

# Why should you consider purchasing life insurance protection at your workplace?

Employees find significant value in obtaining non-medical products in their workplace.

*(Source: Shopping on the Job: Life and Disability Insurance Sales at the Workplace, LIMRA Research Briefings, March, 2012.)*

Nearly 1 in 5 Americans go through their workplace to purchase life insurance. For employees that have the option, 75% ultimately decide to purchase life insurance.

*(Source: To Shop or Not To Shop for Life Insurance. Turning Shoppers Into Buyers, LIMRA, 2011.)*

50% of U.S. households have unmet life insurance needs: 58 million say they do not have enough life insurance.

*(Source: Household Trends in the U.S. Life Insurance Ownership, LIMRA, 2010.)*

While employees have many possible resources for benefit information, they rely most on the information created by their employer.

**Many of us lead busy lives and seldom take time to think about life's risks. Consider the following reasons many people purchase group TERM life insurance:**

- Replacing income
  - Paying off mortgage
  - Providing funds for college education
  - Paying for medical / burial / final expenses
- Preparing for life events, such as:
  - Marriage
  - Growing family
  - Home Purchase
- Transferring wealth to family
- Making a charitable gift
- Supporting aging parents

**Advantages of shopping at work include:**

- Affordable group rates
- Convenient payroll deduction
- Guaranteed issue for timely applicant
- Easy access

**AUL's Group Voluntary Term Life and AD&D Insurance Terms and Definitions**

**Eligible Employees:** This benefit is available for employees who are actively at work on the effective date and working a minimum of 37.5 hours per week.

**Flexible Choices:** Since everyone's needs are different, this plan offers flexibility for you to choose a benefit amount that fits your needs and budget.

**Guaranteed Issue Amounts:** This is the most coverage you can purchase without having to answer any health questions. If you decline insurance coverage now and decide to enroll later, you will need to provide Evidence of Insurability.

Employee Guaranteed Issue Amount:	\$500,000
Spouse Guaranteed Issue Amount:	\$50,000
Child Guaranteed Issue Amount:	\$10,000

**Timely Enrollment:** Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.

**Evidence of Insurability:** If you elect a benefit amount over the Guaranteed Issue Amount shown above for you or your eligible dependents, or you do not enroll timely, you will need to submit a Statement of Insurability form for review. Based on health history, you and / or your dependents will be approved or declined for insurance coverage by AUL.

**Guaranteed Increase in Benefit:** If eligible, this benefit allows you to increase your coverage every year as your life insurance needs change. You may be able to increase your benefit amount by \$10,000 every year until you reach your maximum amount, without providing Evidence of Insurability.

**Continuation of Coverage Options:**

**Portability** Should your coverage terminate for any reason, you may be eligible to take this term life insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible. The Portability option is available until you reach age 70.

OR

**Conversion** Should your life insurance coverage, or a portion of it, cease for any reason, you may be eligible to convert your Group Term Coverage to Individual Coverage without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.

**Accelerated Life Benefit:** If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

**Waiver of Premium:** If approved, this benefit waives your and your dependents' insurance premium in case you become totally disabled and are unable to collect a paycheck.

**Reductions:** Upon reaching certain ages, your original benefit amount will reduce to a percentage as shown in the following schedule.

Age:	65	70	75	80
Reduces To:	65%	45%	30%	20%

**Life Event Benefit:** You may be able to add coverage or increase your benefit amount if you apply within 31 days from the date of a life event. Examples of a life event include marriage, the birth of a child, or adoption.

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***Reductions***

**Reductions:** Upon reaching certain ages, your **original benefit** amount will reduce to a percentage as shown in the following schedule. The reduced amount will round to the next \$1,000.

Age:	<b>65</b>	<b>70</b>	<b>75</b>	<b>80</b>
Reduces To:	65%	45%	30%	20%

For example:

An individual who is 66 years old and elects \$100,000 in coverage would have the coverage reduced to 65% of the original amount. After the reduction the individual would be covered for \$65,000.

**Monthly Rates per \$1,000 of Coverage**

<b>LIFE</b>	<b>65 - 69</b>	<b>70+</b>	<b>AD&amp;D</b>
	\$1.935	\$3.816	\$0.02

To Calculate your **Monthly** Cost:

1. Divide the Coverage Amount after reductions by \$1,000
2. Multiply the answer in step 1 by the Monthly rate

Example: \$100,000 elected reduces to 65,000 coverage amount  
 $\$65,000 / \$1,000 = \$65$   
 $\$65 \times 1.935 = \$125.78$

To Calculate your **Bi-Weekly** Cost:

1. Divide the Coverage Amount by \$1,000
2. Multiply the answer in step 1 by the Monthly rate
3. Multiply the answer in step 2 by 12
4. Divide the answer in step 3 by 26

Example: \$100,000 elected reduces to 65,000 coverage amount  
 $\$65,000 / \$1,000 = \$65$   
 $\$65 \times 1.935 = \$125.78$   
 $\$125.78 \times 12 = \$1,509.36$   
 $\$1,509.36 / 26 = \$58.05$

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**Voluntary Term Life including non-matching AD&D Coverage**  
**Bi-Weekly Employee Payroll Deduction Illustration**

