

What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica Financial® and may change upon reaching certain ages, according to contract terms, and are subject to change. Volumes and benefit amounts shown may be subject to reductions due to age.
- **Enroll timely for guaranteed issue coverage.** You may be eligible for coverage without having to answer any health questions if you enroll during the initial enrollment period when benefits are first offered by OneAmerica®, or if you enroll as a newly hired employee within 31 days after any applicable waiting period.
- **Enrolling later requires approval.** If you decline coverage now, you will lose your only chance to apply for group insurance coverage without having to first undergo medical underwriting. If you decide to enroll later, you will need to submit a Statement of Insurability form for review. OneAmerica will then decide to approve or deny your coverage based on your health history. You may not be approved for any type of coverage at a later date if you have any current or future medical conditions.

What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica Financial on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit www.employeebenefits.aul.com to find the Notices and Limitations, G-14320 (05 NonPrudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.
- **Submit your enrollment form.** Please return your completed enrollment form to your employer.

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica Financial company. Not available in all states or may vary by state.



Protect your income with disability insurance

You insure your health, home and car – why not your income?

The ability to earn an income is one of the most valuable financial resources. While it's easy to assume a disability won't happen, life often reminds us otherwise and preparing ahead can make all the difference.

Disability insurance protects your paycheck

An unexpected illness or injury can touch anyone's life, but it doesn't have to shake up your financial foundation. Your income helps you care for your loved ones, keeps your household running and supports everyday essentials. Disability insurance replaces a portion of your earnings so you can feel confident that your family is supported and focus on your health.

Other insurance may offer support but some limitations remain.

- Workers' compensation provides coverage for injuries sustained on the job but only if specific eligibility requirements are met. It may cover medical expenses but not lost income during recovery.
- Medical insurance may help with your actual medical expenses, but it won't typically replace wages while you're unable to work.



1 in 4
American workers will experience a disability before retirement age.¹

If you were to face an illness, injury or pregnancy, would you be financially prepared? To learn more, or if you have any questions about disability insurance options available through your employer, contact your human resources department today.

1. Source: Disability and Death Probability Tables for Insured Workers Who Attain Age 20 in 2024, Social Security Administration, 2024.

Did you know?

Some of the most common reasons for disability claims include the following lists below.²

Short-term disability

- Pregnancy
- Back, spine, knee and hip injuries
- Fractures, sprains and muscle strains
- Mental health, including anxiety and depression
- Digestive disorders

Long-term disability

- Back, spine, knee and hip injuries
- Fractures, sprains and muscle strains
- Cancer
- Mental health
- Heart attack or stroke

2. Source: Disability Statistics – The Council for Disability Income Awareness

Note: OneAmerica Financial® is the marketing name for the companies of OneAmerica Financial. Products issued and underwritten by American United Life Insurance Company®, Indianapolis, IN, a OneAmerica Financial company. Not available in all states or may vary by state. • Provided content is for overview and informational purposes only and is not intended as tax, legal, fiduciary or investment advice.

What you need to know about your Educator Disability Benefits

| | |
|--|--|
| Eligible Employees: | This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week. |
| Flexible Choices: | 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. You are able to enroll and/or change plans during each scheduled enrollment. |
| Guaranteed Issue: | 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 may need to provide Evidence of Insurability. |
| 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. |
| Portability: | 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. |
| Waiver of Premium: | If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck. |
| Elimination Period: | This is a period of consecutive days of disability before benefits may become payable under the contract. |
| Total Disability: | You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness. |
| Partial Disability: | 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. |
| Residual: | The elimination period can be satisfied by total disability, partial disability, or a combination of both. |
| Return to Work: | You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months. |
| Integration: | The method by which your benefit may be reduced by Other Income Benefits. |
| Offset: | An offset is an amount that reduces your benefit amount by amounts you receive from other sources for your disability and will be specified in the contract. |
| Pre-Existing Condition Limitations: | The pre-existing period is 3/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage. A limited benefit will be paid if the Person's Disability begins in the first 12 months following the Person's Individual Effective Date of Insurance; and the Person's Disability is caused by, contributed to by, or the result of a condition for which the Person received medical advice or treatment in the 3 months just prior to the Person's Individual Effective Date of Insurance. 3 months - 100% |
| About Your Benefits: | Educator Disability benefits are illustrated and paid on a monthly basis. |

OneAmerica Financial[®] is the marketing name for the companies of OneAmerica Financial.

