AUL Short Term Disability Enrollment



Department

| First Name | Middle | | Last Name | | | Date of Birth | |
|------------|--------|------|-----------|------|-------|---------------|-----|
| | | | | | | | - |
| Address | | City | | City | State | е | Zip |
| | | | | | | | |
| | | | | | | | |

The City's OneAmerica Short Term Disability Policy is a voluntary product that is available to all City Employees that have completed one (1) year of employment with the City.

There is a pre-existing condition clause on this policy. A pre-existing condition is any condition during which the 3 months prior to enrollment, for which you have received medical treatment or consultation, taken or prescribed drug, or received care or services including diagnostic measures. Those conditions would not be covered until after 12 months of enrollment in the plan.

Refer to attached rates page for calculation instructions and the weekly benefit maximums for each plan.

□ I would like to enroll in coverage.

- D Option 1
- D Option 2
- D Option 3
- D Option 4
- D Option 5

 \square I do not wish to enroll in this coverage.

VOLUNTARY SHORT TERM DISABILITY AUL/One America

New Rates – Effective 1/1/23

Rates are calculated based on the per \$100 of monthly (maximum) covered salary. Rates are based on the employee age. Rates are recalculated each January 1 and are based on your age on January 1.

| AGE | RATE PER \$100 of Covered Monthly | | | |
|-------|-----------------------------------|--|--|--|
| | Earnings | | | |
| 0-19 | .650 | | | |
| 20-24 | .650 | | | |
| 25-29 | .650 | | | |
| 30-34 | .650 | | | |
| 35-39 | .620 | | | |
| 40-44 | .690 | | | |
| 45-49 | .860 | | | |
| 50-54 | 1.070 | | | |
| 55-59 | 1.400 | | | |
| 60-64 | 1.680 | | | |
| 65-69 | 1.680 | | | |
| 70-74 | 1.680 | | | |

| Plan Options | Weekly Benefit | Monthly Benefit | Monthly Covered | |
|--------------|------------------|-----------------|-----------------|--|
| | | | Salary | |
| 1 | \$100 | \$433 | \$649 | |
| 2 | \$200 | \$867 | \$1,300 | |
| 3 | \$350 | \$1,517 | \$2,275 | |
| 4 | \$500 | \$2,167 | \$3,250 | |
| 5 | 66.67% of salary | \$6,000 | \$9,000 | |

To calculate the monthly premium: Use this formula - Monthly covered salary x rate, divided by 100

Sample calculation#1:

Your age is 43 You select Option 1 which is a \$433 monthly benefit \$649 x .0.690/100 = 4.48 is your monthly premium

Sample calculation #2:

Your age is 29 You select Option 5 which is 66.67% of your salary Your monthly covered salary is \$5,500 \$5,500 x 0.650/100 = 35.75 is your monthly premium