About your benefit options:

- You may select a minimum Employee benefit of \$10,000 Voluntary Term Life, up to a maximum amount of \$500,000, in increments of \$1,000.
- A Voluntary Term Life minimum Employee benefit of \$10,000 must be elected in order to elect any level of AD&D coverage.
- Any amount not requested timely will require Evidence of Insurability.
- Voluntary Term Life and AD&D coverage elections are not required to match.
- You must elect Employee coverage to select any Dependent Spouse or Dependent Child coverage.
- Rates per employee will change annually on the anniversary when each Employee attains a new age bracket.
- These premiums are estimates only and should not be used for payroll deduction purposes.
- Employee premiums are based on Employee age as of 01/01/2014.
- Dependent Spouse means your legal spouse under age 70.

LIFE	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+	AD&D
\$10,000	\$0.25	\$0.25	\$0.37	\$0.66	\$1.00	\$1.79	\$3.03	\$5.32	\$8.93	\$17.61	\$0.09
\$20,000	\$0.50	\$0.50	\$0.75	\$1.33	\$1.99	\$3.57	\$6.06	\$10.63	\$17.86	\$35.22	\$0.18
\$30,000	\$0.75	\$0.75	\$1.12	\$1.99	\$2.99	\$5.36	\$9.10	\$15.95	\$26.79	\$52.84	\$0.28
\$40,000	\$1.00	\$1.00	\$1.50	\$2.66	\$3.99	\$7.14	\$12.13	\$21.27	\$35.72	\$70.45	\$0.37
\$50,000	\$1.25	\$1.25	\$1.87	\$3.32	\$4.98	\$8.93	\$15.16	\$26.58	\$44.65	\$88.06	\$0.46
\$60,000	\$1.50	\$1.50	\$2.24	\$3.99	\$5.98	\$10.72	\$18.19	\$31.90	\$53.58	\$105.67	\$0.55
\$70,000	\$1.74	\$1.74	\$2.62	\$4.65	\$6.98	\$12.50	\$21.23	\$37.22	\$62.52	\$123.29	\$0.65
\$80,000	\$1.99	\$1.99	\$2.99	\$5.32	\$7.98	\$14.29	\$24.26	\$42.54	\$71.45	\$140.90	\$0.74
\$90,000	\$2.24	\$2.24	\$3.36	\$5.98	\$8.97	\$16.08	\$27.29	\$47.85	\$80.38	\$158.51	\$0.83
\$100,000	\$2.49	\$2.49	\$3.74	\$6.65	\$9.97	\$17.86	\$30.32	\$53.17	\$89.31	\$176.12	\$0.92
\$150,000	\$3.74	\$3.74	\$5.61	\$9.97	\$14.95	\$26.79	\$45.48	\$79.75	\$133.96	\$264.18	\$1.38
\$200,000	\$4.98	\$4.98	\$7.48	\$13.29	\$19.94	\$35.72	\$60.65	\$106.34	\$178.62	\$352.25	\$1.85
\$300,000	\$7.48	\$7.48	\$11.21	\$19.94	\$29.91	\$53.59	\$90.97	\$159.51	\$267.92	\$528.37	\$2.77
\$400,000	\$9.97	\$9.97	\$14.95	\$26.58	\$39.88	\$71.45	\$121.29	\$212.68	\$357.23	\$704.49	\$3.69
\$500,000	\$12.46	\$12.46	\$18.69	\$33.23	\$49.85	\$89.31	\$151.62	\$265.85	\$446.54	\$880.62	\$4.62

**Monthly Rates per \$1,000 of Coverage**

LIFE	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+	AD&D
	\$0.054	\$0.054	\$0.81	\$0.144	\$0.216	\$0.387	\$0.657	\$1.152	\$1.935	\$3.816	\$0.02

To Calculate your Bi-Weekly Cost:

1. Divide the Coverage Amount by \$1,000
2. Multiply the answer in step 1 by the Monthly rate
3. Multiply the answer in step 2 by 12
4. Divide the answer in step 3 by 26

Example: \$125,000 coverage amount, age 40

$$\begin{aligned}
 & \$125,000 / \$1,000 = \$125 \\
 & \$125 \times 0.144 = \$18 \\
 & \$18 \times 12 = \$216 \\
 & \$216 / 26 = \$8.31
 \end{aligned}$$

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**Voluntary Term Life including non-matching AD&D Coverage**  
**Bi-Weekly Dependent Payroll Deduction Illustration**

About your benefit options:

- A Spouse can elect a minimum of \$10,000 up to the maximum amount of \$250,000, in increments of \$1,000, not to exceed 100% of the Employee benefit elected.
- A Voluntary Term Life minimum Spouse benefit of \$10,000 must be elected in order to elect any level of Spouse AD&D coverage. A Voluntary Term Life minimum Child benefit of \$2,000 must be elected in order to elect any level of Child AD&D coverage.
- Amounts requested above \$50,000 for a Dependent Spouse or any amount not requested timely will require Evidence of Insurability.
- Voluntary Term Life and AD&D coverage elections are not required to match.
- You must elect employee coverage to select any Dependent Spouse or Dependent Child coverage.
- Rates per Spouse will change annually on the anniversary when each Spouse attains a new age bracket.
- These premiums are estimates only and should not be used for payroll deduction purposes.
- Spouse premiums are based on Spouse’s age as of 01/01/2014.
- Dependent Spouse means your legal spouse under age 70.

