

# 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 30 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.

**Accidental Death & Dismemberment (AD&D):** If approved for this benefit, additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract.

**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:	\$150,000
Spouse Guaranteed Issue Amount:	\$30,000
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 the greater of 10% of your benefit amount or \$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:	70	75	80	85	90
Reduces To:	45%	30%	20%	15%	10%

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.

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

About your benefit options:

- You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in increments of \$10,000, not to exceed 5 times your annual base salary only, rounded to the next higher \$1,000.
- Amounts requested above \$150,000 for an Employee, \$30,000 for a Spouse, or any amount not requested timely will require Evidence of Insurability.
- Employee must select coverage to select any Dependent coverage.
- Dependent coverage cannot exceed 50% of the Voluntary Term Life amount selected by the Employee.
- A Spouse must be under age 70 to be eligible for benefits.

**EMPLOYEE ONLY OPTIONS**  
**(based on Employee's age as of 01/01)**

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$.51	\$.51	\$.51	\$.69	\$.83	\$1.20	\$1.80	\$3.41	\$5.40	\$7.47	\$12.37	\$12.37	\$12.37
\$20,000	\$1.01	\$1.01	\$1.01	\$1.38	\$1.66	\$2.40	\$3.60	\$6.83	\$10.80	\$14.95	\$24.73	\$24.73	\$24.73
\$30,000	\$1.53	\$1.53	\$1.53	\$2.08	\$2.50	\$3.60	\$5.40	\$10.25	\$16.20	\$22.43	\$37.11	\$37.11	\$37.11
\$40,000	\$2.03	\$2.03	\$2.03	\$2.77	\$3.32	\$4.80	\$7.20	\$13.66	\$21.60	\$29.91	\$49.48	\$49.48	\$49.48
\$50,000	\$2.54	\$2.54	\$2.54	\$3.46	\$4.15	\$6.00	\$9.00	\$17.08	\$27.00	\$37.38	\$61.84	\$61.84	\$61.84
\$75,000	\$3.81	\$3.81	\$3.81	\$5.19	\$6.23	\$9.00	\$13.50	\$25.61	\$40.50	\$56.07	\$92.77	\$92.77	\$92.77
\$100,000	\$5.07	\$5.07	\$5.07	\$6.92	\$8.31	\$12.00	\$18.00	\$34.15	\$54.00	\$74.77	\$123.69	\$123.69	\$123.69
\$125,000	\$6.34	\$6.34	\$6.34	\$8.65	\$10.38	\$15.00	\$22.50	\$42.69	\$67.50	\$93.46	\$154.61	\$154.61	\$154.61
\$150,000	\$7.61	\$7.61	\$7.61	\$10.38	\$12.46	\$18.00	\$27.00	\$51.23	\$81.00	\$112.15	\$185.53	\$185.53	\$185.53

**SPOUSE ONLY OPTIONS**  
**(based on Employee's Age as of 01/01)**

Life Options	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$.21	\$.21	\$.21	\$.30	\$.37	\$.55	\$.85	\$1.66	\$2.65	\$3.69	\$6.14	\$6.14	\$6.14
\$7,500	\$.31	\$.31	\$.31	\$.45	\$.55	\$.83	\$1.28	\$2.49	\$3.98	\$5.54	\$9.21	\$9.21	\$9.21
\$10,000	\$.42	\$.42	\$.42	\$.60	\$.74	\$1.11	\$1.71	\$3.32	\$5.31	\$7.38	\$12.28	\$12.28	\$12.28
\$12,500	\$.52	\$.52	\$.52	\$.75	\$.92	\$1.38	\$2.13	\$4.15	\$6.63	\$9.23	\$15.35	\$15.35	\$15.35
\$15,000	\$.62	\$.62	\$.62	\$.90	\$1.11	\$1.66	\$2.56	\$4.98	\$7.96	\$11.08	\$18.42	\$18.42	\$18.42
\$17,500	\$.73	\$.73	\$.73	\$1.05	\$1.29	\$1.94	\$2.99	\$5.82	\$9.29	\$12.92	\$21.48	\$21.48	\$21.48
\$20,000	\$.83	\$.83	\$.83	\$1.20	\$1.48	\$2.22	\$3.42	\$6.65	\$10.62	\$14.77	\$24.55	\$24.55	\$24.55
\$22,500	\$.93	\$.93	\$.93	\$1.35	\$1.66	\$2.49	\$3.84	\$7.48	\$11.94	\$16.62	\$27.62	\$27.62	\$27.62
\$25,000	\$1.04	\$1.04	\$1.04	\$1.50	\$1.85	\$2.77	\$4.27	\$8.31	\$13.27	\$18.46	\$30.69	\$30.69	\$30.69
\$30,000	\$1.25	\$1.25	\$1.25	\$1.80	\$2.22	\$3.32	\$5.12	\$9.97	\$15.92	\$22.15	\$36.83	\$36.83	\$36.83

**CHILD(REN) OPTIONS**  
**(Premium shown for Child(ren) reflects the cost for all eligible dependent children)**

	Child(ren) 6 months to age 19, or 25 if full-time student	Child(ren) live birth to 6 months	Bi-weekly Payroll Deduction Amount
Option 1:	\$5,000	\$1,000	\$0.50
Option 2:	\$10,000	\$1,000	\$1.00

About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.

