



**IMPORTANT! SIGN AND RETURN IMMEDIATELY TO AMERICAN UNITED LIFE INSURANCE COMPANY®**

Application is hereby made to American United Life Insurance Company® of Indianapolis, Indiana, by ESC Region 11 Employee Benefits Cooperative

Whose main office is: 2175 N Glenville Drive | Richardson | TX |  
Zip Code: 75082

For Group Policy Number: G 00618369-0000-000

The Group Policy as issued with any changes noted in the "For AUL Use Only" box on the application as requested by the Employer subsequent to the date the application was signed is hereby approved and the terms thereof are hereby accepted.

This Application is executed in duplicate, one signed copy is attached to the Policy and the other signed copy should be returned to American United Life Insurance Company®.

It is agreed that this Application supersedes any previous application for the Group Policy.

By \_\_\_\_\_ Date \_\_\_\_\_  
*(Signature & Title)*  
Witness \_\_\_\_\_ Licensed Resident Agent \_\_\_\_\_

**PERPETUAL CONTINUING PROXY**

Contractholder/Policyholder: ESC Region 11 Employee Benefits Cooperative

Contract/Policy No: G 00618369-0000-000

Because I am a Contractholder/Policyholder, I am automatically a voting member of the parent company, American United Mutual Insurance Holding Company (the "Holding Company").

For all matters submitted by the Holding Company to its members for a vote, I may vote in person. Annual meetings are held at the Holding Company's principal place of business in Indianapolis, Indiana on the third Thursday of February in Indianapolis, Indiana or at such other location, place, or time as may be designated by the Board of Directors. I may receive no further notices of the annual meetings.

I can choose to submit my proxy instead of personally attending the meeting. I have checked the box below if I have made that choice.

I APPOINT the Secretary of the Holding Company, or in the absence of the Secretary the President, to vote MY PROXY upon all questions or matters that are submitted to a member vote, including elections of Directors of the Holding Company's Board of Directors. The Secretary or President, as the case may be, must vote my Proxy as directed by the Board of Directors and in accordance with the By-Laws of the Holding Company.

If I have checked the proxy designation box above, I instruct the Holding Company to record my PERPETUAL CONTINUING PROXY. I INTEND FOR MY PROXY TO REMAIN IN EFFECT as long as I am a voting member of the Holding Company or until I submit a revocation or modification of this Proxy in writing to the Holding Company.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
*(City, State)*

\_\_\_\_\_  
*(Witness Signature)*

\_\_\_\_\_  
*Signature of Contractholder/Policyholder*



**IMPORTANT! SIGN AND KEEP ATTACHED TO YOUR POLICY!**

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It is agreed that this Application supersedes any previous application for the Group Policy.

By \_\_\_\_\_ Date \_\_\_\_\_  
*(Signature & Title)*

Witness \_\_\_\_\_ Licensed Resident Agent \_\_\_\_\_

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I APPOINT the Secretary of the Holding Company, or in the absence of the Secretary the President, to vote MY PROXY upon all questions or matters that are submitted to a member vote, including elections of Directors of the Holding Company's Board of Directors. The Secretary or President, as the case may be, must vote my Proxy as directed by the Board of Directors and in accordance with the By-Laws of the Holding Company.

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Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
*(City, State)*

\_\_\_\_\_  
*(Witness Signature)*

\_\_\_\_\_  
*Signature of Contractholder/Policyholder*



**AMERICAN UNITED LIFE INSURANCE COMPANY®  
INDIANAPOLIS, INDIANA 46206-0368**

In consideration of the Application for this policy made by:

ESC Region 11 Employee Benefits Cooperative  
(Hereinafter called the Policyholder)

and of the payment of all premiums when due, American United Life Insurance Company® (AUL) agrees to insure certain individuals who are or become entitled to insurance under the terms and conditions of this policy and to pay to those insured individuals the benefits owed under this policy.

This Policy Number is G 00618369-0000-000. The Policyholder's Effective Date is 09/01/2020. The first premium is due on the Effective Date of this policy. Subsequent premiums are due each succeeding Policy Month. The Policyholder's Anniversary date is 09/01 of each year.

The first Policy Month begins on the 1st day of September and ends on the 30th day of September. Each succeeding Policy Month runs for a similar period thereafter.

The provisions on the following pages are considered a part of this policy. This policy is executed by AUL at its Home Office in Indianapolis, Indiana and coverage takes effect on the Policyholder's Effective Date.

By-law, Art. II, Sec. 2: The regular annual meeting of the members of this Corporation shall be held at its principal place of business on the third Thursday in February of each year at ten o'clock A.M. local time or at such other location, place, or time as may be designated by the Board of Directors. The elections of directors shall be held at the annual meeting.

Richard M. Ellery  
Secretary and General Counsel

  
J. Scott Davison  
Chairman, President and Chief Executive Officer

**THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.**

**GROUP WORKSITE DISABILITY INSURANCE POLICY - LONG TERM**

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**IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call the American United Life Insurance Company's® toll-free telephone number for information or to make a complaint at:

**1-800-553-5318**

You may also write to American United Life Insurance Company® at:

**American United Life Insurance Company®  
One American Square  
PO Box 6123  
Indianapolis, IN 46206-6123**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 490-1007  
Web: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

**PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim, you should contact the the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

**AVISO IMPORTANTE**

Para obtener información o para presentar una queja:

Usted puede llamar al número de telefono gratuito de American United Life Insurance Company's® para obtener información o para presentar una queja al:

**1-800-553-5318**

Usted también puede escribir a American United Life Insurance Company® al:

**American United Life Insurance Company®  
One American Square  
PO Box 6123  
Indianapolis, IN 46206-6123**

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

**1-800-252-3439**

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 490-1007  
Sitio web: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

**DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:**

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con el agente o la compañía primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

**ADJUNTE ESTE AVISO A SU PÓLIZA:**

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

## SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 1 (EP-0/7) Not to Exceed 45%
CLASS NUMBER	001
OPTION NUMBER	01
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 01

ELIMINATION PERIOD	
INJURY	0 days. See Section 2.
SICKNESS	7 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is not included for this class. See Section 8.
FIRST DAY HOSPITAL	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement.
GUARANTEED ISSUE AMOUNT LATE ENROLLEE	\$10,000. See Section 2. The Lesser of: 1) 45% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 01

MAXIMUM BENEFIT DURATION	SSFRA
Age When Total Disability Begins	Maximum Duration
Less than Age 60	Greater of: SSFRA* or To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	45% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.



