



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY ("AHL")

Attn: Policyholder Services

1776 American Heritage Life Drive Jacksonville, FL 32224

Telephone: (800) 521-3535

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Individual's Name, Home Address, Home Telephone, Date of Birth, Policy Number(s), MY HEALTH INFORMATION, AUTHORIZED DISCLOSURE, TERM

- I authorize disclosure in the manner described above, and understand that: AHL will not condition my enrollment or eligibility for insurance benefits on my provision of this Authorization. AHL does not guarantee that Recipient will not redisclose my health information to a third party. I may revoke this Authorization in writing at any time. This Authorization will remain in effect until the Term of the Authorization expires or I provide a written notice of revocation to AHL at the address listed above.

Signature of Individual

Date

Signature of Witness