Group Educator Disability Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$7,500, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration
Accident: SSFRA / Sickness: SSFRA

Pre-Existing Condition Period
3 months / 12 months

Payroll Deduction Illustration: 2 Times Per Month

| If your annual salary is at least: | You may select a monthly benefit of: | Elimination Period | | | | |
|------------------------------------|--------------------------------------|--------------------|----------------|----------------|----------------|------------------|
| | | Opt 1 14/14 | Opt 2 30/30 | Opt 3 60/60 | Opt 4 90/90 | Opt 5 180/180 |
| \$3,600 | \$200 | \$2.72 | \$2.33 | \$1.87 | \$1.06 | \$0.74 |
| \$5,400 | \$300 | \$4.08 | \$3.50 | \$2.81 | \$1.59 | \$1.11 |
| \$7,200 | \$400 | \$5.44 | \$4.66 | \$3.74 | \$2.12 | \$1.48 |
| \$9,000 | \$500 | \$6.80 | \$5.83 | \$4.68 | \$2.65 | \$1.85 |
| \$10,799 | \$600 | \$8.16 | \$6.99 | \$5.61 | \$3.18 | \$2.22 |
| \$12,599 | \$700 | \$9.52 | \$8.16 | \$6.55 | \$3.71 | \$2.59 |
| \$14,399 | \$800 | \$10.88 | \$9.32 | \$7.48 | \$4.24 | \$2.96 |
| \$16,199 | \$900 | \$12.24 | \$10.49 | \$8.42 | \$4.77 | \$3.33 |
| \$17,999 | \$1,000 | \$13.60 | \$11.65 | \$9.35 | \$5.30 | \$3.70 |
| \$19,799 | \$1,100 | \$14.96 | \$12.82 | \$10.29 | \$5.83 | \$4.07 |
| \$21,599 | \$1,200 | \$16.32 | \$13.98 | \$11.22 | \$6.36 | \$4.44 |
| \$23,399 | \$1,300 | \$17.68 | \$15.15 | \$12.16 | \$6.89 | \$4.81 |
| \$25,199 | \$1,400 | \$19.04 | \$16.31 | \$13.09 | \$7.42 | \$5.18 |
| \$26,999 | \$1,500 | \$20.40 | \$17.48 | \$14.03 | \$7.95 | \$5.55 |
| \$28,799 | \$1,600 | \$21.76 | \$18.64 | \$14.96 | \$8.48 | \$5.92 |
| \$30,598 | \$1,700 | \$23.12 | \$19.81 | \$15.90 | \$9.01 | \$6.29 |
| \$32,398 | \$1,800 | \$24.48 | \$20.97 | \$16.83 | \$9.54 | \$6.66 |
| \$34,198 | \$1,900 | \$25.84 | \$22.14 | \$17.77 | \$10.07 | \$7.03 |
| \$35,998 | \$2,000 | \$27.20 | \$23.30 | \$18.70 | \$10.60 | \$7.40 |
| \$37,798 | \$2,100 | \$28.56 | \$24.47 | \$19.64 | \$11.13 | \$7.77 |
| \$39,598 | \$2,200 | \$29.92 | \$25.63 | \$20.57 | \$11.66 | \$8.14 |
| \$41,398 | \$2,300 | \$31.28 | \$26.80 | \$21.51 | \$12.19 | \$8.51 |
| \$43,198 | \$2,400 | \$32.64 | \$27.96 | \$22.44 | \$12.72 | \$8.88 |
| \$44,998 | \$2,500 | \$34.00 | \$29.13 | \$23.38 | \$13.25 | \$9.25 |
| \$46,798 | \$2,600 | \$35.36 | \$30.29 | \$24.31 | \$13.78 | \$9.62 |
| \$48,598 | \$2,700 | \$36.72 | \$31.46 | \$25.25 | \$14.31 | \$9.99 |
| \$50,397 | \$2,800 | \$38.08 | \$32.62 | \$26.18 | \$14.84 | \$10.36 |
| \$52,197 | \$2,900 | \$39.44 | \$33.79 | \$27.12 | \$15.37 | \$10.73 |
| \$53,997 | \$3,000 | \$40.80 | \$34.95 | \$28.05 | \$15.90 | \$11.10 |
| \$55,797 | \$3,100 | \$42.16 | \$36.12 | \$28.99 | \$16.43 | \$11.47 |
| \$57,597 | \$3,200 | \$43.52 | \$37.28 | \$29.92 | \$16.96 | \$11.84 |