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.

**Voluntary Term Life**  
*Bi-Weekly Payroll Deduction Illustration*

**SPOUSE ONLY OPTIONS**

Spouse premium based on EMPLOYEE'S age and amount of coverage chosen

Spouse coverage amount cannot exceed 50% of employee amount

	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.21	\$0.21	\$0.21	\$0.30	\$0.37	\$0.55	\$0.85	\$1.66	\$2.65	\$3.69	\$6.14	\$6.14	\$6.14
\$10,000	\$0.42	\$0.42	\$0.42	\$0.60	\$0.74	\$1.11	\$1.71	\$3.32	\$5.31	\$7.38	\$12.28	\$12.28	\$12.28
\$15,000	\$0.62	\$0.62	\$0.62	\$0.90	\$1.11	\$1.66	\$2.56	\$4.98	\$7.96	\$11.08	\$18.42	\$18.42	\$18.42
\$20,000	\$0.83	\$0.83	\$0.83	\$1.20	\$1.48	\$2.22	\$3.42	\$6.65	\$10.62	\$14.77	\$24.55	\$24.55	\$24.55
\$25,000	\$1.04	\$1.04	\$1.04	\$1.50	\$1.85	\$2.77	\$4.27	\$8.31	\$13.27	\$18.46	\$30.69	\$30.69	\$30.69
\$30,000	\$1.25	\$1.25	\$1.25	\$1.80	\$2.22	\$3.32	\$5.12	\$9.97	\$15.92	\$22.15	\$36.83	\$36.83	\$36.83
<b>The amounts below require Statement of Insurability form</b>													
\$35,000	\$1.45	\$1.45	\$1.45	\$2.10	\$2.58	\$3.88	\$5.98	\$11.63	\$18.58	\$25.85	\$42.97	\$42.97	\$42.97
\$40,000	\$1.66	\$1.66	\$1.66	\$2.40	\$2.95	\$4.43	\$6.83	\$13.29	\$21.23	\$29.54	\$49.11	\$49.11	\$49.11
\$45,000	\$1.87	\$1.87	\$1.87	\$2.70	\$3.32	\$4.98	\$7.68	\$14.95	\$23.88	\$33.23	\$55.25	\$55.25	\$55.25
\$50,000	\$2.08	\$2.08	\$2.08	\$3.00	\$3.69	\$5.54	\$8.54	\$16.62	\$26.54	\$36.92	\$61.38	\$61.38	\$61.38
\$55,000	\$2.28	\$2.28	\$2.28	\$3.30	\$4.06	\$6.09	\$9.39	\$18.28	\$29.19	\$40.62	\$67.52	\$67.52	\$67.52
\$60,000	\$2.49	\$2.49	\$2.49	\$3.60	\$4.43	\$6.65	\$10.25	\$19.94	\$31.85	\$44.31	\$73.66	\$73.66	\$73.66
\$65,000	\$2.70	\$2.70	\$2.70	\$3.90	\$4.80	\$7.20	\$11.10	\$21.60	\$34.50	\$48.00	\$79.80	\$79.80	\$79.80
\$70,000	\$2.91	\$2.91	\$2.91	\$4.20	\$5.17	\$7.75	\$11.95	\$23.26	\$37.15	\$51.69	\$85.94	\$85.94	\$85.94
\$75,000	\$3.12	\$3.12	\$3.12	\$4.50	\$5.54	\$8.31	\$12.81	\$24.92	\$39.81	\$55.38	\$92.08	\$92.08	\$92.08
\$80,000	\$3.32	\$3.32	\$3.32	\$4.80	\$5.91	\$8.86	\$13.66	\$26.58	\$42.46	\$59.08	\$98.22	\$98.22	\$98.22
\$85,000	\$3.53	\$3.53	\$3.53	\$5.10	\$6.28	\$9.42	\$14.52	\$28.25	\$45.12	\$62.77	\$104.35	\$104.35	\$104.35
\$90,000	\$3.74	\$3.74	\$3.74	\$5.40	\$6.65	\$9.97	\$15.37	\$29.91	\$47.77	\$66.46	\$110.49	\$110.49	\$110.49
\$95,000	\$3.95	\$3.95	\$3.95	\$5.70	\$7.02	\$10.52	\$16.22	\$31.57	\$50.42	\$70.15	\$116.63	\$116.63	\$116.63
\$100,000	\$4.15	\$4.15	\$4.15	\$6.00	\$7.39	\$11.08	\$17.08	\$33.23	\$53.08	\$73.85	\$122.77	\$122.77	\$122.77
\$105,000	\$4.36	\$4.36	\$4.36	\$6.30	\$7.75	\$11.63	\$17.93	\$34.89	\$55.73	\$77.54	\$128.91	\$128.91	\$128.91
\$110,000	\$4.57	\$4.57	\$4.57	\$6.60	\$8.12	\$12.18	\$18.78	\$36.55	\$58.38	\$81.23	\$135.05	\$135.05	\$135.05
\$115,000	\$4.78	\$4.78	\$4.78	\$6.90	\$8.49	\$12.74	\$19.64	\$38.22	\$61.04	\$84.92	\$141.18	\$141.18	\$141.18
\$120,000	\$4.98	\$4.98	\$4.98	\$7.20	\$8.86	\$13.29	\$20.49	\$39.88	\$63.69	\$88.62	\$147.32	\$147.32	\$147.32
\$125,000	\$5.19	\$5.19	\$5.19	\$7.50	\$9.23	\$13.85	\$21.35	\$41.54	\$66.35	\$92.31	\$153.46	\$153.46	\$153.46
\$130,000	\$5.40	\$5.40	\$5.40	\$7.80	\$9.60	\$14.40	\$22.20	\$43.20	\$69.00	\$96.00	\$159.60	\$159.60	\$159.60
\$135,000	\$5.61	\$5.61	\$5.61	\$8.10	\$9.97	\$14.95	\$23.05	\$44.86	\$71.65	\$99.69	\$165.74	\$165.74	\$165.74
\$140,000	\$5.82	\$5.82	\$5.82	\$8.40	\$10.34	\$15.51	\$23.91	\$46.52	\$74.31	\$103.38	\$171.88	\$171.88	\$171.88
\$145,000	\$6.02	\$6.02	\$6.02	\$8.70	\$10.71	\$16.06	\$24.76	\$48.18	\$76.96	\$107.08	\$178.02	\$178.02	\$178.02
\$150,000	\$6.23	\$6.23	\$6.23	\$9.00	\$11.08	\$16.62	\$25.62	\$49.85	\$79.62	\$110.77	\$184.15	\$184.15	\$184.15
\$155,000	\$6.44	\$6.44	\$6.44	\$9.30	\$11.45	\$17.17	\$26.47	\$51.51	\$82.27	\$114.46	\$190.29	\$190.29	\$190.29
\$160,000	\$6.65	\$6.65	\$6.65	\$9.60	\$11.82	\$17.72	\$27.32	\$53.17	\$84.92	\$118.15	\$196.43	\$196.43	\$196.43
\$165,000	\$6.85	\$6.85	\$6.85	\$9.90	\$12.19	\$18.28	\$28.18	\$54.83	\$87.58	\$121.85	\$202.57	\$202.57	\$202.57
\$170,000	\$7.06	\$7.06	\$7.06	\$10.20	\$12.55	\$18.83	\$29.03	\$56.49	\$90.23	\$125.54	\$208.71	\$208.71	\$208.71
\$175,000	\$7.27	\$7.27	\$7.27	\$10.50	\$12.92	\$19.38	\$29.88	\$58.15	\$92.88	\$129.23	\$214.85	\$214.85	\$214.85
\$180,000	\$7.48	\$7.48	\$7.48	\$10.80	\$13.29	\$19.94	\$30.74	\$59.82	\$95.54	\$132.92	\$220.98	\$220.98	\$220.98
\$185,000	\$7.68	\$7.68	\$7.68	\$11.10	\$13.66	\$20.49	\$31.59	\$61.48	\$98.19	\$136.62	\$227.12	\$227.12	\$227.12
\$190,000	\$7.89	\$7.89	\$7.89	\$11.40	\$14.03	\$21.05	\$32.45	\$63.14	\$100.85	\$140.31	\$233.26	\$233.26	\$233.26
\$195,000	\$8.10	\$8.10	\$8.10	\$11.70	\$14.40	\$21.60	\$33.30	\$64.80	\$103.50	\$144.00	\$239.40	\$239.40	\$239.40
\$200,000	\$8.31	\$8.31	\$8.31	\$12.00	\$14.77	\$22.15	\$34.15	\$66.46	\$106.15	\$147.69	\$245.54	\$245.54	\$245.54
\$205,000	\$8.52	\$8.52	\$8.52	\$12.30	\$15.14	\$22.71	\$35.01	\$68.12	\$108.81	\$151.38	\$251.68	\$251.68	\$251.68
\$210,000	\$8.72	\$8.72	\$8.72	\$12.60	\$15.51	\$23.26	\$35.86	\$69.79	\$111.46	\$155.08	\$257.81	\$257.81	\$257.81
\$215,000	\$8.93	\$8.93	\$8.93	\$12.90	\$15.88	\$23.82	\$36.72	\$71.45	\$114.12	\$158.77	\$263.95	\$263.95	\$263.95