**Spouse Coverage**

LIFE	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	AD&D
\$10,000	\$0.25	\$0.25	\$0.37	\$0.66	\$1.00	\$1.79	\$3.03	\$5.32	\$8.93	\$0.09
\$15,000	\$0.37	\$0.37	\$0.56	\$1.00	\$1.50	\$2.68	\$4.55	\$7.98	\$13.40	\$0.14
\$20,000	\$0.50	\$0.50	\$0.75	\$1.33	\$1.99	\$3.57	\$6.06	\$10.63	\$17.86	\$0.18
\$30,000	\$0.75	\$0.75	\$1.12	\$1.99	\$2.99	\$5.36	\$9.10	\$15.95	\$26.79	\$0.28
\$40,000	\$1.00	\$1.00	\$1.50	\$2.66	\$3.99	\$7.14	\$12.13	\$21.27	\$35.72	\$0.37
\$50,000	\$1.25	\$1.25	\$1.87	\$3.32	\$4.98	\$8.93	\$15.16	\$26.58	\$44.65	\$0.46
\$60,000	\$1.50	\$1.50	\$2.24	\$3.99	\$5.98	\$10.72	\$18.19	\$31.90	\$53.58	\$0.55
\$70,000	\$1.74	\$1.74	\$2.62	\$4.65	\$6.98	\$12.50	\$21.23	\$37.22	\$62.52	\$0.65
\$80,000	\$1.99	\$1.99	\$2.99	\$5.32	\$7.98	\$14.29	\$24.26	\$42.54	\$71.45	\$0.74
\$90,000	\$2.24	\$2.24	\$3.36	\$5.98	\$8.97	\$16.08	\$27.29	\$47.85	\$80.38	\$0.83
\$100,000	\$2.49	\$2.49	\$3.74	\$6.65	\$9.97	\$17.86	\$30.32	\$53.17	\$89.31	\$0.92
\$150,000	\$3.74	\$3.74	\$5.61	\$9.97	\$14.95	\$26.79	\$45.48	\$79.75	\$133.96	\$1.38
\$200,000	\$4.98	\$4.98	\$7.48	\$13.29	\$19.94	\$35.72	\$60.65	\$106.34	\$178.62	\$1.85
\$250,000	\$6.23	\$6.23	\$9.35	\$16.62	\$24.92	\$44.66	\$75.81	\$132.92	\$223.27	\$2.31

Child(ren) Coverage:	Option 1	Option 2	Option 3	Option 4	Option 5
Child(ren) – 6 months to under 26 years	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
Child(ren) – live birth to under 6 months	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Child(ren) Life Bi-Weekly Premium Per Unit	\$0.15	\$0.30	\$0.44	\$0.59	\$0.74
Child(ren) AD&D Bi-Weekly Premium Per Unit	\$0.04	\$0.07	\$0.11	\$0.15	\$0.18

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**Voluntary Term Life including non-matching AD&D Coverage**  
**Monthly Employee Payroll Deduction Illustration**

About your benefit options:

- You may select a minimum Employee benefit of \$10,000 Voluntary Term Life, up to a maximum amount of \$500,000, in increments of \$1,000.
  - A Voluntary Term Life minimum Employee benefit of \$10,000 must be elected in order to elect any level of AD&D coverage.
  - Any amount not requested timely will require Evidence of Insurability.
  - Voluntary Term Life and AD&D coverage elections are not required to match.
  - You must elect Employee coverage to select any Dependent Spouse or Dependent Child coverage.
  - Rates per Employee will change annually on the anniversary when each Employee attains a new age bracket.
  - These premiums are estimates only and should not be used for payroll deduction purposes.
  - Employee premiums are based on Employee age as of 01/01/2014.
  - Dependent Spouse means your legal spouse under age 70.
- If you are paid 9 or 10 times per year, multiply the monthly premium times 12 and divide by 9 or 10 to calculate the correct deduction amount.**

