



5.

Enter in routing number and bank account number

Reenter bank account number and verify bank

Checkbox to give permission for AB to deposit funds

**Express Wellness Claim | Step 2 of 3 - Payment Method**

Claim for Coverage Number 80W000000  
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.

**ACH Deposit Slip**

ROUTING NUMBER: ACH R/T 123456789  
Bank Routing Number: Account Number: \$  
Bank Name:   
Check Number (Do not use)

Existing number is found on the left of the bottom of your check.  
Account number is found at the bottom of your check after the bank name.  
You do not need to enter the check number.

Verify Account Number:   
Bank Routing Number:  Account Number:   
Bank Name:

I acknowledge that my preference of payment on this claim is Direct Deposit (Electronic Funds Transfer). Although Direct Deposit is the preferred method of payment, Allstate Benefits reserves the right to pay by check or wire transfer if necessary. I understand when I do business with Allstate Benefits and/or its affiliated parent and/or subsidiary companies (AB), the electronic documents, signatures and electronic signatures may be utilized by AB. I have a right to request and receive a printed copy of any electronic documents, signatures and electronic signatures. I also have a right to request and receive a printed copy of any documents related to the use of such electronic documents, signatures and electronic signatures when conducting business related to the claim with AB. I acknowledge that I may revoke the consent by contacting AB and that AB would have a reasonable time period to honor my request.

PREVIOUS   SAVE FOR LATER   CANCEL   SUBMIT CLAIM

6.

Confirmation page is printer friendly and provides claim number

**Express Claim Submission | Step 3 of 3 - Confirmation**

Your request has been submitted for processing.  
Your Claim Number is 112090995  
Submitted: 7/28/2011 4:30:30 PM EST  
Requests submitted after 6 P.M. EST are considered the next business day.

<b>Your Information:</b> Email Address: <a href="mailto:srdeve@cmrcorp.com">srdeve@cmrcorp.com</a> Phone Number: (904) 999-9999 Coverage Number: 80W000000	<b>Claim Details:</b> Patient Name: FRED FLINTSTONE Date of Service: 7/1/2011 Procedure/Service: Chest X-Ray Charges: \$125.00 Provider Name: Smith Provider Address: 1100 Anywhere Lane Some City, FL 39999 Provider Phone: (999) 999-9999	<b>Payment Method:</b> Payment Selected: Direct Deposit Bank Routing Number: ****9824 Bank Account Number: ****1111 Bank Name: COMMUNITY FIRST
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Your benefit payment will be deposited to the bank account above.  
Thank you for the opportunity to serve you.

HOME   SUBMIT ANOTHER CLAIM

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**Allstate®**  
Benefits

## Express Wellness Claims Process



1.



Welcome To MyBenefits

Welcome to My Benefits, a website designed especially for you by Allstate Benefits\*. This website places coverage and claim information at your fingertips 24 hours a day, 7 days a week, allowing you to review your information on your schedule.

Once you have logged in, utilize the quick navigation links to quickly and efficiently review and manage your coverage or to file a claim.

Login ID:  Password:  SUBMIT  
Have Trouble Logging In? Click the link below for login assistance.  
FORGOT PASSWORD OR LOGIN ID

A group of people standing together.

MyBenefits Login Screen  
www.allstateatwork.com/mybenefits

2.



Welcome To MyBenefits

Welcome to My Benefits, a website designed especially for you by Allstate Benefits. This website places coverage and claim information at your fingertips 24 hours a day, 7 days a week, allowing you to review your information on your schedule.

With a name you can trust and protection designed to meet your needs, Allstate Benefits offers coverage to help protect your family from life's uncertainties. We employ a team of dedicated professionals who are not only your agents, but are also your fellow employees. That is why we are committed to providing the guidance and services you need to protect your family.

Allstate Benefits (AB) is taking one more step toward becoming a paperless company, and you can benefit by reviewing your benefit statements faster. Benefit statements can now be filed electronically and processed faster, saving you more time. Go to the main menu and click the "File a Claim" link, then click "Electronic Claims Filing".

**Customer Notifications**

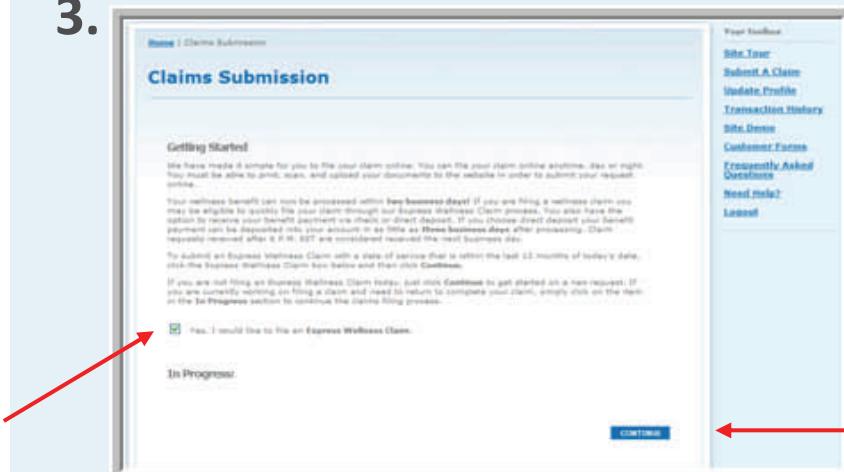
Most Recent Claims Received  
Update Test Profile

Your Toolkit

- [Submit A Claim](#)
- [Update Profile](#)
- [Transaction History](#)
- [Site Demo](#)
- [Customer Forms](#)
- [Frequently Asked Questions](#)
- [Need Help?](#)
- [Logout](#)

MyBenefits Home Screen,  
click "Submit A Claim"

3.