**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 01

RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.
WAIVER OF PREMIUM	This benefit is included for this class. See Section 6.
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 17.

## SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 2 (EP-14/14) Not to Exceed 45%
CLASS NUMBER	001
OPTION NUMBER	02
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 02

ELIMINATION PERIOD	
INJURY	14 days. See Section 2.
SICKNESS	14 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is not included for this class. See Section 8.
FIRST DAY HOSPITAL	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement.
GUARANTEED ISSUE AMOUNT LATE ENROLLEE	\$10,000. See Section 2. The Lesser of: 1) 45% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 02

MAXIMUM BENEFIT DURATION	SSFRA
Age When Total Disability Begins	Maximum Duration
Less than Age 60	Greater of: SSFRA* or To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	45% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 02

RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.
WAIVER OF PREMIUM	This benefit is included for this class. See Section 6.
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 17.

## SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 3 (EP-30/30) Not to Exceed 45%
CLASS NUMBER	001
OPTION NUMBER	03
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 03

ELIMINATION PERIOD	
INJURY	30 days. See Section 2.
SICKNESS	30 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
FIRST DAY HOSPITAL	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement.
GUARANTEED ISSUE AMOUNT LATE ENROLLEE	\$10,000. See Section 2. The Lesser of: 1) 45% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 03

MAXIMUM BENEFIT DURATION	SSFRA
Age When Total Disability Begins	Maximum Duration
Less than Age 60	Greater of: SSFRA* or To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	45% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.



**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 03

RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.
WAIVER OF PREMIUM	This benefit is included for this class. See Section 6.
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 17.

## SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 4 (EP-60/60) Not to Exceed 45%
CLASS NUMBER	001
OPTION NUMBER	04
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 04

ELIMINATION PERIOD	
INJURY	60 days. See Section 2.
SICKNESS	60 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
GUARANTEED ISSUE AMOUNT	\$10,000. See Section 2.
LATE ENROLLEE	The Lesser of: 1) 45% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE	
INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD	
INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.
MAXIMUM BENEFIT DURATION	SSFRA

**Age When Total Disability Begins**

**Maximum Duration**

Greater of: SSFRA\* or

Less than Age 60

To Age 65

60

5 Years

61

4 Years

62

3.5 Years

63

3 Years

64

2.5 Years

65

2 Years

66

21 Months

67

18 Months

68

15 Months

69 and over

12 Months

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 04

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	45% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.
RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 04

WAIVER OF PREMIUM

This benefit is included for this class. See Section 6.

WORKPLACE MODIFICATION BENEFIT

This benefit is included for this class. See Section 17.

**SECTION 1 - SCHEDULE OF BENEFITS**

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 5 (EP-90/90) Not to Exceed 45%
CLASS NUMBER	001
OPTION NUMBER	05
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 05

ELIMINATION PERIOD	
INJURY	90 days. See Section 2.
SICKNESS	90 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
GUARANTEED ISSUE AMOUNT	\$10,000. See Section 2.
LATE ENROLLEE	The Lesser of: 1) 45% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE	
INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD	
INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.
MAXIMUM BENEFIT DURATION	SSFRA

**Age When Total Disability Begins**

**Maximum Duration**  
Greater of: SSFRA\* or

Less than Age 60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 05

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	45% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.
RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.



**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 05

WAIVER OF PREMIUM

This benefit is included for this class. See Section 6.

WORKPLACE MODIFICATION BENEFIT

This benefit is included for this class. See Section 17.

## SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 6 (EP-180/180) Not to Exceed 45%
CLASS NUMBER	001
OPTION NUMBER	06
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 06

ELIMINATION PERIOD	
INJURY	180 days. See Section 2.
SICKNESS	180 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
GUARANTEED ISSUE AMOUNT	\$10,000. See Section 2.
LATE ENROLLEE	The Lesser of: 1) 45% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE	
INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD	
INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.
MAXIMUM BENEFIT DURATION	SSFRA

**Age When Total Disability Begins**

**Maximum Duration**  
Greater of: SSFRA\* or

Less than Age 60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 06

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	45% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.
RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 001-Option 06

WAIVER OF PREMIUM

This benefit is included for this class. See Section 6.

WORKPLACE MODIFICATION BENEFIT

This benefit is included for this class. See Section 17.

## SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 1 (EP-0/7) Not to Exceed 55%
CLASS NUMBER	002
OPTION NUMBER	01
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 01

ELIMINATION PERIOD	
INJURY	0 days. See Section 2.
SICKNESS	7 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is not included for this class. See Section 8.
FIRST DAY HOSPITAL	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement.
GUARANTEED ISSUE AMOUNT LATE ENROLLEE	\$10,000. See Section 2. The Lesser of: 1) 55% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 01

MAXIMUM BENEFIT DURATION	SSFRA
Age When Total Disability Begins	Maximum Duration
Less than Age 60	Greater of: SSFRA* or To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	55% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.



**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 01

RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.
WAIVER OF PREMIUM	This benefit is included for this class. See Section 6.
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 17.

## SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 2 (EP-14/14) Not to Exceed 55%
CLASS NUMBER	002
OPTION NUMBER	02
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 02

ELIMINATION PERIOD	
INJURY	14 days. See Section 2.
SICKNESS	14 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is not included for this class. See Section 8.
FIRST DAY HOSPITAL	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement.
GUARANTEED ISSUE AMOUNT LATE ENROLLEE	\$10,000. See Section 2. The Lesser of: 1) 55% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 02

MAXIMUM BENEFIT DURATION	SSFRA
Age When Total Disability Begins	Maximum Duration
Less than Age 60	Greater of: SSFRA* or To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	55% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 02

RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.
WAIVER OF PREMIUM	This benefit is included for this class. See Section 6.
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 17.

**SECTION 1 - SCHEDULE OF BENEFITS**

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 3 (EP-30/30) Not to Exceed 55%
CLASS NUMBER	002
OPTION NUMBER	03
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 03

ELIMINATION PERIOD	
INJURY	30 days. See Section 2.
SICKNESS	30 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
FIRST DAY HOSPITAL	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement.
GUARANTEED ISSUE AMOUNT LATE ENROLLEE	\$10,000. See Section 2. The Lesser of: 1) 55% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 03

MAXIMUM BENEFIT DURATION	SSFRA
Age When Total Disability Begins	Maximum Duration
Less than Age 60	Greater of: SSFRA* or To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	55% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.