LIFE	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+	AD&D
\$10,000	\$0.54	\$0.54	\$0.81	\$1.44	\$2.16	\$3.87	\$6.57	\$11.52	\$19.35	\$38.16	\$0.20
\$20,000	\$1.08	\$1.08	\$1.62	\$2.88	\$4.32	\$7.74	\$13.14	\$23.04	\$38.70	\$76.32	\$0.40
\$30,000	\$1.62	\$1.62	\$2.43	\$4.32	\$6.48	\$11.61	\$19.71	\$34.56	\$58.05	\$114.48	\$0.60
\$40,000	\$2.16	\$2.16	\$3.24	\$5.76	\$8.64	\$15.48	\$26.28	\$46.08	\$77.40	\$152.64	\$0.80
\$50,000	\$2.70	\$2.70	\$4.05	\$7.20	\$10.80	\$19.35	\$32.85	\$57.60	\$96.75	\$190.80	\$1.00
\$60,000	\$3.24	\$3.24	\$4.86	\$8.64	\$12.96	\$23.22	\$39.42	\$69.12	\$116.10	\$228.96	\$1.20
\$70,000	\$3.78	\$3.78	\$5.67	\$10.08	\$15.12	\$27.09	\$45.99	\$80.64	\$135.45	\$267.12	\$1.40
\$80,000	\$4.32	\$4.32	\$6.48	\$11.52	\$17.28	\$30.96	\$52.56	\$92.16	\$154.80	\$305.28	\$1.60
\$90,000	\$4.86	\$4.86	\$7.29	\$12.96	\$19.44	\$34.83	\$59.13	\$103.68	\$174.15	\$343.44	\$1.80
\$100,000	\$5.40	\$5.40	\$8.10	\$14.40	\$21.60	\$38.70	\$65.70	\$115.20	\$193.50	\$381.60	\$2.00
\$150,000	\$8.10	\$8.10	\$12.15	\$21.60	\$32.40	\$58.05	\$98.55	\$172.80	\$290.25	\$572.40	\$3.00
\$200,000	\$10.80	\$10.80	\$16.20	\$28.80	\$43.20	\$77.40	\$131.40	\$230.40	\$387.00	\$763.20	\$4.00
\$300,000	\$16.20	\$16.20	\$24.30	\$43.20	\$64.80	\$116.10	\$197.10	\$345.60	\$580.50	\$1,144.80	\$6.00
\$400,000	\$21.60	\$21.60	\$32.40	\$57.60	\$86.40	\$154.80	\$262.80	\$460.80	\$774.00	\$1,526.40	\$8.00
\$500,000	\$27.00	\$27.00	\$40.50	\$72.00	\$108.00	\$193.50	\$328.50	\$576.00	\$967.50	\$1,908.00	\$10.00

**Monthly Rates per \$1,000 of Coverage**

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	\$0.054	\$0.054	\$0.081	\$0.144	\$0.216	\$0.387	\$0.657	\$1.152	\$1.935	\$3.816	\$0.02

To Calculate your Monthly Cost:

1. Divide the Coverage Amount by \$1,000
2. Multiply the answer in step 1 by the Monthly rate

Example: \$125,000 coverage amount, age 40

$$\begin{aligned} & \$125,000 / \$1,000 = \$125 \\ & \$125 \times 0.144 = \$18 \end{aligned}$$

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**Voluntary Term Life including non-matching AD&D Coverage**  
**Monthly Dependent Payroll Deduction Illustration**

About your benefit options:

- A Spouse can elect a minimum of \$10,000 up to the maximum amount of \$250,000, in increments of \$1,000, not to exceed 100% of the Employee benefit elected.
- A Voluntary Term Life minimum Spouse benefit of \$10,000 must be elected in order to elect any level of Spouse AD&D coverage. A Voluntary Term Life minimum Child benefit of \$2,000 must be elected in order to elect any level of Child AD&D coverage.
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- If you are paid 9 or 10 times per year, multiply the monthly premium times 12 and divide by 9 or 10 to calculate the correct deduction amount.

**Spouse Coverage**

LIFE	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	AD&D
\$10,000	\$0.54	\$0.54	\$0.81	\$1.44	\$2.16	\$3.87	\$6.57	\$11.52	\$19.35	\$0.20
\$15,000	\$0.81	\$0.81	\$1.22	\$2.16	\$3.24	\$5.81	\$9.86	\$17.28	\$29.03	\$0.30
\$20,000	\$1.08	\$1.08	\$1.62	\$2.88	\$4.32	\$7.74	\$13.14	\$23.04	\$38.70	\$0.40
\$30,000	\$1.62	\$1.62	\$2.43	\$4.32	\$6.48	\$11.61	\$19.71	\$34.56	\$58.05	\$0.60
\$40,000	\$2.16	\$2.16	\$3.24	\$5.76	\$8.64	\$15.48	\$26.28	\$46.08	\$77.40	\$0.80
\$50,000	\$2.70	\$2.70	\$4.05	\$7.20	\$10.80	\$19.35	\$32.85	\$57.60	\$96.75	\$1.00
\$60,000	\$3.24	\$3.24	\$4.86	\$8.64	\$12.96	\$23.22	\$39.42	\$69.12	\$116.10	\$1.20
\$70,000	\$3.78	\$3.78	\$5.67	\$10.08	\$15.12	\$27.09	\$45.99	\$80.64	\$135.45	\$1.40
\$80,000	\$4.32	\$4.32	\$6.48	\$11.52	\$17.28	\$30.96	\$52.56	\$92.16	\$154.80	\$1.60
\$90,000	\$4.86	\$4.86	\$7.29	\$12.96	\$19.44	\$34.83	\$59.13	\$103.68	\$174.15	\$1.80
\$100,000	\$5.40	\$5.40	\$8.10	\$14.40	\$21.60	\$38.70	\$65.70	\$115.20	\$193.50	\$2.00
\$150,000	\$8.10	\$8.10	\$12.15	\$21.60	\$32.40	\$58.05	\$98.55	\$172.80	\$290.25	\$3.00
\$200,000	\$10.80	\$10.80	\$16.20	\$28.80	\$43.20	\$77.40	\$131.40	\$230.40	\$387.00	\$4.00
\$250,000	\$13.50	\$13.50	\$20.25	\$36.00	\$54.00	\$96.75	\$164.25	\$288.00	\$483.75	\$5.00