**Voluntary Term Life**  
*Bi-Weekly Payroll Deduction Illustration*

**SPOUSE ONLY OPTIONS**

Spouse premium based on EMPLOYEE'S age and amount of coverage chosen

Spouse coverage amount cannot exceed 50% of employee amount

	<b>0-19</b>	<b>20-24</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70-74</b>	<b>75+</b>
\$220,000	\$9.14	\$9.14	\$9.14	\$13.20	\$16.25	\$24.37	\$37.57	\$73.11	\$116.77	\$162.46	\$270.09	\$270.09	\$270.09
\$225,000	\$9.35	\$9.35	\$9.35	\$13.50	\$16.62	\$24.92	\$38.42	\$74.77	\$119.42	\$166.15	\$276.23	\$276.23	\$276.23
\$230,000	\$9.55	\$9.55	\$9.55	\$13.80	\$16.99	\$25.48	\$39.28	\$76.43	\$122.08	\$169.85	\$282.37	\$282.37	\$282.37
\$235,000	\$9.76	\$9.76	\$9.76	\$14.10	\$17.35	\$26.03	\$40.13	\$78.09	\$124.73	\$173.54	\$288.51	\$288.51	\$288.51
\$240,000	\$9.97	\$9.97	\$9.97	\$14.40	\$17.72	\$26.58	\$40.98	\$79.75	\$127.38	\$177.23	\$294.65	\$294.65	\$294.65
\$245,000	\$10.18	\$10.18	\$10.18	\$14.70	\$18.09	\$27.14	\$41.84	\$81.42	\$130.04	\$180.92	\$300.78	\$300.78	\$300.78
\$250,000	\$10.39	\$10.39	\$10.39	\$15.00	\$18.46	\$27.69	\$42.69	\$83.08	\$132.69	\$184.62	\$306.92	\$306.92	\$306.92

**CHILD(REN) OPTIONS**

Benefits for:

Option 1:    Option 2:

Child(ren) 6 months to age 19, or 25 if full-time student	\$5,000	\$10,000
Child(ren) live birth to 6 months	\$1,000	\$1,000
Bi-weekly Payroll Deduction Amount	\$0.50	\$1.00

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

**EMPLOYEE ONLY OPTIONS**

(based on Employee Age as of 01/01)