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Group Educator Disability Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$7,500, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration

Accident: SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

3 months / 12 months

Payroll Deduction Illustration: 2 Times Per Month

| If your annual salary is at least: | You may select a monthly benefit of: | Elimination Period | | | | |
|------------------------------------|--------------------------------------|--------------------|----------------|----------------|----------------|------------------|
| | | Opt 1 14/14 | Opt 2 30/30 | Opt 3 60/60 | Opt 4 90/90 | Opt 5 180/180 |
| \$59,397 | \$3,300 | \$44.88 | \$38.45 | \$30.86 | \$17.49 | \$12.21 |
| \$61,197 | \$3,400 | \$46.24 | \$39.61 | \$31.79 | \$18.02 | \$12.58 |
| \$62,997 | \$3,500 | \$47.60 | \$40.78 | \$32.73 | \$18.55 | \$12.95 |
| \$64,797 | \$3,600 | \$48.96 | \$41.94 | \$33.66 | \$19.08 | \$13.32 |
| \$66,597 | \$3,700 | \$50.32 | \$43.11 | \$34.60 | \$19.61 | \$13.69 |
| \$68,397 | \$3,800 | \$51.68 | \$44.27 | \$35.53 | \$20.14 | \$14.06 |
| \$70,196 | \$3,900 | \$53.04 | \$45.44 | \$36.47 | \$20.67 | \$14.43 |
| \$71,996 | \$4,000 | \$54.40 | \$46.60 | \$37.40 | \$21.20 | \$14.80 |
| \$73,796 | \$4,100 | \$55.76 | \$47.77 | \$38.34 | \$21.73 | \$15.17 |
| \$75,596 | \$4,200 | \$57.12 | \$48.93 | \$39.27 | \$22.26 | \$15.54 |
| \$77,396 | \$4,300 | \$58.48 | \$50.10 | \$40.21 | \$22.79 | \$15.91 |
| \$79,196 | \$4,400 | \$59.84 | \$51.26 | \$41.14 | \$23.32 | \$16.28 |
| \$80,996 | \$4,500 | \$61.20 | \$52.43 | \$42.08 | \$23.85 | \$16.65 |
| \$82,796 | \$4,600 | \$62.56 | \$53.59 | \$43.01 | \$24.38 | \$17.02 |
| \$84,596 | \$4,700 | \$63.92 | \$54.76 | \$43.95 | \$24.91 | \$17.39 |
| \$86,396 | \$4,800 | \$65.28 | \$55.92 | \$44.88 | \$25.44 | \$17.76 |
| \$88,196 | \$4,900 | \$66.64 | \$57.09 | \$45.82 | \$25.97 | \$18.13 |
| \$89,996 | \$5,000 | \$68.00 | \$58.25 | \$46.75 | \$26.50 | \$18.50 |
| \$91,795 | \$5,100 | \$69.36 | \$59.42 | \$47.69 | \$27.03 | \$18.87 |
| \$93,595 | \$5,200 | \$70.72 | \$60.58 | \$48.62 | \$27.56 | \$19.24 |
| \$95,395 | \$5,300 | \$72.08 | \$61.75 | \$49.56 | \$28.09 | \$19.61 |
| \$97,195 | \$5,400 | \$73.44 | \$62.91 | \$50.49 | \$28.62 | \$19.98 |
| \$98,995 | \$5,500 | \$74.80 | \$64.08 | \$51.43 | \$29.15 | \$20.35 |
| \$100,795 | \$5,600 | \$76.16 | \$65.24 | \$52.36 | \$29.68 | \$20.72 |
| \$102,595 | \$5,700 | \$77.52 | \$66.41 | \$53.30 | \$30.21 | \$21.09 |
| \$104,395 | \$5,800 | \$78.88 | \$67.57 | \$54.23 | \$30.74 | \$21.46 |
| \$106,195 | \$5,900 | \$80.24 | \$68.74 | \$55.17 | \$31.27 | \$21.83 |
| \$107,995 | \$6,000 | \$81.60 | \$69.90 | \$56.10 | \$31.80 | \$22.20 |
| \$109,795 | \$6,100 | \$82.96 | \$71.07 | \$57.04 | \$32.33 | \$22.57 |
| \$111,594 | \$6,200 | \$84.32 | \$72.23 | \$57.97 | \$32.86 | \$22.94 |
| \$113,394 | \$6,300 | \$85.68 | \$73.40 | \$58.91 | \$33.39 | \$23.31 |