**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 03

RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.
WAIVER OF PREMIUM	This benefit is included for this class. See Section 6.
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 17.

**SECTION 1 - SCHEDULE OF BENEFITS**

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 4 (EP-60/60) Not to Exceed 55%
CLASS NUMBER	002
OPTION NUMBER	04
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 04

ELIMINATION PERIOD	
INJURY	60 days. See Section 2.
SICKNESS	60 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
GUARANTEED ISSUE AMOUNT	\$10,000. See Section 2.
LATE ENROLLEE	The Lesser of: 1) 55% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE	
INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD	
INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.
MAXIMUM BENEFIT DURATION	SSFRA

**Age When Total Disability Begins**

**Maximum Duration**

Greater of: SSFRA\* or

Less than Age 60

To Age 65

60

5 Years

61

4 Years

62

3.5 Years

63

3 Years

64

2.5 Years

65

2 Years

66

21 Months

67

18 Months

68

15 Months

69 and over

12 Months

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 04

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	55% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.
RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 04

WAIVER OF PREMIUM

This benefit is included for this class. See Section 6.

WORKPLACE MODIFICATION BENEFIT

This benefit is included for this class. See Section 17.

## SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 5 (EP-90/90) Not to Exceed 55%
CLASS NUMBER	002
OPTION NUMBER	05
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 05

ELIMINATION PERIOD	
INJURY	90 days. See Section 2.
SICKNESS	90 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
GUARANTEED ISSUE AMOUNT	\$10,000. See Section 2.
LATE ENROLLEE	The Lesser of: 1) 55% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE	
INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD	
INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.
MAXIMUM BENEFIT DURATION	SSFRA

**Age When Total Disability Begins**

**Maximum Duration**  
Greater of: SSFRA\* or

Less than Age 60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 05

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	55% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.
RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.



**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 05

WAIVER OF PREMIUM

This benefit is included for this class. See Section 6.

WORKPLACE MODIFICATION BENEFIT

This benefit is included for this class. See Section 17.

**SECTION 1 - SCHEDULE OF BENEFITS**

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 6 (EP-180/180) Not to Exceed 55%
CLASS NUMBER	002
OPTION NUMBER	06
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 06

ELIMINATION PERIOD	
INJURY	180 days. See Section 2.
SICKNESS	180 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
GUARANTEED ISSUE AMOUNT	\$10,000. See Section 2.
LATE ENROLLEE	The Lesser of: 1) 55% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE	
INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD	
INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.
MAXIMUM BENEFIT DURATION	SSFRA

**Age When Total Disability Begins**

**Maximum Duration**

Greater of: SSFRA\* or

Less than Age 60

To Age 65

60

5 Years

61

4 Years

62

3.5 Years

63

3 Years

64

2.5 Years

65

2 Years

66

21 Months

67

18 Months

68

15 Months

69 and over

12 Months

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 06

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	55% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.
RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 002-Option 06

WAIVER OF PREMIUM

This benefit is included for this class. See Section 6.

WORKPLACE MODIFICATION BENEFIT

This benefit is included for this class. See Section 17.

## SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing option 1 (EP-0/7) Not to Exceed 65%
CLASS NUMBER	003
OPTION NUMBER	01
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 01

ELIMINATION PERIOD	
INJURY	0 days. See Section 2.
SICKNESS	7 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is not included for this class. See Section 8.
FIRST DAY HOSPITAL	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement.
GUARANTEED ISSUE AMOUNT LATE ENROLLEE	\$10,000. See Section 2. The Lesser of: 1) 65% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 01

MAXIMUM BENEFIT DURATION	SSFRA
Age When Total Disability Begins	Maximum Duration
	Greater of: SSFRA* or
Less than Age 60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	65% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.



**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 01

RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.
WAIVER OF PREMIUM	This benefit is included for this class. See Section 6.
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 17.

## SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 2 (EP-14/14) Not to Exceed 65%
CLASS NUMBER	003
OPTION NUMBER	02
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 02

ELIMINATION PERIOD	
INJURY	14 days. See Section 2.
SICKNESS	14 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is not included for this class. See Section 8.
FIRST DAY HOSPITAL	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement.
GUARANTEED ISSUE AMOUNT LATE ENROLLEE	\$10,000. See Section 2. The Lesser of: 1) 65% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 02

MAXIMUM BENEFIT DURATION	SSFRA
Age When Total Disability Begins	Maximum Duration
Less than Age 60	Greater of: SSFRA* or To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	65% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 02

RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.
WAIVER OF PREMIUM	This benefit is included for this class. See Section 6.
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 17.

**SECTION 1 - SCHEDULE OF BENEFITS**

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 3 (EP-30/30) Not to Exceed 65%
CLASS NUMBER	003
OPTION NUMBER	03
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 03

ELIMINATION PERIOD	
INJURY	30 days. See Section 2.
SICKNESS	30 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
FIRST DAY HOSPITAL	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement.
GUARANTEED ISSUE AMOUNT LATE ENROLLEE	\$10,000. See Section 2. The Lesser of: 1) 65% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 03

MAXIMUM BENEFIT DURATION	SSFRA
Age When Total Disability Begins	Maximum Duration
Less than Age 60	Greater of: SSFRA* or To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	65% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.



**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 03

RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.
WAIVER OF PREMIUM	This benefit is included for this class. See Section 6.
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 17.

**SECTION 1 - SCHEDULE OF BENEFITS**

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 4 (EP-60/60) Not to Exceed 65%
CLASS NUMBER	003
OPTION NUMBER	04
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 04

ELIMINATION PERIOD	
INJURY	60 days. See Section 2.
SICKNESS	60 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
GUARANTEED ISSUE AMOUNT	\$10,000. See Section 2.
LATE ENROLLEE	The Lesser of: 1) 65% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE	
INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD	
INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.
MAXIMUM BENEFIT DURATION	SSFRA

**Age When Total Disability Begins**

**Maximum Duration**

Greater of: SSFRA\* or

Less than Age 60

To Age 65

60

5 Years

61

4 Years

62

3.5 Years

63

3 Years

64

2.5 Years

65

2 Years

66

21 Months

67

18 Months

68

15 Months

69 and over

12 Months

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 04

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	65% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.
RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 04

WAIVER OF PREMIUM	This benefit is included for this class. See Section 6.
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 17.