	<b>0-19</b>	<b>20-24</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70-74</b>	<b>75+</b>
\$10,000	\$0.51	\$0.51	\$0.51	\$0.69	\$0.83	\$1.20	\$1.80	\$3.41	\$5.40	\$7.47	\$12.37	\$12.37	\$12.37
\$20,000	\$1.01	\$1.01	\$1.01	\$1.38	\$1.66	\$2.40	\$3.60	\$6.83	\$10.80	\$14.95	\$24.73	\$24.73	\$24.73
\$30,000	\$1.53	\$1.53	\$1.53	\$2.08	\$2.50	\$3.60	\$5.40	\$10.25	\$16.20	\$22.43	\$37.11	\$37.11	\$37.11
\$40,000	\$2.03	\$2.03	\$2.03	\$2.77	\$3.32	\$4.80	\$7.20	\$13.66	\$21.60	\$29.91	\$49.48	\$49.48	\$49.48
\$50,000	\$2.54	\$2.54	\$2.54	\$3.46	\$4.15	\$6.00	\$9.00	\$17.08	\$27.00	\$37.38	\$61.84	\$61.84	\$61.84
\$60,000	\$3.04	\$3.04	\$3.04	\$4.15	\$4.98	\$7.20	\$10.80	\$20.49	\$32.40	\$44.86	\$74.21	\$74.21	\$74.21
\$70,000	\$3.56	\$3.56	\$3.56	\$4.85	\$5.82	\$8.40	\$12.60	\$23.91	\$37.80	\$52.34	\$86.59	\$86.59	\$86.59
\$80,000	\$4.06	\$4.06	\$4.06	\$5.54	\$6.65	\$9.60	\$14.40	\$27.32	\$43.20	\$59.82	\$98.96	\$98.96	\$98.96
\$90,000	\$4.57	\$4.57	\$4.57	\$6.23	\$7.48	\$10.80	\$16.20	\$30.74	\$48.60	\$67.29	\$111.32	\$111.32	\$111.32
\$100,000	\$5.07	\$5.07	\$5.07	\$6.92	\$8.31	\$12.00	\$18.00	\$34.15	\$54.00	\$74.77	\$123.69	\$123.69	\$123.69
\$110,000	\$5.59	\$5.59	\$5.59	\$7.62	\$9.14	\$13.20	\$19.80	\$37.57	\$59.40	\$82.25	\$136.07	\$136.07	\$136.07
\$120,000	\$6.09	\$6.09	\$6.09	\$8.31	\$9.97	\$14.40	\$21.60	\$40.99	\$64.80	\$89.73	\$148.43	\$148.43	\$148.43
\$130,000	\$6.60	\$6.60	\$6.60	\$9.00	\$10.80	\$15.60	\$23.40	\$44.40	\$70.20	\$97.20	\$160.80	\$160.80	\$160.80
\$140,000	\$7.11	\$7.11	\$7.11	\$9.69	\$11.63	\$16.80	\$25.20	\$47.81	\$75.60	\$104.67	\$173.17	\$173.17	\$173.17
\$150,000	\$7.61	\$7.61	\$7.61	\$10.38	\$12.46	\$18.00	\$27.00	\$51.23	\$81.00	\$112.15	\$185.53	\$185.53	\$185.53
<b>The amounts below require Statement of Insurability form</b>													
\$160,000	\$8.13	\$8.13	\$8.13	\$11.08	\$13.30	\$19.20	\$28.80	\$54.65	\$86.40	\$119.63	\$197.91	\$197.91	\$197.91
\$170,000	\$8.63	\$8.63	\$8.63	\$11.77	\$14.12	\$20.40	\$30.60	\$58.06	\$91.80	\$127.11	\$210.28	\$210.28	\$210.28
\$180,000	\$9.14	\$9.14	\$9.14	\$12.46	\$14.95	\$21.60	\$32.40	\$61.48	\$97.20	\$134.58	\$222.64	\$222.64	\$222.64
\$190,000	\$9.64	\$9.64	\$9.64	\$13.15	\$15.78	\$22.80	\$34.20	\$64.89	\$102.60	\$142.06	\$235.01	\$235.01	\$235.01
\$200,000	\$10.16	\$10.16	\$10.16	\$13.85	\$16.62	\$24.00	\$36.00	\$68.31	\$108.00	\$149.54	\$247.39	\$247.39	\$247.39
\$210,000	\$10.66	\$10.66	\$10.66	\$14.54	\$17.45	\$25.20	\$37.80	\$71.73	\$113.40	\$157.02	\$259.75	\$259.75	\$259.75
\$220,000	\$11.17	\$11.17	\$11.17	\$15.23	\$18.28	\$26.40	\$39.60	\$75.14	\$118.80	\$164.49	\$272.12	\$272.12	\$272.12
