

City of North Little Rock

AUL Short Term Disability Enrollment

Department	
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First Name	Middle	Last Name	Date of Birth	
Address		City	State	Zip

AUL is offering enrollment in this plan **effective 1/1/24** with no medical evidence required. This means that you do not have to answer medical questions and cannot be declined the coverage.

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.

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

I do not wish to enroll in this coverage.

Employee Signature

___/___/___

Date

VOLUNTARY SHORT TERM DISABILITY

AUL/One America

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
0-34	.650
35-39	.620
40-44	.690
45-49	.860
50-54	1.070
55-59	1.400
60-74	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

If selecting Option 5, calculate the monthly premium using this formula:

\$ _____ / 12 = \$ _____

Annual salary / 12 = Monthly covered salary

\$ _____ x (_____) / 100 = \$ _____

Monthly covered salary x rate (based on age) / divide by 100 = monthly premium

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