**SECTION 1 - SCHEDULE OF BENEFITS**

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 5 (EP-90/90) Not to Exceed 65%
CLASS NUMBER	003
OPTION NUMBER	05
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 05

ELIMINATION PERIOD	
INJURY	90 days. See Section 2.
SICKNESS	90 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
GUARANTEED ISSUE AMOUNT	\$10,000. See Section 2.
LATE ENROLLEE	The Lesser of: 1) 65% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE	
INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD	
INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2019.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.
MAXIMUM BENEFIT DURATION	SSFRA

<b>Age When Total Disability Begins</b>	<b>Maximum Duration</b>
	Greater of: SSFRA* or
Less than Age 60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 05

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	65% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.
RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.



**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 05

WAIVER OF PREMIUM

This benefit is included for this class. See Section 6.

WORKPLACE MODIFICATION BENEFIT

This benefit is included for this class. See Section 17.

**SECTION 1 - SCHEDULE OF BENEFITS**

ELIGIBLE CLASS	All Eligible Full-Time Employees, Electing Option 6 (EP-180/180) Not to Exceed 65%
CLASS NUMBER	003
OPTION NUMBER	06
REQUIREMENT FOR FULL-TIME EMPLOYEES	15.00 hours or more per week. See Section 3.
BASIC MONTHLY EARNINGS DESCRIPTION	For Sub-Chapter S-Corporation Shareholders: See Section 2. For Principals of a Partnership: See Section 2. For Sole Proprietors: See Section 2.  For all other Employees: BME Without Plan Contributions and No Commissions or Bonuses. See Section 2.
CHANGES IN INSURANCE	Policyholder's Anniversary Date. See Section 4.
CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF	This benefit is included for this class. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this class. See Section 13.
COVERED MONTHLY EARNINGS	The amount of the Person's income in U.S. dollars, received from the Policyholder that is insured by this policy. This amount will be the LESSER of: 1) the Basic Monthly Earnings; or 2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.
DRUG AND ALCOHOL LIMITATION	This benefit is included for this class. See Section 10.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 06

ELIMINATION PERIOD	
INJURY	180 days. See Section 2.
SICKNESS	180 days. See Section 2.
ACCUMULATION OF ELIMINATION PERIOD	This benefit is included for this class. See Section 8.
GUARANTEED ISSUE AMOUNT	\$10,000. See Section 2.
LATE ENROLLEE	The Lesser of: 1) 65% of Pre-Disability Earnings; or 2) \$10,000.  See Section 3.
INDIVIDUAL EFFECTIVE DATE	
INITIAL EMPLOYEES	Policyholder's Effective Date if the Employee has satisfied his Waiting Period on or before said date, otherwise the first day of the Coverage Month following the Initial Enrollment Period. See Section 3.
NEW EMPLOYEES	First day of the Coverage Month following the Initial Enrollment Period. See Section 3.
INDIVIDUAL REINSTATEMENT	This provision is included for this class. Application must be made within 30 days from termination date. Effective first day of the Coverage Month. See Section 5A.
INDIVIDUAL TERMINATIONS	Immediate. See Section 5.
INITIAL ENROLLMENT PERIOD	
INITIAL EMPLOYEES	Between 07/01/2019 and 08/31/2109.
NEW EMPLOYEES	31 days following the Employee's Eligibility Date. See Section 3.
MANDATORY REHABILITATION PROGRAM	This benefit is included for this class. See Section 16.
MAXIMUM BENEFIT DURATION	SSFRA

**Age When Total Disability Begins**

**Maximum Duration**  
Greater of: SSFRA\* or

Less than Age 60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 06

\*SSFRA means the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

MAXIMUM MONTHLY BENEFIT	\$10,000. See Section 2.
MENTAL ILLNESS LIMITATION	This benefit is included for this class. See Section 12.
MINIMUM MONTHLY BENEFIT	The greater of 25% of the Gross Monthly Benefit or \$200. See Section 8.
MONTHLY BENEFIT	65% of Basic Monthly Earnings not to exceed Maximum Monthly Benefit of \$10,000.  The Monthly Benefit will be reduced by Other Income Benefits.  See Section 8.
OCCUPATIONAL INJURY OR SICKNESS	24 Hour Coverage. See Section 2.
ORGAN DONOR TRANSPLANT BENEFIT	This benefit is included for this class. See Section 8.
OTHER INCOME BENEFITS	Applies to this class. See Section 2.
PARTIAL DISABILITY	This benefit is included for this class. See Section 8.
POLICY MONTH	A period that begins on the first day of the month and ends on the last day of the month. Each succeeding Policy Month runs for a similar period thereafter.
PORTABILITY PRIVILEGE	This benefit is not included for this class. See Section 14.
PRE-EXISTING CONDITION DURATION	3/12. See Section 9.
RECURRENT DISABILITY	6 months. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.
RETURN TO WORK	This benefit is included for this class. See Section 8.
SCHEDULED ENROLLMENT PERIOD	Period of time chosen by the Policyholder and approved by AUL. See Section 3.
SOCIAL SECURITY INTEGRATION	Direct Full Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL DISABILITY DEFINITION	2 years Regular Occupation, any occupation thereafter. See Section 2.
WAITING PERIOD	0 days. See Section 2.

**SECTION 1 - SCHEDULE OF BENEFITS (continued)**

Class 003-Option 06

WAIVER OF PREMIUM

This benefit is included for this class. See Section 6.

WORKPLACE MODIFICATION BENEFIT

This benefit is included for this class. See Section 17.

## **SECTION 2 - DEFINITIONS**

**ACTIVE WORK** and **ACTIVELY AT WORK** means the use of time and energy in the services of the Policyholder at the regular place of employment, or an alternative worksite as approved by the Policyholder and AUL, by a Person who is physically and mentally capable of performing each of the Material and Substantial duties of his Regular Occupation and who is a Full-Time Employee. If the alternative worksite is located outside of the United States or Canada, the Person will be considered to be Actively at Work unless the Person is outside of the United States or Canada for more than 6 months in any 12 month period. Active Work does not include periods of time when an Employee is not Actively at Work following an Injury, accidental bodily injury, Sickness, strike, lock-out, or Temporary Layoff.

This includes time off for vacation, jury duty, paid holidays, and funeral leave, where the Person could have been Actively at Work on that day.