\$230,000	\$11.67	\$11.67	\$11.67	\$15.92	\$19.11	\$27.60	\$41.40	\$78.55	\$124.20	\$171.97	\$284.49	\$284.49	\$284.49
\$240,000	\$12.19	\$12.19	\$12.19	\$16.62	\$19.94	\$28.80	\$43.20	\$81.97	\$129.60	\$179.45	\$296.87	\$296.87	\$296.87
\$250,000	\$12.70	\$12.70	\$12.70	\$17.31	\$20.77	\$30.00	\$45.00	\$85.39	\$135.00	\$186.93	\$309.23	\$309.23	\$309.23
\$260,000	\$13.20	\$13.20	\$13.20	\$18.00	\$21.60	\$31.20	\$46.80	\$88.80	\$140.40	\$194.40	\$321.60	\$321.60	\$321.60
\$270,000	\$13.71	\$13.71	\$13.71	\$18.69	\$22.43	\$32.40	\$48.60	\$92.21	\$145.80	\$201.87	\$333.97	\$333.97	\$333.97
\$280,000	\$14.21	\$14.21	\$14.21	\$19.38	\$23.26	\$33.60	\$50.40	\$95.63	\$151.20	\$209.35	\$346.33	\$346.33	\$346.33
\$290,000	\$14.73	\$14.73	\$14.73	\$20.08	\$24.10	\$34.80	\$52.20	\$99.05	\$156.60	\$216.83	\$358.71	\$358.71	\$358.71
\$300,000	\$15.23	\$15.23	\$15.23	\$20.77	\$24.93	\$36.00	\$54.00	\$102.46	\$162.00	\$224.31	\$371.08	\$371.08	\$371.08
\$310,000	\$15.74	\$15.74	\$15.74	\$21.46	\$25.75	\$37.20	\$55.80	\$105.88	\$167.40	\$231.78	\$383.44	\$383.44	\$383.44
\$320,000	\$16.24	\$16.24	\$16.24	\$22.15	\$26.58	\$38.40	\$57.60	\$109.29	\$172.80	\$239.26	\$395.81	\$395.81	\$395.81
\$330,000	\$16.76	\$16.76	\$16.76	\$22.85	\$27.42	\$39.60	\$59.40	\$112.71	\$178.20	\$246.74	\$408.19	\$408.19	\$408.19
\$340,000	\$17.26	\$17.26	\$17.26	\$23.54	\$28.25	\$40.80	\$61.20	\$116.13	\$183.60	\$254.22	\$420.55	\$420.55	\$420.55
\$350,000	\$17.77	\$17.77	\$17.77	\$24.23	\$29.08	\$42.00	\$63.00	\$119.54	\$189.00	\$261.69	\$432.92	\$432.92	\$432.92
\$360,000	\$18.27	\$18.27	\$18.27	\$24.92	\$29.91	\$43.20	\$64.80	\$122.95	\$194.40	\$269.17	\$445.29	\$445.29	\$445.29
\$370,000	\$18.79	\$18.79	\$18.79	\$25.62	\$30.74	\$44.40	\$66.60	\$126.37	\$199.80	\$276.65	\$457.67	\$457.67	\$457.67
\$380,000	\$19.30	\$19.30	\$19.30	\$26.31	\$31.57	\$45.60	\$68.40	\$129.79	\$205.20	\$284.12	\$470.03	\$470.03	\$470.03
\$390,000	\$19.80	\$19.80	\$19.80	\$27.00	\$32.40	\$46.80	\$70.20	\$133.20	\$210.60	\$291.60	\$482.40	\$482.40	\$482.40
\$400,000	\$20.31	\$20.31	\$20.31	\$27.69	\$33.23	\$48.00	\$72.00	\$136.61	\$216.00	\$299.07	\$494.77	\$494.77	\$494.77
\$410,000	\$20.81	\$20.81	\$20.81	\$28.38	\$34.06	\$49.20	\$73.80	\$140.03	\$221.40	\$306.55	\$507.13	\$507.13	\$507.13
\$420,000	\$21.33	\$21.33	\$21.33	\$29.08	\$34.90	\$50.40	\$75.60	\$143.45	\$226.80	\$314.03	\$519.51	\$519.51	\$519.51
\$430,000	\$21.83	\$21.83	\$21.83	\$29.77	\$35.73	\$51.60	\$77.40	\$146.86	\$232.20	\$321.51	\$531.88	\$531.88	\$531.88
\$440,000	\$22.34	\$22.34	\$22.34	\$30.46	\$36.55	\$52.80	\$79.20	\$150.28	\$237.60	\$328.98	\$544.24	\$544.24	\$544.24