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Group Educator Disability Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$7,500, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration

Accident: SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

3 months / 12 months

Payroll Deduction Illustration: 2 Times Per Month

| If your annual salary is at least: | You may select a monthly benefit of: | Elimination Period | | | | |
|------------------------------------|--------------------------------------|--------------------|----------------|----------------|----------------|------------------|
| | | Opt 1 14/14 | Opt 2 30/30 | Opt 3 60/60 | Opt 4 90/90 | Opt 5 180/180 |
| \$115,194 | \$6,400 | \$87.04 | \$74.56 | \$59.84 | \$33.92 | \$23.68 |
| \$116,994 | \$6,500 | \$88.40 | \$75.73 | \$60.78 | \$34.45 | \$24.05 |
| \$118,794 | \$6,600 | \$89.76 | \$76.89 | \$61.71 | \$34.98 | \$24.42 |
| \$120,594 | \$6,700 | \$91.12 | \$78.06 | \$62.65 | \$35.51 | \$24.79 |
| \$122,394 | \$6,800 | \$92.48 | \$79.22 | \$63.58 | \$36.04 | \$25.16 |
| \$124,194 | \$6,900 | \$93.84 | \$80.39 | \$64.52 | \$36.57 | \$25.53 |
| \$125,994 | \$7,000 | \$95.20 | \$81.55 | \$65.45 | \$37.10 | \$25.90 |
| \$127,794 | \$7,100 | \$96.56 | \$82.72 | \$66.39 | \$37.63 | \$26.27 |
| \$129,594 | \$7,200 | \$97.92 | \$83.88 | \$67.32 | \$38.16 | \$26.64 |
| \$131,393 | \$7,300 | \$99.28 | \$85.05 | \$68.26 | \$38.69 | \$27.01 |
| \$133,193 | \$7,400 | \$100.64 | \$86.21 | \$69.19 | \$39.22 | \$27.38 |
| \$134,993 | \$7,500 | \$102.00 | \$87.38 | \$70.13 | \$39.75 | \$27.75 |

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Protecting your loved ones — no matter what

Thinking about life after you're gone isn't easy, but it's one of the most important considerations you'll ever have.

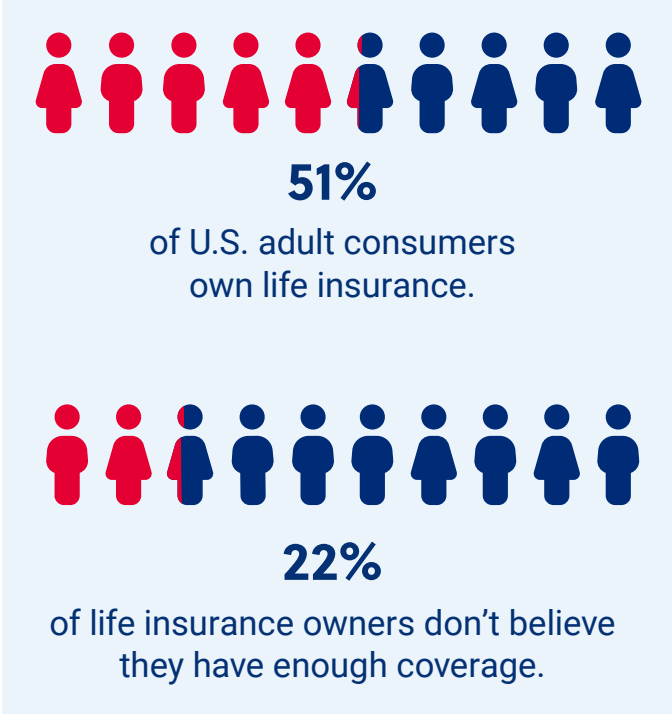
If the unexpected happens, will your loved ones be financially secure? Will they have the resources to carry on, or will they face uncertainty and hardship in the wake of your loss? Preparing today can ensure peace of mind for tomorrow.

A growing gap for families

Across the country, American families face a growing insurance gap. In 2024, only 51% of U.S. adult consumers owned life insurance.¹ Among life insurance owners, 22% don't believe they have sufficient coverage to take care of their family if they passed away.¹

But life insurance isn't just about protecting your loved ones in the short term. It can also be a way of providing for them for decades to come, by keeping them on track for their long-term goals, whether they be college education, home ownership or even retirement.

