

how to file a claim

MyBenefits



Follow the steps below to file a claim on the [MyBenefits](https://mybenefits.allstate.com/#/login) website:

1. Log into the [MyBenefits](https://mybenefits.allstate.com/#/login) website at <https://mybenefits.allstate.com/#/login>.

This is a screenshot of the Allstate MyBenefits login page. The page has a dark blue background. On the left, there is a white box with the Allstate logo and the text "welcome to MyBenefits". Below this, it says "Anytime access to coverage and claim information" and lists several options: "File Claims", "Check Claim Status", "View Coverage and Benefit Information", and "Update Your Profile and More". On the right, there is a dark blue login form. It has two input fields: "User ID" with the placeholder text "Enter User Id" and "Password" with the placeholder text "Enter Password". Below the password field, there is a note: "Passwords are case sensitive and must have a minimum of 6 characters that are combination of lowercase, UPPERCASE, number, and special character. For example - 'aLLSTATE2!'" and a checkbox labeled "Remember my User ID" with a link "What's this?". At the bottom right of the form is a "log in" button.

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

This is a screenshot of the Allstate MyBenefits website's navigation menu. The menu is located at the top of the page and includes the Allstate logo, "Coverage & Benefits", "Document Center", "Claim Center", "Help Center", and "Profile". The "Claim Center" tab is currently selected and highlighted with a blue underline. Below the navigation menu, there is a "Your Claims" section with a "File a Claim" button highlighted with a red border. At the bottom left, there is a notification bar that says "Hello! Welcome to My Ben" with an information icon and a close button.

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

select policy claim detail e-signature confirmation

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

Address home update **Check** update

Select your policy
For claims tips and instructions, please visit the How to file a claim page at AllstateBenefits.com

Wellness
For covered exams.
#8083382732 - Cancer

Accident
For covered accidents.
#8083381834 - Accident

"office visit" claims on the accident plan (any doctor, any reason) use the "outpatient physician's treatment (OPT) tab

"wellness" visits on the cancer plan, use the "wellness" tab

Accident and Cancer claims, use the appropriate tab for those claims.

4. Enter your Claim Details, including whether this is a new or ongoing claim.

file a claim
Provide information about your claim

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

Enter Claim Details

Select the claimant and the details of your claim.

Claimant Name
Other

Person that the claim applies to

Claimant Information

First Name: Polly Middle Name: C Last Name: Holder
Birth Date: [calendar icon] Gender: Female Relationship to Insured: Other

Claim Details

Is this a New or Ongoing claim? If you are filing a new Disability, Cancer or Critical Illness claim, download the Physician's statement from the Forms Library and upload to your claim.

New Ongoing

What are the Diagnoses or Conditions for this claim (list all)?
None at this time

When did symptoms of this condition first occur?
March 9, 2020

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.

Secure File Upload 🔒

Upload or Drop your file here. All document must be in either .TIFF, .JPG or .PDF format. File can be up to 30MB and you may upload upto 5 files at a time.

Patient Record_Polly C. Holder.pdf x

upload

Uploaded Files

-- No Uploaded Files --

back continue cancel

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

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.

Secure File Upload 🔒

Upload or Drop your file here. All document must be in either .TIFF, .JPG or .PDF format. File can be up to 30MB and you may upload upto 5 files at a time.