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

**EMPLOYEE ONLY OPTIONS**

(based on Employee Age as of 01/01)

	<b>0-19</b>	<b>20-24</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70-74</b>	<b>75+</b>
\$450,000	\$22.84	\$22.84	\$22.84	\$31.15	\$37.38	\$54.00	\$81.00	\$153.69	\$243.00	\$336.46	\$556.61	\$556.61	\$556.61
\$460,000	\$23.36	\$23.36	\$23.36	\$31.85	\$38.22	\$55.20	\$82.80	\$157.11	\$248.40	\$343.94	\$568.99	\$568.99	\$568.99
\$470,000	\$23.86	\$23.86	\$23.86	\$32.54	\$39.05	\$56.40	\$84.60	\$160.53	\$253.80	\$351.42	\$581.35	\$581.35	\$581.35
\$480,000	\$24.37	\$24.37	\$24.37	\$33.23	\$39.88	\$57.60	\$86.40	\$163.94	\$259.20	\$358.89	\$593.72	\$593.72	\$593.72
\$490,000	\$24.87	\$24.87	\$24.87	\$33.92	\$40.71	\$58.80	\$88.20	\$167.35	\$264.60	\$366.37	\$606.09	\$606.09	\$606.09
\$500,000	\$25.39	\$25.39	\$25.39	\$34.62	\$41.55	\$60.01	\$90.01	\$170.78	\$270.01	\$373.85	\$618.47	\$618.47	\$618.47



## ***Group Term Life including matching AD&D Coverage***

- Life and AD&D insurance coverage amount of \$25,000 at no cost to you
- Waiver of premium benefit
- Accelerated life benefit
- Optional Guaranteed issue amounts of dependent coverage as follows:

---

<b>Dependent Type</b>	<b>Option 1</b>
Spouse under age 70	\$10,000
Dependent Child* - 6 months to under 19 years or under age 25 if a full-time student	\$7,500
Dependent Child - live birth to under 6 months	\$200
At a premium cost for Family:	\$1.01 Bi-Weekly

---

\* Age and Definition of Child(ren) may vary by state.