**ANY OCCUPATION** means a Person's occupation for which he receives remuneration.

## SECTION 2 - DEFINITIONS

*BASIC MONTHLY EARNINGS (BME)* means the definition equivalent to the Person's earnings as reported to the IRS from one of the following options.

### *SUB-CHAPTER S-CORPORATION SHAREHOLDER EARNINGS*

For sub-chapter S corporation shareholders: BASIC MONTHLY EARNINGS means the Person's gross monthly income in U.S. dollars before taxes, received from the Policyholder. Gross income is based on the amount as last reported to AUL in writing by the Policyholder and approved in writing by AUL, for which premiums were paid and the coverage amount was approved in writing by AUL before the Date of Disability and is further based on:

- 1) the monthly average of the Person's gross income on his last reported Federal IRS W-2 Form shown as wages, tips, and other compensation. Earnings include pre-tax contributions to an employer-sponsored defined contribution plan and a cafeteria plan, if any. If the Person has not worked long enough to receive a Federal IRS W-2 Form from the Policyholder, gross monthly income will be the monthly average of the last amount of gross income reported to AUL in writing by the Policyholder for which premiums were paid and the coverage amount was approved in writing by AUL; and
- 2) shareholder earnings reported as ordinary income (loss) for trade or business activities on the Sub S corporation's Federal IRS Tax Form Schedule K-1 1120S, or similar form acceptable to AUL, averaged for the LESSER of:
  - a) the most recent 3 years; or
  - b) the period that the Person has been a shareholder.

The last reported earnings should be adjusted annually upon completion of the tax form, a copy of which should be submitted to AUL. AUL will use the earnings amount last reported in writing, for which premiums were paid, and the coverage amount was approved by AUL in writing before the Person's Date of Disability.

### *PARTNERSHIP EARNINGS*

For principals of a partnership: BASIC MONTHLY EARNINGS means the Person's gross monthly income in U.S. dollars before taxes, received from the Policyholder, not to exceed a maximum workweek of 40 hours including Partnership Earnings. Gross income is based on the amount as last reported to AUL in writing by the Policyholder and approved in writing by AUL, for which premiums were paid and the coverage amount was approved in writing by AUL before the Date of Disability. Earnings do not include income received from commissions, bonuses, overtime, or expense accounts.

Partnership Earnings will be the monthly average of the amount shown as "net earnings (loss) from self-employment" from Schedule K-1 of the partnership federal income tax return for the LESSER of:

- 1) the 3 most recent years; or
- 2) the total number of months the Person was a partner, if the Person was not a partner for the entire 3 years.

The reported earnings should be adjusted annually upon completion of the tax form, a copy of which should be submitted to AUL. AUL will use the earnings amount last reported and approved in writing by AUL before the Person's Date of Disability.

## SECTION 2 - DEFINITIONS

### *SOLE PROPRIETOR EARNINGS*

For sole proprietors: BASIC MONTHLY EARNINGS means the Person's annual net profit in U.S. dollars averaged for the LESSER of:

- 1) the 3 most recent years; or
- 2) the period that the Person has been a sole proprietor.

Gross income is based on the amount as last reported to AUL in writing by the Policyholder and approved in writing by AUL, for which premiums were paid and the coverage amount was approved in writing by AUL before the Date of Disability. Earnings are based upon the number taken from Schedule C of Federal IRS Form 1040 for the monthly average of 3 business years immediately prior to reporting. The reported earnings should be adjusted annually following completion of the appropriate tax form, a copy of which should be submitted to AUL. AUL will use the net profit amount last reported in writing, for which premiums were paid and the coverage amount was approved in writing by AUL before the Person's Date of Disability.



## SECTION 2 - DEFINITIONS

### *BME WITHOUT PLAN CONTRIBUTIONS AND NO COMMISSIONS OR BONUSSES*

For all other Employees: BASIC MONTHLY EARNINGS means the Person's gross monthly income in U.S. dollars, before taxes, received from the Policyholder not to exceed a maximum workweek of 40 hours. Gross monthly income does not include pre-tax contributions to an employer sponsored defined contribution plan or a cafeteria plan. These earnings are based on the amount as last reported to AUL in writing by the Policyholder, for which premiums were paid and the coverage amount was approved in writing by AUL before the Date of Disability. Earnings do not include income received from commissions, bonuses, overtime, or expense accounts.

If the Person is paid his annual gross income in less than 12 months, the Basic Monthly Earnings shall equal 1/12 of the annual gross income.

## SECTION 2 - DEFINITIONS

CHILD(REN) means a minor related by blood, marriage or court order that can be claimed as a dependent for federal income tax purposes, such as:

- 1) natural born child(ren) of the Person;
- 2) legally adopted child(ren) of the Person from the time of placement in the Person's home and the filing of documents with the court to adopt;
- 3) stepchild(ren) who lives with the Person; and
- 4) child(ren) for whom the Person has legal guardianship.

COMPENSATORY TIME means time off with pay in lieu of overtime pay for regularly scheduled or irregular or occasional overtime work.

CONSUMER PRICE INDEX (CPI) means the statistical measure of the average change in prices figured by the United States Dept. of Labor, Bureau of Labor Statistics. The percent change in the Consumer Price Index for All Urban Consumers (CPI-U); U.S. City Average for All Items, for the prior calendar year will be used in calculations. If the CPI is discontinued or if its method of computation is significantly changed, AUL may use another comparable index.

COSMETIC SURGERY means surgery that is performed to change the texture, shape or structure of any part of the human body for the purpose of creating a different visual appearance.

COVERAGE MONTH means that period of time beginning on the Person's Individual Effective Date, and continuing from the first day and ending on the last day of each succeeding Policy Month.

CURRENT MONTHLY INCOME means the income a Person receives while Disabled, plus the income the Person could receive if he were working to his Maximum Capacity. Current Monthly Income does not include income from Salary Continuance.

If a Person is employed in a second job, at the same time he is Actively at Work as a Full-Time Employee for the Policyholder, and becomes Disabled under this policy, the following will apply during the Elimination Period and while receiving Disability benefits under this policy:

- 1) any income received from the second job will be considered Current Monthly Income only to the extent that it exceeds the average monthly income received from that job during the 6 month period immediately prior to becoming Disabled; and
- 2) if the Person has worked for the second employer less than 6 months, the income will be averaged for the total number of months he was employed.

If a Person receives Current Monthly Income in a Lump Sum, the Lump Sum Payment provision will apply.

## **SECTION 2 - DEFINITIONS**

DATE OF DISABILITY means the first date the Person is Disabled.