Home | Claims Submission

**Claims Submission**

Getting Started

We have made it simple for you to file your claim online. You can file your claim anytime, day or night. You must be able to print, scan, and upload your documents to the website in order to submit your request online.

Your insurance benefit can now be processed within two-business days! If you are filing a nonloss claim (no medical expense), you may choose to receive payment via direct deposit or check. If you choose direct deposit, your benefit payment will be deposited into your account in as little as three business days after processing. Claims requiring medical review may take up to five business days.

To submit an Express Wellness Claim with a date of service that is earlier than 12 months of today's date, click the Express Wellness Claim link, but note: Continue to get started as a new request. If you are currently working on filing a claim and need to return to complete your claim, simply click on the link in the In Progress section to continue the claims filing process.

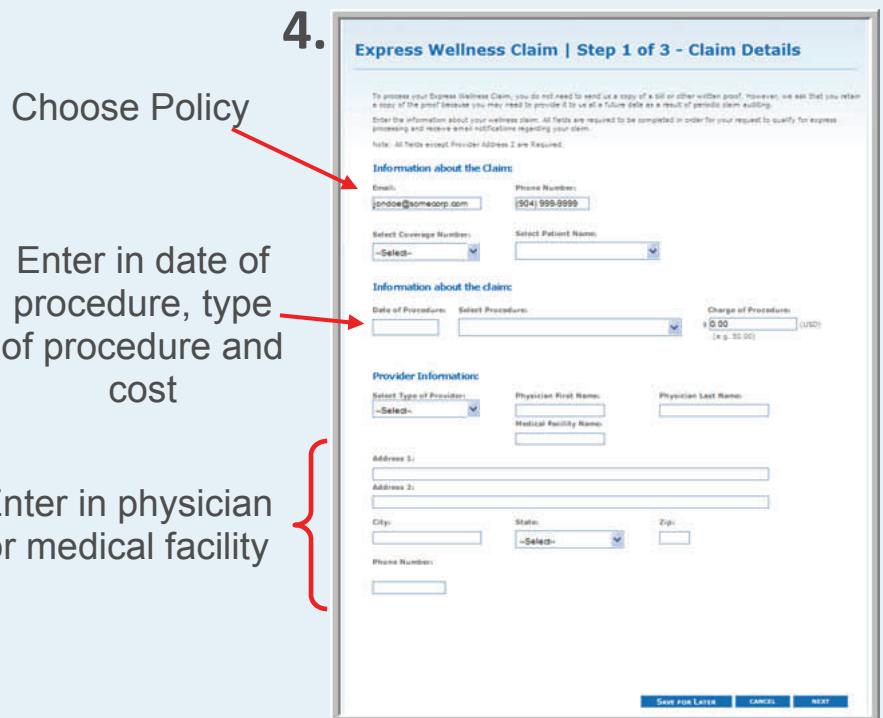
Yes, I would like to file an Express Wellness Claim.

In Progress:

CONTINUE

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

4.



Express Wellness Claim | Step 1 of 3 - Claim Details

To process your Express Wellness Claim, you do not need to send us a copy of a bill or other written proof; however, we ask that you retain a copy of the proof because you may need to provide it to us at a future date as a result of periodic claim auditing.

Please enter all information about your claim. All fields are required to be completed in order for your request to qualify for express processing and receive timely notifications regarding your claim.

All fields except Provider Address 2 are Required.

**Information about the Claim:**

Email:	Phone Number:
<input type="text" value="jdoe@somecorp.com"/>	(504) 999-9999
Select Coverage Number:	Select Patient Name:
<input type="button" value="=Select="/>	<input type="text"/>

**Information about the claim:**

Date of Procedure:	Select Procedure:	Charge of Procedure:
<input type="text"/>	<input type="button" value="=Select="/>	\$0.00 (USD) (e.g. \$0.00)

**Provider Information:**

Select Type of Provider:	Physician First Name:	Physician Last Name:
<input type="button" value="=Select="/>	<input type="text"/>	<input type="text"/>
Address 1:	Address 2:	
<input type="text"/>	<input type="text"/>	
City:	State:	Zip:
<input type="text"/>	<input type="button" value="=Select="/>	<input type="text"/>
Phone Number:		
<input type="text"/>		

Save for Later   CANCEL   NEXT

Choose Policy

Enter in date of procedure, type of procedure and cost

Enter in physician or medical facility