Coverage options are available to eligible employees and dependents

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Products and financial services provided by American United Life Insurance Company®  
a ONEAMERICA® company. Visit us at [www.oneamerica.com](http://www.oneamerica.com) for more information.



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

Less than 5% of disabling accidents and illnesses are work related. The other 95% are not, meaning Workers' Compensation doesn't cover them.

*(Source: Council for Disability Awareness, Long-Term Disability Claims Review, 2011. [http://www.disabilitycanhappen.org/research/CDA\\_LTD\\_Claims\\_Survey\\_2011.asp](http://www.disabilitycanhappen.org/research/CDA_LTD_Claims_Survey_2011.asp))*

90% of disabilities are caused by illness.

*(Source: Council for Disability Awareness, [http://www.disabilitycanhappen.org/chances\\_disability\\_stats.asp](http://www.disabilitycanhappen.org/chances_disability_stats.asp), August, 2012.)*

64% of wage earners believe they have a 2% or less chance of being disabled for 3 months or more during their working career. The actual odds for a worker entering the workforce today are about 30%.

*(Source: Social Security Administration website, [ssa.gov](http://ssa.gov), Fact Sheet, March 18, 2011.)*

Less than half (35.6%) of the 2.9 million workers who applied for Social Security Disability Insurance (SSDI) benefits in 2011 were approved.

*(Source: Social Security Administration website, [ssa.gov](http://ssa.gov), Monthly Statistical Snapshot, December 2012.)*

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

- Lost wages
- Daily living expenses, such as:
  - Mortgage / rent
  - Utilities
  - Car
  - Food
  - Childcare
  - Eldercare
  - Hobbies
  - Pet care
- Ongoing medical expenses

**Advantages of shopping at work include:**

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



## AUL's Group Voluntary Disability Insurance Terms and Definitions

<b>Eligible Employees:</b>	This benefit is available for employees who are actively at work on the effective date and working a minimum of 30 hours per week.
<b>Flexible Choices:</b>	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget.
<b>Guaranteed Issue:</b>	If you enroll timely, you may be eligible for coverage 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.
<b>Timely Enrollment:</b>	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.
<b>Evidence of Insurability:</b>	If you do not enroll timely, you will need to submit a Statement of Insurability form for review. Based on health history, you will be approved or declined by AUL.
<b>Portability:</b>	Should your coverage terminate, you may be eligible to take this disability insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.
<b>Waiver of Premium:</b>	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
<b>Elimination Period:</b>	This is a period of calendar days of disability before benefits may become payable under the contract.
<b>Partial Disability:</b>	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness. Partial Disability is applicable to options 1,2,3,4 and 5.
<b>Pre-existing Condition Limitations:</b>	Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to the effective date of the contract. A pre-existing condition is a sickness or injury for which the employee received medical treatment, service, or incurred expenses within a timeframe specified in the contract.

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## **Group Voluntary Disability Insurance Coverage**

About your benefit options:

- Short Term Disability (STD) benefits are illustrated monthly, but are paid on a weekly basis.
- Amounts not requested timely will require Evidence of Insurability.
- Benefit amounts are based upon a percentage of covered monthly earnings. Potential benefits may be reduced by other income offsets including but not limited to Social Security benefits.
- Maximum benefit periods that are based on Social Security Full Retirement Age (SSFRA), are payable under the contract based on your age at time of disability and may vary in duration.

### **Employee Options (Class 1)**

	<b>Benefit Percentage</b>	<b>Maximum Covered Monthly Earnings</b>	<b>Maximum Monthly Benefit</b>	<b>Elimination Period</b>	<b>Maximum Benefit Duration</b>	<b>Pre-Existing Condition Period</b>
Option 1 - STD	66.66%	\$9,000.90	\$6,000	7 days	12 weeks	3/12
Option 2 - STD	66.66%	\$649.56	\$433	7 days	12 weeks	3/12
Option 3 - STD	66.66%	\$1,300.63	\$867	7 days	12 weeks	3/12
Option 4 - STD	66.66%	\$2,275.73	\$1,517	7 days	12 weeks	3/12
Option 5 - STD	66.66%	\$3,250.82	\$2,167	7 days	12 weeks	3/12

### **To Determine Your Estimated Monthly Benefit:**

1. Enter the LESSER of your Monthly Salary or the Maximum Covered Monthly Earnings from the Plan Options above: \_\_\_\_\_
2. Multiply Step 1 by 66.66%: \_\_\_\_\_. This is your Estimated Monthly Benefit.