Child(ren) Coverage:	Option 1	Option 2	Option 3	Option 4	Option 5
Child(ren) – 6 months to under 26 years	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
Child(ren) – live birth to under 6 months	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Child(ren) Life Monthly Premium Per Unit	\$0.32	\$0.64	\$0.96	\$1.28	\$1.60
Child(ren) AD&D Monthly Premium Per Unit	\$0.08	\$0.16	\$0.24	\$0.32	\$0.40

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## AUL's Group Voluntary AD&D Insurance Coverage for Eligible Employees

**Accidental Death and Dismemberment Benefits:** While insured under the Policy, if the Employee has an accident which results in a loss or condition shown below, if approved, AUL will pay the amount\* shown opposite the loss or condition if the loss or condition occurs within 365 days from the date of the accident and AUL receives acceptable proof of loss or condition.

<b>Loss:</b>	<b>Amount Payable*:</b>
Life:	AD&D Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	AD&D Principal Sum
Speech and Hearing	AD&D Principal Sum
One Hand and One Foot	AD&D Principal Sum
One Hand and Sight of One Eye	AD&D Principal Sum
One Foot and Sight of One Eye	AD&D Principal Sum
Sight of One Eye	1/2 of AD&D Principal Sum
One Hand or One Foot	1/2 of AD&D Principal Sum
Speech or Hearing	1/2 of AD&D Principal Sum
Thumb and Index Finger	1/4 of AD&D Principal Sum

<b>Conditions:</b>	<b>Amount Payable*:</b>
Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body	AD&D Principal Sum
Paraplegia or Loss of Use of Both Lower Limbs of the Body	1/2 of AD&D Principal Sum
Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body	1/2 of AD&D Principal Sum
Monoplegia or Loss of Use of One Limb of the Body	1/4 of AD&D Principal Sum
Severe Burns	AD&D Principal Sum

\*AUL will only pay a benefit for either paralysis or loss of a limb, but not a benefit for both. The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by the Employee. **In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of an Employee's AD&D Principal Sum.**

**Accidental Death and Dismemberment Exposure Benefit:** If an Employee is unavoidably exposed to heat or cold as a direct result of a covered accident, and as a direct result of the exposure, the Employee suffers a loss for which benefits would be payable under this Section, an AD&D benefit will be paid, if approved. Any loss associated with exposure to heat or cold must occur within 365 days of the accident.

**Accidental Death and Dismemberment Disappearance Benefit:** If an Employee is an occupant in a vessel, vehicle, or plane at the time of accidental destruction, sinking, or disappearance of the vessel, vehicle, or plane and the Employee's body cannot be found within one year of the date of the accidental destruction, sinking, or disappearance, the Employee will be presumed to have died. AUL will only presume Accidental Death if: 1) there is no evidence to the contrary; 2) there is a determination by the appropriate governmental authorities or court issuing a valid and legally binding determination that the Employee has died; 3) a certified copy of the governmental authority findings or court order is provided to AUL; and 4) benefits would have been paid assuming a death certificate could have been issued if the body was recovered.

### **Additional Accidental Death Benefits:**

**Accidental Death and Dismemberment Seat Belt Benefit:** If approved, AUL will pay an Additional Accidental Death Benefit if the Employee dies as a result of a non-occupational automobile accident while properly wearing a Seat Belt at the time of the accident. The Seat Belt Benefit is 10% of the Employee's AD&D Principal Sum or \$25,000, whichever is less.

**Accidental Death and Dismemberment Air Bag Benefit:** If approved, AUL will pay an Additional Accidental Death Benefit if the Employee dies as a result of a non-occupational Automobile accident while the Employee is properly wearing a Seat Belt at the time of the accident and the Air Bag deployed properly at the time of the accident. The Air Bag Benefit is 10% of the Employee's AD&D Principal Sum or \$5,000, whichever is less.

**Accidental Death and Dismemberment Repatriation Benefit:** If approved, AUL will pay an Additional Accidental Death Benefit if the Employee dies either greater than 200 miles away from his principal place of residence or is outside of the country at the time of Accidental Death. The Repatriation Benefit equals the lesser of: a) Reasonable Expenses for transportation of the Employee's body to a funeral home or mortuary near the Employee's principal place of residence; b) \$5,000; or c) 10% of the Employee's AD&D Principal Sum.

**Accidental Death and Dismemberment Child Higher Education Benefit:** If approved, AUL will pay an Additional Accidental Death Benefit for Education Expenses that are incurred and paid after the Employee's Accidental Death. The Child Higher Education Benefit payment will be no more than \$4,000 for each Eligible Student per Academic Year for Education Expenses. The cumulative benefit payments for all eligible students will not exceed the lesser of: a) \$20,000; or b) 10% of the Employee's AD&D Principal Sum.