upload

Uploaded Files

Patient Record_Polly C. Holder.pdf delete

clear all

back continue cancel

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

SUPPORTING DOCUMENTATION

Document Name
Patient Record_Polly C. Holder.pdf

CERTIFICATION

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

AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687

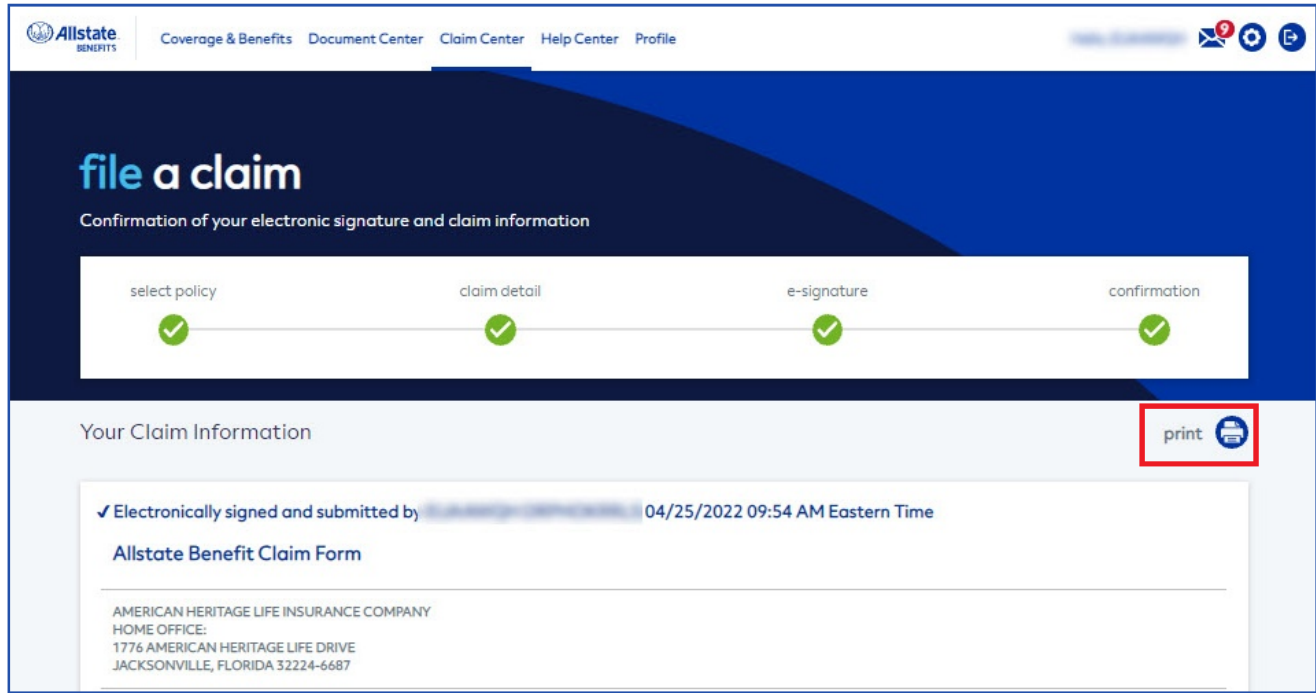
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

back apply e-signature

MyBenefits

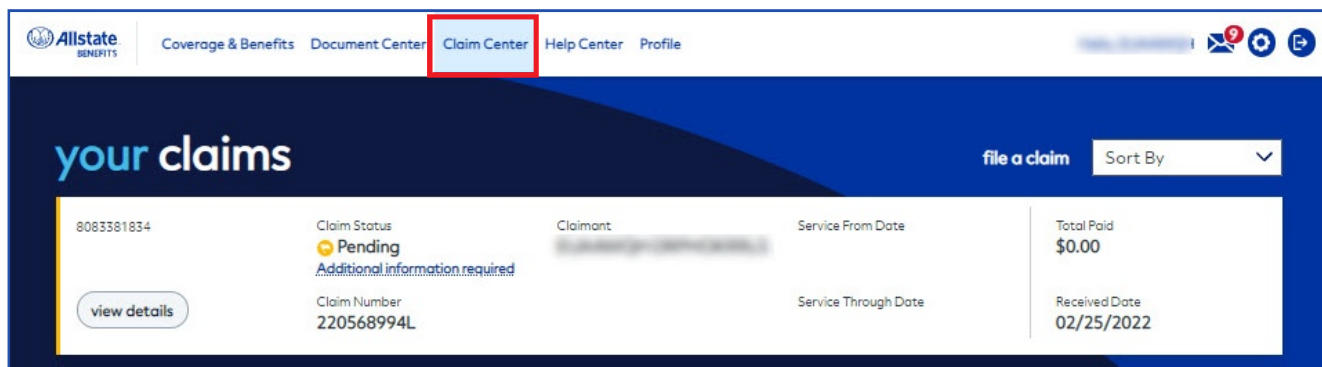
How to File a Claim

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.



Rev. 5/22. This material is valid as long as information remains current, but in no event later than May 1, 2025. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. www.allstate.com or www.allstatebenefits.com