1. <https://www.limra.com/siteassets/newsroom/liam/2024/2024-life-insurance-fact-sheet.pdf>



To learn more, or if you have questions about the life insurance options available through your employer, contact your human resources department today.

Why purchase term life insurance?

- Group rates provide affordable coverage.
- Premium payments are easily made through payroll deduction.
- In some cases, you can purchase coverage for your spouse and/or dependent children.
- You may be able to take your coverage with you in the event you leave your employer.

How much do you need?

Everyone's circumstances are different. The amount of life insurance that's appropriate for you will depend on factors such as age, current finances and the financial needs of your loved ones. That's why it's important to start the conversation now, both with the people closest to you and with a financial professional who can help guide you down a positive path.

Nobody knows what the future holds. That's why preparation is so critical. By taking steps now to secure term life insurance coverage, you and those who mean the most to you can have a sense of certainty that things will be OK, no matter what tomorrow brings.

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What you need to know about your Basic Life and AD&D Benefits

Guaranteed Issue: Employee: \$30,000

Accidental Death and Dismemberment (AD&D): Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract. Additional AD&D benefits include seat belt, air bag, repatriation, child higher education, child care, paralysis/loss of use, severe burns, disappearance, and exposure.

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.

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

| | |
|-------------|-----|
| Age: | 70 |
| Reduces To: | 50% |

Basic Employee Life and AD&D Coverage

Your Life and AD&D insurance coverage amount is \$30,000.

Coverage is provided at no cost to you.

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What you need to know about your Voluntary Term Life and AD&D Benefits

Flexible Options: Employee: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 5 times your annual salary
Spouse under age 70: \$5,000 to \$250,000, in \$5,000 increments, not to exceed 100% of the employee's amount

Guaranteed Issue: Employee: \$250,000 Spouse: \$50,000 Child: \$10,000

Dependent Life Coverage: Optional dependent life coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren).

Accidental Death and Dismemberment (AD&D): Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract. Additional AD&D benefits include seat belt, air bag, repatriation, child higher education, child care, paralysis/loss of use, severe burns, disappearance, and exposure.

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.

Guaranteed Increase In Benefit: You may be eligible to increase your coverage annually until you reach your maximum amount without providing evidence of insurability.

Reductions: Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. The amounts of dependent life insurance and dependent AD&D principal sum will reduce according to the employee's reduction schedule.

| | |
|-------------|-----|
| Age: | 70 |
| Reduces To: | 50% |

**Payroll Deduction Illustration: 2 Times Per Month
Employee Options**

| 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 | \$.40 | \$.40 | \$.40 | \$.50 | \$.55 | \$.70 | \$.95 | \$ 1.40 | \$ 2.60 | \$ 3.40 | \$ 6.45 | \$ 10.40 | \$ 10.40 |
| \$20,000 | \$.80 | \$.80 | \$.80 | \$ 1.00 | \$ 1.10 | \$ 1.40 | \$ 1.90 | \$ 2.80 | \$ 5.20 | \$ 6.80 | \$ 12.90 | \$ 20.80 | \$ 20.80 |
| \$30,000 | \$ 1.20 | \$ 1.20 | \$ 1.20 | \$ 1.50 | \$ 1.65 | \$ 2.10 | \$ 2.85 | \$ 4.20 | \$ 7.80 | \$ 10.20 | \$ 19.35 | \$ 31.20 | \$ 31.20 |
| \$40,000 | \$ 1.60 | \$ 1.60 | \$ 1.60 | \$ 2.00 | \$ 2.20 | \$ 2.80 | \$ 3.80 | \$ 5.60 | \$ 10.40 | \$ 13.60 | \$ 25.80 | \$ 41.60 | \$ 41.60 |
| \$50,000 | \$ 2.00 | \$ 2.00 | \$ 2.00 | \$ 2.50 | \$ 2.75 | \$ 3.50 | \$ 4.75 | \$ 7.00 | \$ 13.00 | \$ 17.00 | \$ 32.25 | \$ 52.00 | \$ 52.00 |
| \$100,000 | \$ 4.00 | \$ 4.00 | \$ 4.00 | \$ 5.00 | \$ 5.50 | \$ 7.00 | \$ 9.50 | \$ 14.00 | \$ 26.00 | \$ 34.00 | \$ 64.50 | \$ 104.00 | \$ 104.00 |
| \$150,000 | \$ 6.00 | \$ 6.00 | \$ 6.00 | \$ 7.50 | \$ 8.25 | \$ 10.50 | \$ 14.25 | \$ 21.00 | \$ 39.00 | \$ 51.00 | \$ 96.75 | \$ 156.00 | \$ 156.00 |
| \$200,000 | \$ 8.00 | \$ 8.00 | \$ 8.00 | \$ 10.00 | \$ 11.00 | \$ 14.00 | \$ 19.00 | \$ 28.00 | \$ 52.00 | \$ 68.00 | \$ 129.00 | \$ 208.00 | \$ 208.00 |
| \$250,000 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 12.50 | \$ 13.75 | \$ 17.50 | \$ 23.75 | \$ 35.00 | \$ 65.00 | \$ 85.00 | \$ 161.25 | \$ 260.00 | \$ 260.00 |