DATE OF HIRE means the first day the Employee is Actively at Work in an eligible class for the Policyholder.

DISABILITY and DISABLED mean both Total Disability and Totally Disabled and Partial Disability and Partially Disabled.

DUE DATE means the first day of the Policy Month for which the premium is payable.

ELIGIBILITY DATE means the date that an Employee in an eligible class has satisfied his Waiting Period and AUL determines he is eligible for Personal Insurance under this policy.

ELIGIBLE SURVIVOR means:

- 1) the Person's legal Spouse; or
- 2) the Person's unmarried Child(ren) under the age of 26, if the Child(ren) can be claimed as a dependent on the Person's federal income tax return.

ELIMINATION PERIOD means a period of consecutive days of Disability for which no benefit is payable. The Elimination Period is set forth on the Schedule of Benefits and begins on the first day of Disability.

## SECTION 2 - DEFINITIONS

EMPLOYEE means any individual who is a full-time employee (including owners, proprietors, partners, members or corporate officers) of the Policyholder:

- 1) whose employment with the Policyholder constitutes his principal occupation;
- 2) who works at that occupation a minimum number of hours as stated by the Policyholder in the Application;
- 3) who is working at the Policyholder's regular place of business which may include an alternative worksite if approved by the Policyholder and AUL;
- 4) who is not a part-time, temporary or seasonal Employee; and
- 5) who is authorized to work in the United States under applicable state and federal laws; or
- 6) if approved by AUL:
  - a) who legally works and resides in Canada;
  - b) who legally works in the United States and resides in Canada; or
  - c) who legally works in Canada and resides in the United States.

EMPLOYER means the entity or organization for which the Person performs services and which has the right to control what will be done. The Employer is the entity or organization for which the Person performs his occupation, and is required to withhold and pay income, Social Security, and Medicare taxes on wages.

EMPLOYER'S RETIREMENT PLAN means any defined benefit or defined contribution plan that provides retirement benefits to Employees and that is not funded wholly by Employee contributions. It includes any retirement plan that:

- 1) is part of any federal, state, county, municipal or association retirement system; and
- 2) that a Person is eligible for as a result of his employment with the Policyholder.

It does not include:

- 1) profit sharing plans;
- 2) thrift or savings plans;
- 3) Individual Retirement Accounts (IRAs) or Roth IRAs funded wholly by a Person's contributions;
- 4) Tax Sheltered Annuities (TSA);
- 5) Stock Ownership Plans (ESOP);
- 6) nonqualified deferred compensation plans, including 457 plans;
- 7) Keogh, 401(k) or 403(b) plans; or
- 8) Veteran Administration Benefits except benefits that are a result of the same Disability for which a Monthly Benefit is payable under this policy.

EVIDENCE OF INSURABILITY means statement or proof of an Employee's medical history upon which eligibility for insurance will be determined by AUL.

## SECTION 2 - DEFINITIONS

**FAMILY SOCIAL SECURITY BENEFITS** means benefits that a Person, his Spouse or Child(ren) are entitled to receive as a result of the Person's eligibility for disability insurance benefits or old age insurance benefits through the Federal Social Security Administration.

**FAMILY STATUS CHANGE** means an increase or decrease in coverage resulting from specific events occurring in a Person's life.

**FRANCHISE COVERAGE** means disability insurance coverage which allows Employees to be insured as part of their relationship with the Policyholder but such coverage is not part of an employee welfare benefit plan and the Employees are insured under individual policies.

**GAINFUL OCCUPATION** means an occupation that is or can be expected to provide a Person with an income within 12 months of the Person's return to work, that exceeds:

- 1) 80% of the Person's Indexed Pre-Disability Earnings, if the Person is working;
- 2) 60% of Person's Indexed Pre-Disability Earnings, if the Person is not working.

**GROSS MONTHLY BENEFIT** means a Person's Monthly Benefit before any reduction for Other Income Benefits.

**GUARANTEED ISSUE AMOUNT** means the amount of coverage that does not require Evidence of Insurability. This amount is shown on the Schedule of Benefits page.

**INDEXED PRE-DISABILITY EARNINGS** means the Person's Pre-Disability Earnings increased annually by the Consumer Price Index, up to a maximum increase of 10%. The increase will be effective on the July 1<sup>st</sup> following the first 12 consecutive calendar months of receiving Disability benefits and on each subsequent July 1<sup>st</sup>.

**INDIVIDUAL REINSTATEMENT** means that Personal Insurance that has been terminated due to cessation of Active Work may be reinstated in accordance with Section 5A.

**INJURY** means a sudden, unforeseen and unexpected event that occurs independently of all other causes and causes physical harm to the Person. This includes all other conditions related to the same Injury.

**MALE PRONOUN** whenever used includes the female.

**MATERIAL AND SUBSTANTIAL DUTIES** means duties that:

- 1) are normally required for the performance of an occupation; and
- 2) cannot be reasonably omitted or modified.

## SECTION 2 - DEFINITIONS

**MAXIMUM BENEFIT DURATION** means the maximum amount of time that benefits will be payable for Disability. This amount of time is stated on the Schedule of Benefits.

*If Regular Occupation or Regular Job applies to Disability for a limited period of time:*

**MAXIMUM CAPACITY** means, based on the Person's restrictions and limitations:

- 1) during the first 2 years of payments, the greatest extent of work the Person is able to do in his Regular Occupation; and
- 2) beyond 2 years of payments, the greatest extent of work the Person is able to do in any occupation for which he is reasonably fitted by education, training or experience.

**MAXIMUM MONTHLY BENEFIT** means the maximum amount of benefit payable to a Person on a monthly basis as stated on the Schedule of Benefits.

**MEDICALLY NECESSARY** means health care services that a Physician, exercising prudent clinical judgment, would provide to a Person for the purpose of evaluating, diagnosing or treating a Sickness or Injury, or its symptoms, and that are:

- 1) in accordance with the generally accepted standards of medical practice;
- 2) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the Person's Sickness or Injury; and
- 3) not primarily for the convenience of the Person or Physician, or other Physician, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that Person's Sickness or Injury.

**MENTAL ILLNESS** means a psychiatric or psychological condition classified in the *Diagnostic and Statistical Manual of Mental Health Disorders (DSM)*, published by the American Psychiatric Association, most current as of the start of a Disability. Such disorders include, but are not limited to, psychotic, emotional or behavioral disorders, or disorders related to stress or to substance abuse or dependency. If the *DSM* is discontinued or replaced, these disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the start of a Disability.

