

HEARTLAND NATIONAL



Life Insurance Company

P.O. Box 11903
Winston-Salem, NC 27116

Date: _____

Re: _____

Dear: _____

In order for us to assign benefits we must have the authorization below signed and dated.

I hereby authorize Heartland National Life Insurance Company to forward all benefits directly to each individual provider.

Signed: _____ Date: _____

Please forward to the attention of: _____