Spouse Options

| 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 | \$.40 | \$.40 | \$.40 | \$.50 | \$.55 | \$.70 | \$.95 | \$ 1.40 | \$ 2.60 | \$ 3.40 | \$ 6.45 | \$ 10.40 | \$ 10.40 |
| \$20,000 | \$.80 | \$.80 | \$.80 | \$ 1.00 | \$ 1.10 | \$ 1.40 | \$ 1.90 | \$ 2.80 | \$ 5.20 | \$ 6.80 | \$ 12.90 | \$ 20.80 | \$ 20.80 |
| \$30,000 | \$ 1.20 | \$ 1.20 | \$ 1.20 | \$ 1.50 | \$ 1.65 | \$ 2.10 | \$ 2.85 | \$ 4.20 | \$ 7.80 | \$ 10.20 | \$ 19.35 | \$ 31.20 | \$ 31.20 |
| \$40,000 | \$ 1.60 | \$ 1.60 | \$ 1.60 | \$ 2.00 | \$ 2.20 | \$ 2.80 | \$ 3.80 | \$ 5.60 | \$ 10.40 | \$ 13.60 | \$ 25.80 | \$ 41.60 | \$ 41.60 |
| \$50,000 | \$ 2.00 | \$ 2.00 | \$ 2.00 | \$ 2.50 | \$ 2.75 | \$ 3.50 | \$ 4.75 | \$ 7.00 | \$ 13.00 | \$ 17.00 | \$ 32.25 | \$ 52.00 | \$ 52.00 |

Child Options

| Life & AD&D | Child(ren) 6 months to age 26 | Child(ren) live birth to 6 months | Deduction amount Child(ren) |
|------------------|-------------------------------|-----------------------------------|-----------------------------|
| Option 1: | \$10,000 | \$1,000 | \$0.50 |

Note: Employee and Spouse premiums are based on your age as of 09/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

OneAmerica Financial[®] is the marketing name for the companies of OneAmerica Financial.

Group Enrollment Form

American United Life Insurance Company®
 a ONEAMERICA FINANCIAL® 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: Waller Independent School District | | | |
| 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 coverage listed below. Not checking a box or boxes will be considered a declination of that coverage.

Benefit Amount / Option Requested

| | | |
|--|--|----------------------------------|
| Group Educator Disability | Option _____ <input type="checkbox"/> \$ _____ | <input type="checkbox"/> Decline |
| Basic Term Life & AD&D | <input checked="" type="checkbox"/> Elect | |
| Employee Voluntary Term Life & AD&D | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> Decline |
| Spouse Voluntary Term Life & AD&D | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> Decline |
| Child Voluntary Term Life & AD&D | Option _____ <input type="checkbox"/> Elect | <input type="checkbox"/> Decline |

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

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

| | | | |
|---------------------------------|-------------|---------------|--------------------|
| Name of Primary Beneficiary: | Percentage: | Relationship: | SSN/Date of Birth: |
| Name of Contingent Beneficiary: | Percentage: | 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 any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct. 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:** _____

In Community Property States, Spouse Signature: _____ Date: _____

| | | | | | |
|--|---|-----------|---|-------------|-------------------------|
| MUST BE COMPLETED BY THE EMPLOYER | Group Policy #: 00627608-0000-000 | Class # : | Employer: Waller Independent School District | Occupation: | Employer's State: TX |
| | 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: |
| F/T Requirements (hours, days, weeks, etc.): _____ | | | | | |