

# HEARTLAND NATIONAL

P.O. Box 2878, Salt Lake City  
Utah 84110-2878



Life Insurance Company

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: \_\_\_\_\_