**Accidental Death and Dismemberment Child Care Benefit:** If approved, AUL will pay an Additional Accidental Death Benefit for Child Care Expenses incurred and paid after the Employee's Accidental Death. The Child Care Benefit payment will be no more than \$4,000 for each Eligible Child per calendar year for Child Care expenses. The cumulative benefit payments for all Eligible Children will not exceed the lesser of: a) \$20,000, or b) 10% of the Employee's AD&D Principal Sum.

This invitation to inquire allows eligible employees an opportunity to inquire further about AUL's group insurance and is limited to a brief description of any losses for which benefits are payable. The contract has exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.



## **If you waive coverage now...**

- You will lose your **ONLY** chance to get coverage without answering any health questions.
- If you have **ANY MEDICAL PROBLEMS** now or in the future, you **MAY NOT BE ABLE** to get coverage later.
- If you decide later that you want this plan, you will have to **WAIT** until the next annual enrollment to apply.

# Group Enrollment Form

American United Life Insurance Company®  
 a ONEAMERICA® company  
 One American Square, P.O. Box 6123  
 Indianapolis, IN 46206-6123  
 Toll Free: 1-800-553-5318  
 Fax: 1-888-285-1565  
 www.employeebenefits.aul.com



Applicant's Full Legal Name:		Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired	
Applicant's Social Security Number:	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant's State of Residence:	Applicant's Residential Zip Code:	Employer: <b>Butler University</b>	
Applicant's Telephone Number: (normal business hours): ( ) -	Applicant's E-Mail Address:	Employed Full-Time: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are you authorized to work and reside in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**COVERAGE BEING APPLIED FOR:** Apply for or decline each desired coverage listed below. Not checking a box or boxes will be considered a declination of that coverage.

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Request                  | Decline                  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Voluntary Term Life \$ _____ and AD&D Benefit \$ _____ for Employee         |
| <input type="checkbox"/> | <input type="checkbox"/> | * Voluntary Term Life \$ _____ and AD&D Benefit \$ _____ for Spouse         |
| <input type="checkbox"/> | <input type="checkbox"/> | * Voluntary Term Life Option # _____ and AD&D Option # _____ for Child(ren) |

\*If spouse is included in dependent coverage: Name \_\_\_\_\_ Date of birth \_\_\_\_\_.

NOTE: Coverage is only offered and available to eligible Dependents who are authorized to reside in the United States.

**For AUL Term Life Coverages, identify your Beneficiary Designation to ensure proceeds can be paid according to your wishes.**

Name of Primary Beneficiary:	Relationship:	SSN/Date of Birth:
Name of Contingent Beneficiary:	Relationship:	SSN/Date of Birth:

If you live in a community property state you will need to obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states currently include: AZ, CA, ID, LA, NV, NM, TX, WA and WI.

- I hereby apply for the requested group life and/or disability insurance coverage for which I and my dependents, if any, are eligible and available under AUL's policy, I understand receipt of any coverage greater than the guaranteed issue amount or application for coverage after the approved enrollment period first requires medical underwriting and written approval by AUL.
- I authorize my employer to deduct from my wages the amount of premium required for the amount of coverage approved by AUL, including any premium increases due to age bracket or salary changes when applicable. Premium payments greater than the amount of premium owed will not result in additional coverage under AUL's policy.
- The undersigned represents any information or documents provided to AUL by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief. **The undersigned understands and agrees 1. any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct and 2. benefits under any group life or disability insurance policy will be paid only if AUL, or its third party administrator, DRMS, decides, in its discretion, the applicant is entitled to them. The undersigned have read, understand, and retained the notices, limitations, and exclusions for his/her records.**
- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>MUST BE COMPLETED BY THE EMPLOYER</b>	Group Policy#:	Class#:	Employer: <b>Butler University</b>	Occupation:	Employer's State: <b>IN</b>
	Salary: \$ Mode: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually F/T Requirement (hours, days, weeks, etc):				Date Hired Full-Time:

RG0 # 162

# Employee Assistance Program (EAP)

## What is an EAP?

An EAP is a confidential, worksite-based program designed to assist both employees and employers. An EAP provides assessment and referral — in person and over the phone — for personal matters. Each eligible employee<sup>1</sup>, along with each eligible employee's dependents, is entitled to three visits (or sessions) free-of-charge per calendar year. Also, telephone intakes and information calls regarding EAP services are free and unlimited.

## Who is EAPC?

EAP services are provided through EAP Consultants, Inc. (EAPC). EAPC is a private company with a diverse network of licensed professionals, including clinical providers and consultants. All EAP services are completely confidential pursuant to current US laws and regulations.

EAPC's services include access to highly experienced clinical providers that include licensed psychologists, clinical social workers, professional counselors, marriage and family therapists and alcohol and drug counselors. Consultants include attorneys, financial advisors and elder care and child care specialists. EAPC also offers online services to fit a wider array of needs.

EAP professionals will help employees identify and clarify concerns and develop a plan of action to create solutions that work. If additional assistance is needed, EAPC will assist employees in finding resources that may be covered by their insurance and meet their financial capabilities.

