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Job Aid

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 standard.com/ahl/mybenefits.

The screenshot shows the MyBenefits login page. On the left, there is a 'welcome to MyBenefits' section with a list of actions: File Claims, Check Claim Status, View Coverage and Benefit Information, Update Your Profile and More, Download the app for access on the go, and Snap pictures of claim documents and upload them! Below this list are buttons for the App Store and Google Play. On the right, there is a login form with fields for 'User ID' and 'Password', a 'Remember my User ID' checkbox, a 'login >' button, and links for 'Forgot User ID or Password?' and 'Create an account'.

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

The screenshot shows the MyBenefits dashboard. At the top, there is a navigation bar with 'coverage & benefits', 'document center', 'claim center', 'help center', and 'profile'. Below this, there is a 'your claims' section with a 'file a claim' button highlighted by a red box. A notification banner at the bottom says 'Hello! Welcome to My Ben'.

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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

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

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

Address home 2208 LAKE AVE MOBILE AL, 36602 update	Check Pay to Order of HJDUVVHQ,QTSLSOK update
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Select your policy
For claims tips and instructions, please visit the [How to file a claim](#) page at [Standard.com/AHL](#)

Outpatient Physician's Treatment (OPT) For covered office visits 80Q3705444 - Accident Effective Date 06/15/2007 file a claim	Accident For covered accidents 80Q3705444 - Accident Effective Date 06/15/2007 file a claim
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4. Enter your Claim Details, including whether this is a new or ongoing claim.

The screenshot shows the 'file a claim' page on the MyBenefits website. At the top, there is a navigation bar with the MyBenefits logo and icons for email, user profile, and help. Below the navigation bar is a breadcrumb trail: home > coverage & benefits > document center > claim center > help center > profile >. The main heading is 'file a claim' with the subtext 'Provide information about your claim'. A progress bar shows four steps: 1. select policy (completed), 2. claim detail (current step), 3. e-signature, and 4. confirmation. The 'Enter Claim Details' section includes a dropdown for 'Claimant Name' with the text '- Select Claimant -' and a note 'Person that the claim applies to'. The 'Claimant Information' section has fields for 'First Name', 'Middle Name', 'Last Name', 'Birth Date' (with a calendar icon), 'Gender' (dropdown), and 'Relationship to Insured' (dropdown). The 'Claim Details' section asks 'Is this a New or Ongoing claim?' and provides two radio buttons, 'New' and 'Ongoing', which are highlighted with a red box. Below this are two text input fields: 'What are the Diagnoses or Conditions for this claim (list all)?' and 'When did symptoms of this condition first occur?'. The 'New' radio button is selected.

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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.

Upload Files

Please review the required **Supporting Documentation** to avoid delays in processing your claim.



Drag files here to upload

or

select files

Upload or drop your file(s) here. All documents must be either .tif, .pdf, .jpeg, .jpg, or .tiff format, and file names cannot contain the following special characters "\/~?*<>|#="; Files can be up to 30 MB, and you may upload up to 5 files at a time. Additional documents can be added to your claim after submission.

back **continue** **cancel**

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

A virus scan will be done to all uploaded files. An email will be sent if an issue is detected.

upload clear all

Added To Claim

File Name	Upload Date	Status
Claim.pdf	10/9/2025	Received

back continue cancel

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

CERTIFICATION

I acknowledge the receipt of the Department of Insurance Claim Fraud Statement shown.
I have read the notice and I am aware that it is a crime to fill out this form with facts I know are false or to leave out facts I know are relevant and important.
I certify that the answers given on this claim form are true, complete, and correctly recorded.

By clicking on the Apply E-Signature button below, I understand and agree that I am signing this document electronically, I am applying my E-Signature as if actually signed in writing, and I agree to be bound by my E-Signature.

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

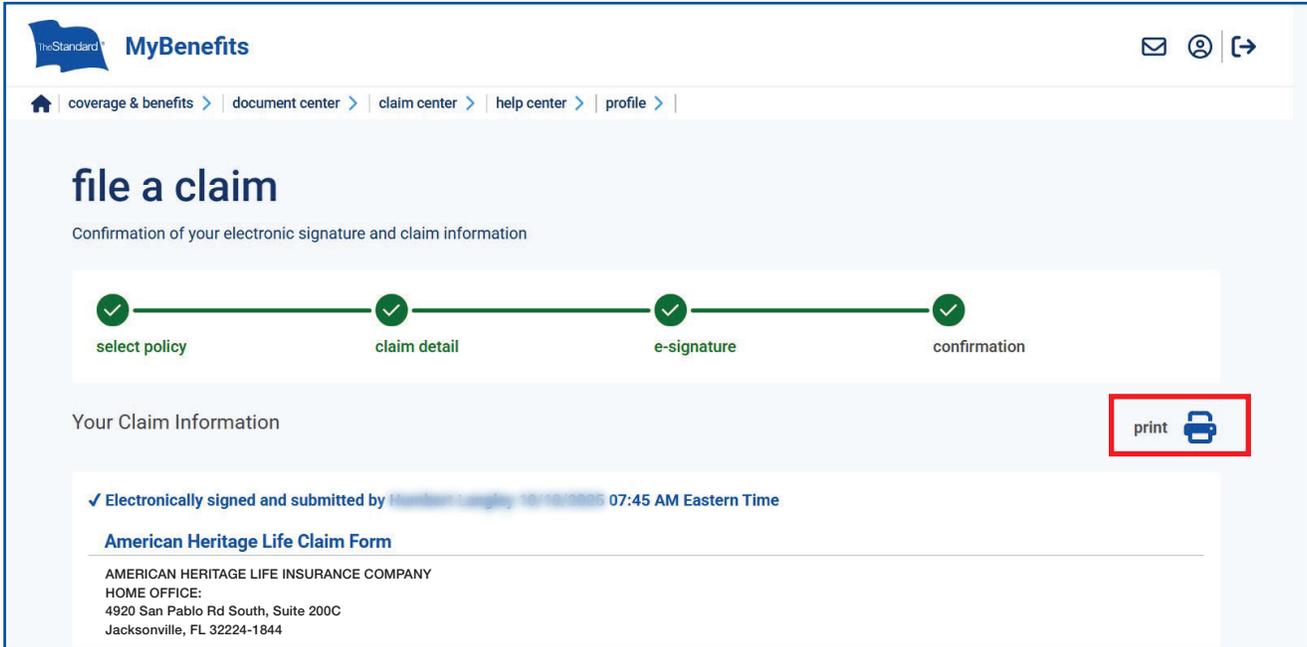
AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
4920 San Pablo Rd South, Suite 200C
Jacksonville, FL 32224-1844

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

back apply e-signature

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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.*

