any services received as well as the claimant's name, provider name and dates of service.*

Supporting Documentation ⓘ

Send us any documentation showing the condition, treatment, and any services received. This documentation must include the claimant's name, provider name, and date of service.

Secure File Upload 🔒

Upload or Drop your file here. All document must be in either .TIFF, .JPG or .PDF format. File can be up to 30MB and you may upload upto 5 files at a time.

Patient Record_Polly C. Holder.pdf ×

upload

Uploaded Files

-- No Uploaded Files --

clear all

back continue cancel

7. Click the **upload** button and your supporting documentation will show in the Uploaded Files box. Click **continue**.

Supporting Documentation ⓘ

Send us any documentation showing the condition, treatment, and any services received. This documentation must include the claimant's name, provider name, and date of service.

Secure File Upload 🔒

Upload or Drop your file here. All document must be in either .TIFF, .JPG or .PDF format. File can be up to 30MB and you may upload upto 5 files at a time.

upload

Uploaded Files

📄 Patient Record_Polly C. Holder.pdf delete

clear all

back continue cancel

8. Review your Claim Information on the next page, then scroll to the bottom and click **apply e-signature**.

SUPPORTING DOCUMENTATION

Document Name
Patient Record_Polly C. Holder.pdf

CERTIFICATION

Certificate/Policy Holder who completed the claim form please read and E-Sign below.

AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687

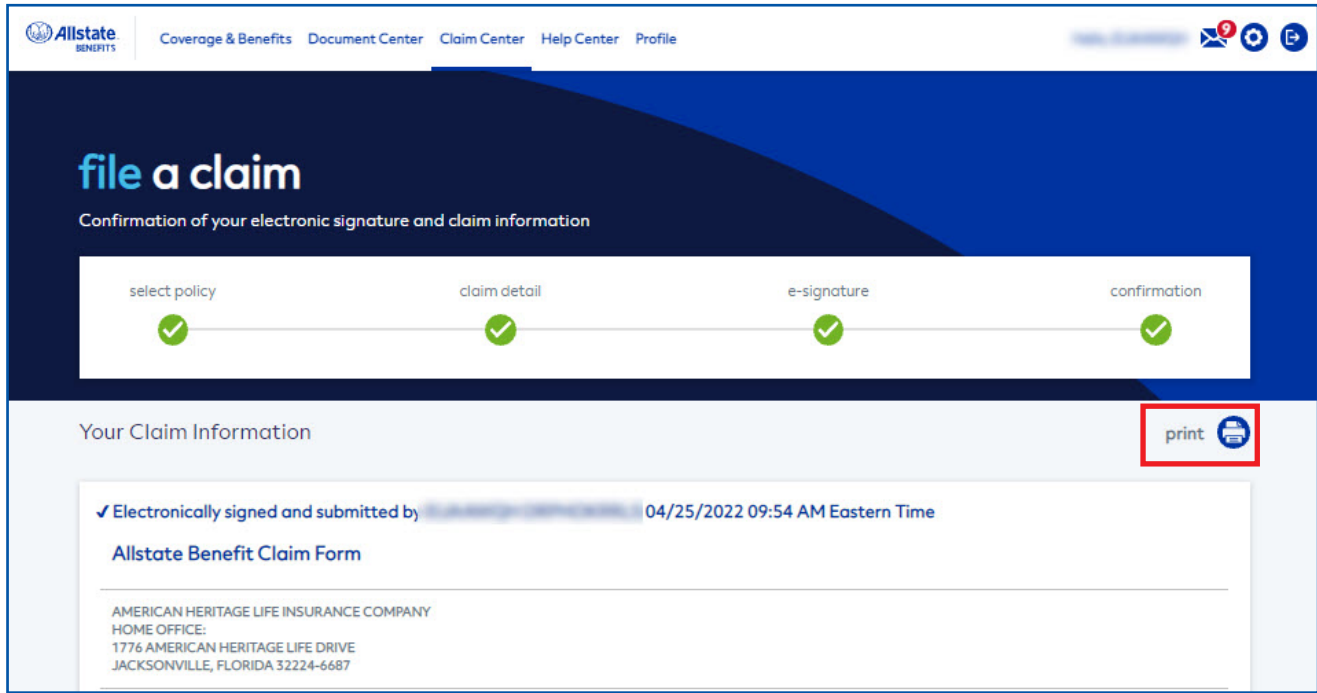
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

back apply e-signature

MyBenefits

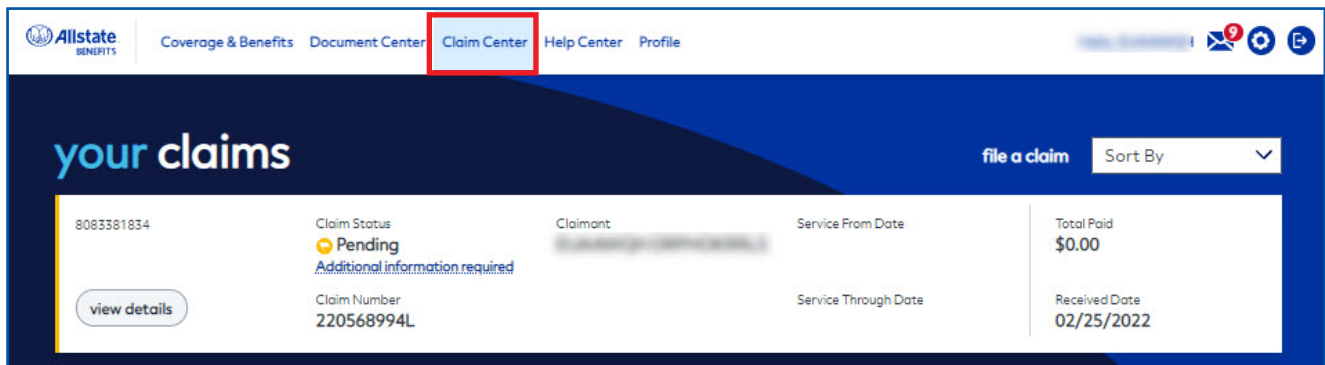
How to File a Claim Job Aid

9. A confirmation page shows that your claim has been signed and submitted. You can print this page using the **print** button on the right.



10. You can check the Claim Center to see the status of your claim or upload additional claim information.

NOTE: Some claims that are submitted after 9 p.m. ET may not appear in the Claim Center until the following business day.



Rev. 5/22. This material is valid as long as information remains current, but in no event later than May 1, 2025. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. www.allstate.com or www.allstatebenefits.com