



AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)

Allstate Benefits

1776 American Heritage Life Dr.
Jacksonville, FL 32224

Non-Smoking Statement

1. General information

Policy/Certificate Number(s) _____

Policy Owner's Name (Last, First, M.I.) _____

Insured's Name if Different than Owner (Last, First, M.I.) _____

Policy Owner Mailing Address _____

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.

2. Non-Smoking Statement

I have not used tobacco in the last 12 months. Primary Insured (Life and Critical Illness) Spouse (Critical Illness only)

For Universal Life Policies Only: A change to non-smoker status does not result in a change of premiums unless requested.

I would like to change my premium. Please provide an inforce illustration to determine my new premium and a change form.

3. Representation

I hereby represent, to the best of my knowledge and belief, that the above statement is complete and true.

Primary Insured Signature _____ Date _____

Spouse Signature _____ Witness Signature _____

Submission Options:

This form can be uploaded at mybenefits.allstate.com. Or mailed to the above address.