**MONTHLY BENEFIT** means the amount payable monthly by AUL to the Disabled Person. This is the amount stated on the Schedule of Benefits, less Other Income Benefits.

## SECTION 2 - DEFINITIONS

OPTION means the benefits and provisions chosen on the Application by the Policyholder.

OPTION YEAR means a one-year period beginning on the Policyholder's Anniversary Date or on each subsequent anniversary of the Policyholder's Anniversary Date.

*Refer to **OTHER INCOME BENEFITS** in the Schedule of Benefits to determine which class or option this definition applies to.*

OTHER INCOME BENEFITS means those benefits listed below that the Person, his Spouse or Child(ren) are entitled to receive. It includes any benefit for which they are eligible, or that is paid to them or a Third Party on their behalf, including:

- 1) disability income benefits, including any damages or settlements made in place of such benefits (whether or not liability is admitted) under:
  - a) any Workers' or Workmen's Compensation Law;
  - b) The Jones Act;
  - c) Maritime Doctrine of Maintenance, Wages or Cure;
  - d) Longshoremen's and Harbor Workers' Act;
  - e) any automobile liability insurance or "no fault" motor vehicle plan, whichever is applicable;
  - f) a Third Party (after subtracting attorney's fees) by judgment, settlement or otherwise not to exceed 50% of the net settlement;
  - g) state compulsory benefit law, including any state disability income benefit law or similar law;
  - h) disability benefits from the Veteran's Administration, or any other foreign or domestic governmental agency, that begins *after* a Person becomes Disabled. This includes the amount of any increase in a benefit that a Person was receiving prior to becoming Disabled if the increase is attributed to the same disability for which the Person is currently receiving a Monthly Benefit under this policy; and
  - i) any other similar act or law;
- 2) any disability income benefit for which the Person is eligible under any other employee welfare benefit plan, or arrangement of coverage, whether insured or not, as a result of the Person's employment with the Policyholder;
- 3) retirement and/or disability income benefits paid under an Employer's Retirement Plan except for amounts attributable to a Person's contributions;
- 4) any disability income or retirement benefit that has been received or is eligible to be received from:
  - a) the Social Security Administration or any similar law, plan or act, including the initial enactment and all amendments;
  - b) the Canada Pension Plan;
  - c) the Quebec Pension Plan;
  - d) the Railroad Retirement Act; or
  - e) any other state, provincial or local government act or law or any other similar act or law provided in any jurisdiction;
- 5) any amounts received from partnership or proprietorship draws or similar draws; and
- 6) any Current Monthly Income.

## SECTION 2 - DEFINITIONS

The following items are NOT considered Other Income Benefits and will not be deducted from the Gross Monthly Benefit payable to the Person:

- 1) profit sharing plans;
- 2) thrift or savings plans;
- 3) Individual Retirement Accounts (IRA) or Roth IRAs funded wholly by a Person's contributions;
- 4) Tax Sheltered Annuities (TSA);
- 5) Stock Ownership Plans (ESOP);
- 6) nonqualified deferred compensation plans, including 457 plans;
- 7) Keogh, 401(k) or 403(b) plans;
- 8) Veteran Administration Benefits except those benefits that are a result of the same Disability for which a Monthly Benefit is payable under this policy;
- 9) credit disability insurance;
- 10) pension plans for partners;
- 11) individual disability policies paid for by the Person and not sponsored by the Policyholder;
- 12) Social Security Widow's benefits paid under the deceased Spouse's earnings record;
- 13) Social Security retirement income received by the Person if his disability begins after age 62 and he was already receiving Social Security retirement income payments;
- 14) Retirement plans from other employers; and
- 15) Salary Continuance Plans.



## SECTION 2 - DEFINITIONS

*If Regular Occupation or Regular Job applies to Disability for a limited period of time, the following definition applies:*

PARTIAL DISABILITY and PARTIALLY DISABLED mean that because of Injury or Sickness:

- 1) the Person cannot perform the Material and Substantial Duties of his Regular Occupation as a Full-Time Employee, but:
  - a) is performing at least one of the Material and Substantial Duties of his Regular Occupation, or another occupation, on a part or full-time basis;
  - b) his Current Monthly Income is less than 80% of his Indexed Pre-Disability Earnings due to the same Injury or Sickness that caused his Disability; and
  - c) he is under the Regular Attendance of a Physician for that Injury and Sickness; and
- 2) after Disability Benefits have been paid for 2 years under this policy due to the same Injury or Sickness:
  - a) the Person cannot perform the duties of *any* Gainful Occupation for which he is reasonably fitted by training, education or experience;
  - b) his Current Monthly Income is less than 80% of his Indexed Pre-Disability Earnings due to the same Injury or Sickness that caused his Disability; and
  - c) he is under the Regular Attendance and care of a Physician for that Injury or Sickness.

Loss of occupational license for any reason does not in itself constitute Partial Disability.

PERSON means an Employee who has met the requirements of the Eligibility, Enrollment and Individual Effective Date of Insurance Sections of this policy.

PERSONAL INSURANCE means the insurance provided under this policy for an insured Person.

PHYSICIAN means a qualified, state licensed doctor of medicine or osteopathy, and any other licensed health care provider that state law requires to be recognized as a Physician, practicing within the scope of his license and applicable law. Physician does not include a Physician employed by the Policyholder, a Person or anyone related to a Person by blood, marriage or domestic partnership.

## SECTION 2 - DEFINITIONS

POLICYHOLDER means any sole proprietorship, partnership, member, corporation, limited liability company, limited liability partnership, firm, school district, individual school, organization or other instrumentality of a state or political subdivision thereof, that has been approved by AUL and to whom this policy is issued. An entity that is subsidiary to or affiliated with the Policyholder, as defined below is eligible for coverage under this policy if it is shown on the Application or later added by amendment to this policy.

A subsidiary may be included in this definition when the Policyholder owns more than 50% of the voting stock of the subsidiary corporation.

An affiliate may be included in this definition when the entity is under common control with the Policyholder through 51% or more ownership and control.

The Policyholder is liable for all premiums due for subsidiaries and affiliates during any period of time a subsidiary and/or affiliate is insured under this policy. Any notice given to the Policyholder by AUL shall be considered notice given to the subsidiary and/or affiliate.

POLICYHOLDER'S EFFECTIVE DATE means the date that coverage is actually effective for the Policyholder under this policy, as determined by AUL.

