

5.

Express Wellness Claim | Step 2 of 3 - Payment Method

Claim for Coverage Number B0W0000000

How would you like to receive your benefit payment?
 Direct Deposit Check

Please enter your checking account information below.
 If you need to return to the previous page at any time click the Previous button on the bottom left of your screen.

Routing Number: [input] \$
 Account Number: [input]

Bank Routing Number: [input] Bank Account Number: [input] Check Number (Do not use): [input]

Verify Account Number: [input]

Bank Routing Number: [input] Account Number: [input]

Bank Name: [input]

I acknowledge that my preference of payment on this claim is Direct Deposit (Electronic Funds Transfer). Although Direct Deposit is my preferred method of payment there may be circumstances which require a paper check to be mailed to me. I understand when I do business with Allstate Benefits and/or its affiliates, parent and subsidiary ("All"), the electronic documents, disclosures and electronic signatures may be created by All. I have a right to request and receive a printed copy of any electronic document I sign. I acknowledge that I have the systems capability to properly view and print electronic documents and consent to the use of such electronic documents, disclosures and electronic signatures when conducting any business with All. I further acknowledge that I may revoke the consent to contacting All and that All would have a reasonable time period to honor my request.

PREVIOUS Save For Later CANCEL **SUBMIT CLAIM**

Enter in routing number and bank account number

Reenter bank account number and verify bank

Checkbox to give permission for AB to deposit funds

Click Submit Claim

Express Claim Submission | Step 3 of 3 - Confirmation

Your request has been submitted for processing.
Your Claim Number is 112090995

Your Information:	Claim Details:	Payment Method:
Email Address: jondoe@somewcorp.com	Patient Name: FRID FLINTSTONE	Payment Selected: Direct Deposit
Phone Number: (304) 999-9999	Date of Service: 7/1/2011	Bank Routing Number: ****2934
Coverage Number: B0W0000000	Procedure/Service: Chest X-Ray	Bank Account Number: ****1111
	Charges: \$123.00	Bank Name: COMMUNITY FIRST
	Provider Name: Smith	
	Provider Address: 1100 Anywhere Lane Some City, FL 29999	
	Provider Phone: (999) 999-9999	

6.

Confirmation page is printer friendly and provides claim number



Allstate®

Benefits

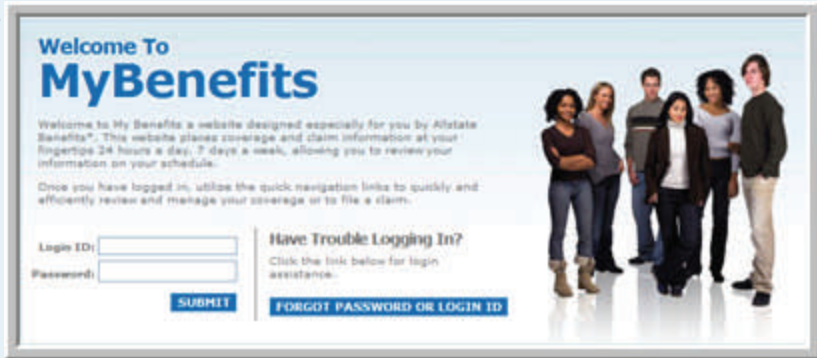
Express Wellness Claims Process



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1.



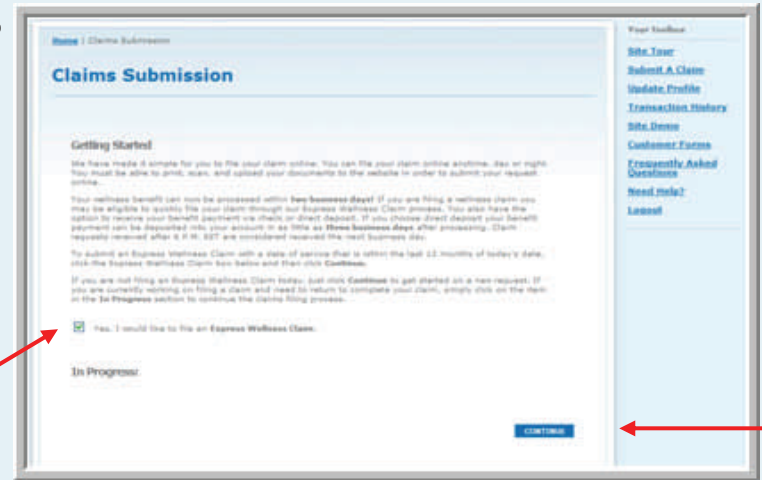
MyBenefits Login Screen
 www.allstateatwork.com/mybenefits

2.



MyBenefits Home Screen,
 click "Submit A Claim"

3.



If Policyholder does not have a policy with a wellness benefit, Express Wellness would not be mentioned. Check box and click continue.

4.

Choose Policy

Enter in date of procedure, type of procedure and cost

Enter in physician or medical facility

