



# Employer's Acceptance of Voluntary Insurance Program

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

This is to advise American Heritage Life Insurance Company (AHL) that we will process AHL's Voluntary Insurance Program for the benefit of our employees. For each employee who executes a payroll deduction request, we will withhold the amount authorized. We will forward this money either: (i) directly to AHL upon notice of the premium due from each employee, or (ii) to the credit union if named below.

We may, upon written notice to AHL and to our employees, discontinue our participation in AHL's Voluntary Insurance Program. In such event, the continued payment of premiums will be a matter directly between each employee and AHL.

We assume no responsibility for forwarding premiums from anyone other than current employees.

We understand that AHL does not disclose personal information about our employees to companies or organizations not affiliated with AHL that would use the information to market their own products and services. However, AHL may share with us personal information about our employees, and other persons, in order to carry out the purpose of AHL's Voluntary Insurance Program. Personal Information includes all personally identifiable health information and other information about a person that:

- a person provides to AHL to obtain insurance,
- results from an insurance transaction, or
- is otherwise obtained in connection with providing insurance.

We agree not to disclose or use this personal information except as necessary for our participation in AHL's Voluntary Insurance Program. We may be provided access to this information in electronic form and are responsible for limiting this access to those necessary for our participation.

Employer Name: \_\_\_\_\_

Address (Street & Number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Selected Insurance Plan(s): \_\_\_\_\_

Future Purchase Option Rider Selected:  Yes  No

Check here if payroll deductions will be sent to Credit Union.

Credit Union to which deductions will be forwarded: \_\_\_\_\_

Agent of Record: \_\_\_\_\_ Agent # \_\_\_\_\_

Accepted by Employer:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_