



Allstate

Benefits

American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, Florida 32224
1-800-521-3535

Payroll Administrator Information Form

Payroll Administrator

1. Name: PIOPAC Fidelity
2. Contact Person: Tennyson Lum Jr
3. Address: 1132 Bishop St Ste # 2101
Honolulu, HI 96813
4. Telephone: (808) 792.5212 5. Fax: (808) 792.5252
6. Email: tlumjr@piopac.com

7. Description of Services Provided: (collecting premiums, reconciling billings, etc):
Collect premiums, reconcile billings, remitting to carrier(s) with product level billing details
- _____
- _____

Accounts

8. Name(s): _____
- _____
9. Allstate Benefits Products Being Administered:

- _____

Certification

I certify that the information provided on this form and any attached information is true, correct and complete. I will inform Allstate Benefits in writing immediately of any changes to the information.

Signature

Date

Name

Title



Payroll Administrator Authorization Form

American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, Florida 32224
1-800-521-3535

As a participant in the Allstate Benefits Voluntary Insurance Program, we ("Account") authorize the Payroll Administrator listed below ("Administrator") to assist in the collection and remittance of premium payroll deductions, as part of our participation in the Allstate Benefits voluntary insurance program.

Accordingly, we request that Allstate Benefits work directly with Administrator for the purposes of administering our participants' deductions and payments for Allstate Benefits insurance premiums, to include premium invoice and payment reconciliation. To carry out these duties, we grant Administrator authority to:

- Accept and account for monies from us for insurance premiums;
- Receive premium invoices from, and forward all premiums due to, Allstate Benefits;
- Reconcile differences between premium invoices and payments;
- Receive from Allstate Benefits premium refunds for return to us;
- Inform Allstate Benefits of changes to payors, deduction amounts, and coverages paid.

This authorization will remain in effect until written notice from us to Allstate Benefits.

Administrator Name: PIOPAC Fidelity

Account Name: _____

Account Number: _____

Account Contact Information

Contact Person's Name: _____

Telephone Number: _____

Account Address: _____

Account Signature:

I hereby certify that I am authorized to sign this form on behalf of the Account, and that the information provided on this form is true, correct and complete.

Signature

Date

Name

Title