For detailed information, contact EAP Consultants, Inc. at **1-800-869-0276**. To confidentially request services online, visit the member access page at [www.eapconsultants.com](http://www.eapconsultants.com). The password is OneAmericaEAP.

<sup>1</sup> Employee eligibility based upon contract terms. Contact your employer for EAPC's eligibility requirements. All services must be arranged by EAPC who is wholly responsible for provision and administration of the EAP.

## Assessment and referral services

### Personal concerns

- Stress
- Crisis
- Psychiatric disorders
- Medical problems
- Work-related difficulties
- Marital & family issues
- Emotional concerns
- Relationship issues
- Life adjustments
- Alcohol & drug problems

### Online services

- Stress management course
- Legal/financial library
  - Legal/financial articles
  - Sample legal documents
- Smoking cessation program
- Identity theft resources
- Behavioral health library
  - Information on numerous life issues
- Wellness information
- Depression and substance abuse screenings

### Childcare

- Assess childcare needs and explore care options
- Adoption resources
- Referrals for an array of childcare arrangements, camps and schools

### Eldercare

- Resources and referral for both public and private eldercare facilities
- Consultation on evaluation of facilities

### Legal

- Consultation provided for an array of legal issues, including family law, housing and real estate and estate planning
- Simple will prepared at no cost
- 25% discount on standard attorney hourly rate for services rendered beyond scope of EAP

### Financial

- Financial planning
- Retirement planning
- Investment strategies
- Money management

### Academic resources

- SAT and other testing resources
- Tutors
- College planning guides
- Sources of financial assistance

### Pet services

- Referrals for breeders, kennels, veterinarians, etc.
- Pet services guide

**EAPC is neither affiliated nor under common control with OneAmerica or AUL, and AUL only markets EAPC products.**

Marketed by

**AMERICAN UNITED LIFE INSURANCE COMPANY®** | a ONEAMERICA® company

One American Square, P.O. Box 368 | Indianapolis, IN 46206-0368 | (317) 285-1877 | [www.oneamerica.com](http://www.oneamerica.com)



## ? Did you know?

+ Europ Assistance handled 53.8 million telephone calls in 2009 (two calls per second) and over 11.5 million assistance cases (one every two seconds).

++ We've arranged over 150,000,000 assistance cases.

## Why Europ Assistance?

### Who is Europ Assistance USA?

Europ Assistance USA (EA) is the US branch of the global assistance company, Europ Assistance. As the creator of the Travel Assistance concept over 45 years ago, we are here to help if you are faced with an emergency when traveling. With a local network providing support in virtually all countries in the world, EA is here to assist you 24 hours a day.

### In a life-threatening situation, should I call local authorities or Europ Assistance USA?

In the event of a life-threatening emergency, first call the local emergency services to receive immediate assistance, and then contact Europ Assistance USA.

### I have medical insurance. Why do I need travel assistance as well?

EA has the resources to help you medically and financially in case of a travel emergency. Even the best health insurance companies do not have an out of area network comparable to EA. EA's network is both domestic and international. EA monitors your medical condition to make sure you receive proper care. EA can help you find an appropriate medical facility or transport you to one of necessary. On the financial side, even if your medical insurance provides complete overseas coverage, you will most likely have to pay up front for medical services. EA can in many cases provide the necessary guarantee of payment, saving you from having to pay expenses out of pocket.



## Contact Us

Europ Assistance USA is here to help you 24 hours a day in the event of an emergency.

When you call, please be ready to provide:

\*\* The name of your Employer

\*\* A phone number where we may reach you

US/Canada: 1 866 294 2469

From other locations call collect:

+1 240 330 1509

Email [OPS@europassistance-usa.com](mailto:OPS@europassistance-usa.com)

E-Services: [www.europassistance-usa.com](http://www.europassistance-usa.com)

Username: AUL

Password: travel411



## Your Travel Assistance Program



Travel

Automobile Health Home & Family



4330 East-West Highway, Suite 1000 - Bethesda, MD 20814  
[www.europassistance-usa.com](http://www.europassistance-usa.com)

G-21373

# Your guide to safe travel

Emergencies happen, but help is now only a phone call away.

**Europ Assistance USA (EA) provides 24 hour services that can help you access emergency assistance when you are traveling 100 or more miles away from home. Europ Assistance USA is there when a crisis strikes to help you obtain the care and attention you need.**

Over 850,000 multilingual service professionals stand ready to assist you in 200 countries and territories worldwide.

## Key Services:

*(Please refer to your policy for covered limits and eligibility details)*

### Medical Search and Referral

EA will assist you in finding physicians, dentists, and medical facilities.

### Medical Monitoring

During the course of a medical emergency, professional case managers, including physicians and nurses, will monitor your case to determine whether the care is appropriate or if evacuation/repatriation is required.

### Emergency Evacuation/Medically Necessary Repatriation

In the event of a medical emergency, when a physician designated by EA determines that it is medically necessary for you to be transported under medical supervision to the nearest hospital or treatment facility or be returned to your place of residence for treatment, EA will arrange, and arrange payment for the transport under proper medical supervision.