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## **Group Voluntary Disability Insurance Coverage for Eligible Employees** *Payroll Deduction Illustration*

### Steps to Calculate Bi-weekly Deduction (Class 1)

<u>*Example</u>	Opt 1	Opt 2	Opt 3	Opt 4	Opt 5
	<u>STD</u>	<u>STD</u>	<u>STD</u>	<u>STD</u>	<u>STD</u>

**Note: Please use the following formula to calculate the cost for this benefit. You can only elect one STD plan option and/or one LTD option.**

1A: Enter your Monthly Salary	<u>\$2,083</u>	_____	_____	_____	_____	_____
1B: Maximum Covered Monthly Earnings	<u>\$9,001</u>	<u>\$9,001</u>	<u>\$650</u>	<u>\$1,301</u>	<u>\$2,276</u>	<u>\$3,251</u>
1C: Enter the lesser amount of 1A or 1B	<u>\$2,083</u>	_____	_____	_____	_____	_____
2. Divide Step 1C by 100	<u>\$20.83</u>	_____	_____	_____	_____	_____
3. Enter Rate from chart below	<u>X \$0.51</u>	<u>X</u> _____				
4. Multiply Step 2 by Step 3 (Mo Prem)	<u>= \$10.62</u>	<u>=</u> _____				
5. Multiply Step 4 by 12 and divide by 26	<u>= \$4.90</u>	<u>=</u> _____				

to get Bi-weekly Deduction Amount

\*Example: Based on an Employee Age 36 with an annual salary of \$25,000 choosing Opt 1

### Monthly Premium Rates per \$100 of Covered Monthly Earnings (Based on Age as of 1/1)

Age Brackets:	Opt 1 <u>STD</u>	Opt 2 <u>STD</u>	Opt 3 <u>STD</u>	Opt 4 <u>STD</u>	Opt 5 <u>STD</u>
0 - 19	\$ .540	\$ .540	\$ .540	\$ .540	\$ .540
20 - 24	\$ .540	\$ .540	\$ .540	\$ .540	\$ .540
25 - 29	\$ .540	\$ .540	\$ .540	\$ .540	\$ .540
30 - 34	\$ .540	\$ .540	\$ .540	\$ .540	\$ .540
35 - 39	\$ .510	\$ .510	\$ .510	\$ .510	\$ .510
40 - 44	\$ .580	\$ .580	\$ .580	\$ .580	\$ .580
45 - 49	\$ .720	\$ .720	\$ .720	\$ .720	\$ .720
50 - 54	\$ .890	\$ .890	\$ .890	\$ .890	\$ .890
55 - 59	\$ 1.170	\$ 1.170	\$ 1.170	\$ 1.170	\$ 1.170
60 - 64	\$ 1.400	\$ 1.400	\$ 1.400	\$ 1.400	\$ 1.400
65 - 69	\$ 1.400	\$ 1.400	\$ 1.400	\$ 1.400	\$ 1.400
70 - 74	\$ 1.400	\$ 1.400	\$ 1.400	\$ 1.400	\$ 1.400

About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.

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Products and financial services provided by American United Life Insurance Company®  
a ONEAMERICA® company. Visit us at [www.oneamerica.com](http://www.oneamerica.com) for more information.

# Group Enrollment Form

American United Life Insurance Company®  
 a ONEAMERICA® company  
 One American Square, P.O. Box 6123  
 Indianapolis, IN 46206-6123  
 (800) 553-5318  
 www.employeenefits.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: City of North Little Rock	
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 will be considered a declination of that coverage.

Request Decline

- [ X ]  [ ] Basic Term Life/AD&D
- [ ]  [ ] \*Basic Term Dependent Life Coverage
- [ ]  [ ] Voluntary Term Life/AD&D \$ \_\_\_\_\_
- [ ]  [ ] \*Voluntary Term Dependent Life Coverage Spouse Volume \$ \_\_\_\_\_ Child - Option # \_\_\_\_\_
- [ ]  [ ] Voluntary Disability Short Term Option  \$100  \$200  \$350  \$500  Premier- % of Salary

\*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:

- 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 and 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 #: 00032730-0000-000	Class # :	Employer: City of North Little Rock	Occupation:	Employer's State: AR
	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			Date Hired Full Time: _____
	Hours Worked per Week: _____				