### Dependent Children Assistance

If any dependent children under the age of 18 traveling with you are left unattended because you are hospitalized, EA will arrange, and arrange payment for their economy class transportation home. Should transportation with an attendant be necessary, EA will arrange for a qualified escort to accompany the children.

### Visit by Family Member/Friend

If you are traveling alone and must be or are likely to be hospitalized for seven consecutive days, EA will arrange, and arrange payment for round-trip transportation for one member of your immediate family, or one friend designated by you, from his or her home to the place where you are hospitalized.

### Repatriation of Remains

In the event of your death while traveling, EA will arrange, and arrange payment for all necessary government authorization, including a container appropriate for transportation and for the return of the remains to place of residence for burial.

### Traveling Companion Assistance

If a travel companion loses previously-made travel arrangements due to your medical emergency, EA will arrange for your traveling companion's return home.

### Replacement of Medication and Eyeglasses

EA will arrange to fill a prescription that has been lost, stolen or requires a refill, subject to local law, whenever possible. EA will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

### Vehicle Return

EA will arrange, and arrange payment for the return of the vehicle left unattended to your domicile or place of rental if you become physically unable to operate any non-commercial vehicle (i.e., auto, motorhome, rental car, etc.) as a result of a medical emergency. The vehicle must be in good driving condition and capable of being driven on the highway in compliance with local laws. You will not be reimbursed for services provided to you at no cost.

### Emergency Travel Arrangements

If appropriate, EA will make new travel arrangements or change airline, hotel, and car rental reservations.

### Emergency Cash

EA will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

### Locating Lost or Stolen Items

EA will assist in locating and replacing lost or stolen luggage, documents, and personal possessions.

### Legal Assistance/Bail

EA will locate an attorney and advance bail bond, where permitted by law, with satisfactory guarantee of reimbursement from you. (You pay attorney fees).

### Interpretation/Translation

EA will assist with telephone interpretation in all major languages or will refer you to an interpretation or translation service for written documents.

### Pre-Trip Information

EA offers a wide range of informational services before you leave home, including: Visa, Passport, Inoculation and Immunization Requirements, Cultural Information, Temperature, Weather Conditions, Embassy and Consulate Referrals, Foreign Exchange Rates, and Travel Advisories

### Who is eligible for these services?

Individuals who receive coverage under American United Life Insurance Company's product offerings and their spouses, domestic partners and children are eligible for these services once coverage has been verified. Pre-trip informational services are available at any time. All other services take effect when you are on a trip 100 miles or more from home lasting 90 days or less.

### How is coverage verified?

EA does not receive names of individual covered members. When you call, EA will verify eligibility through your employer's designated contact person. There may be circumstances in which EA reasonably believes that a sick or injured person is a Covered Member, but cannot verify participation through the employer's designated contact person. If your employer does not inform EA of eligibility status within 24 hours from EA's initial verification inquiry and you claim to be a covered member, then EA shall have the right, but not the obligation, to consider you a Covered Member. Before providing any services deemed appropriate by EA, EA will request payment from you or from a member of your family or friend.

### Who is responsible to pay for these services?

**After your coverage has been verified, EA will arrange, and arrange payment for the following subject to the policy limits and guidelines:**

- Emergency Evacuation: \$150,000 Combined Single Limit (CSL)
- Medically Necessary Repatriation: Included in CSL
- Repatriation of Remains: Up to \$15,000

#### If traveling alone:

- Visit of Family Member or Friend: Up to \$5,000
- Return of Dependent Children under Age 18: Up to \$5,000
- Return of Vehicle: Up to \$2,500

If EA is unable to verify your coverage, you must provide proper guarantee of payment prior to EA incurring third party expenses.

### Conditions and Exclusions:

All transportation related services, coverages and payments must be arranged and pre-approved by EA. EA shall not provide services enumerated if the coverage is sought as a result of: suicide or attempted suicide; intentionally self-inflicted injuries; participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war, rebellion, revolution, and insurrection, military or usurped power; participation in any military maneuver or training exercise; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; plotting or learning to plot or acting as a member of the crew of any aircraft; mental or emotional disorders, unless hospitalized; being under the influence of drugs or intoxicants unless prescribed by a Physician; commission or the attempt to commit a criminal act; participation as a professional in athletics or underwater activities; participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contests; spelunking or caving; heliskiing; extreme skiing; dental treatment except as a result of accidental injury to sound, natural teeth; any non-emergency treatment or surgery; routine physical examinations; hearing aids; eyeglasses or contact lenses; pregnancy and childbirth (except for complications of pregnancy); curtailment or delayed return for other than covered reasons; services not shown as covered; travel within 100 miles of your permanent residence, unless in a foreign country, or travel in a foreign location in excess of 90 days for any one trip. EA reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, labor disturbances and strikes, nuclear accidents, acts of God, or refusal of the authorities in the country of assistance to permit EA to fully provide services. EA will however, endeavor to provide services to the best of its ability during any such occurrence. The medical professional and/or attorneys suggested and/or designated by EA and/or providing services on behalf of EA are not employees of EA and, therefore, EA is not responsible or liable for their negligence or other acts or omissions.

## Available 24 hours a day

From the US and Canada: 1 866 294 2469  
From other countries +1 240 330 1509 (call collect)