POLICYHOLDER'S ANNIVERSARY DATE means September 1st of each year.

PRE-DISABILITY EARNINGS means the Person's Basic Monthly Earnings in effect immediately prior to his Date of Disability, as last reported to AUL in writing by the Policyholder.

PRE-EXISTING CONDITION means any condition for which a Person received medical advice or treatment during the 3 months immediately prior to a Person's Individual Effective Date of Insurance.

## SECTION 2 - DEFINITIONS

PRIMARY SOCIAL SECURITY BENEFITS means benefits that the Person is entitled to receive for himself as a result of his eligibility for benefits through the Social Security Administration.

PRIOR PLAN means the Policyholder's plan of long or short term disability insurance, which terminated on the day immediately before the Policyholder's Effective Date of coverage under this policy.

REGULAR ATTENDANCE means that a Person:

- 1) personally visits a Physician as medically required according to standard medical practice, to effectively manage and treat the Person's Disability;
- 2) is receiving the most appropriate treatment and care that will maximize his medical improvement and aid in his return to work; and
- 3) is receiving care by a Physician whose specialty or clinical experience is appropriate for the Disability.

REGULAR OCCUPATION means a Person's occupation as it is recognized in the general workplace and according to industry standards. The Person's time, energy and services must be performed at the Policyholder's regular place of employment, or an alternative worksite approved by AUL. For Actively at Work requirements, a Person's alternative worksite may not be located outside of the United States or Canada for more than 6 months in any 12 month period. A Person's occupation does not mean the specific job tasks he does for the Policyholder or at a specific location. For example, an attorney's Regular Occupation means the practice of law as defined under applicable laws versus a specialized area within the practice of law.

SALARY CONTINUANCE means vacation pay, sick leave pay and/or paid time off pay, holiday pay and a documented formal salary continuation plan for Sickness or Injury received by a Person after his Date of Disability.

SICKNESS means illness, bodily disorder or disease, Mental Illness, normal pregnancy and Complications of Pregnancy. Complications of Pregnancy is defined as a concurrent disease or abnormal conditions significantly affecting the usual medical management of pregnancy.

SOCIAL SECURITY means the United States Social Security Act or any similar law, plan or act including the initial enactment and all amendments.

SPOUSE means:

- 1) an individual to whom the Person is legally married; or
- 2) the Person's domestic partner, as defined by applicable law.

Spouse does not include an individual from whom the Person is divorced or from whom the Person has dissolved a domestic partnership.

## SECTION 2 - DEFINITIONS

TERMINAL ILLNESS means a diagnosed illness that, according to generally accepted medical standards, is expected to result in death within 12 months.

THIRD PARTY means an individual, entity or an insurance company other than AUL.

*If Regular Occupation or Regular Job applies to Disability for a limited period of time, the following definition applies.*

### *2 YEARS/REGULAR OCCUPATION/REGULAR JOB*

TOTAL DISABILITY and TOTALLY DISABLED mean that because of Injury or Sickness:

- 1) a Person cannot perform the Material and Substantial Duties of his Regular Occupation;
- 2) after the Monthly Benefit has been paid for 2 years, a Person cannot perform the duties of any Gainful Occupation for which he is reasonably fitted by training, education or experience; and
- 3) a Person is under the Regular Attendance of a Physician for that Injury or Sickness.

Loss of occupational license for any reason does not in itself constitute Total Disability.

WAITING PERIOD means the period of days, starting on the Date of Hire, that an Employee must be continuously Actively at Work while in an eligible class. The Waiting Period is stated in the Schedule of Benefits.

**SECTION 3 - ELIGIBILITY, ENROLLMENT and  
INDIVIDUAL EFFECTIVE DATE OF INSURANCE**

Refer to **INDIVIDUAL EFFECTIVE DATE** in the Schedule of Benefits to determine applicable Individual Effective Date for each class or option.

INITIAL EMPLOYEE means an Employee who is employed by the Policyholder before the Policyholder's Effective Date.

NEW EMPLOYEE means an Employee who is employed by the Policyholder on or after the Policyholder's Effective Date.

LATE ENROLLEE: A Late Enrollee is an Initial or New Employee who is Actively at Work, but does not request coverage during his Initial Enrollment Period. Enrollment after the Initial Enrollment Period can only be done during a Scheduled Enrollment Period and will not require satisfactory Evidence of Insurability, without expense to AUL.

ELIGIBILITY DATE: An Employee who is in an eligible class as stated in the Schedule of Benefits and has satisfied his Waiting Period, becomes eligible for Personal Insurance under this policy on:

- 1) *Initial Employee*: the later of:
  - a) the Policyholder's original Effective Date of coverage under this policy; or
  - b) the day immediately following completion of the Waiting Period.
- 2) *New Employee*: the first day of the Coverage Month immediately following completion of the Waiting Period.
- 3) *Late Enrollee*: the Policyholder's Anniversary Date following the next Scheduled Enrollment Period.

ENROLLMENT: To be considered for coverage, an eligible Employee must apply correctly and truthfully for Personal Insurance under this policy. Eligible Employees applying for Personal Insurance must complete and sign a request for coverage via an enrollment method approved by AUL within 31 days of their Eligibility Date and pay the required premiums before coverage will become effective. This form will be given to and maintained by the Policyholder. Coverage may only be requested as follows:

- 1) **INITIAL ENROLLMENT PERIOD**: The Initial Enrollment Period is the time during which an eligible Employee who is Actively at Work may first enroll for coverage following completion of the Waiting Period without providing Evidence of Insurability. An eligible Employee may waive coverage or request coverage under any Option offered by the Policyholder for his class. The Initial Enrollment Period includes the following periods, during which an Employee may make his initial application for coverage under this policy:
  - a) *Initial Employee*: the Initial Enrollment Period is the period of time agreed to by AUL and the Policyholder and is stated on the Schedule of Benefits; or
  - b) *New Employee*: the Initial Enrollment Period is the period that begins on the Eligibility Date and continues through the number of days as stated in the Schedule of Benefits; or
  - c) *Initial or New Employee not Actively at Work during his Initial Enrollment Period*: an Initial or New Employee not Actively at Work during his Initial Enrollment Period may enroll, without Evidence of Insurability, within 31 days from the date he returns to Active Work if:
    - i) he is in an eligible class as stated in the Schedule of Benefits; and
    - ii) his Waiting Period was completed prior to his cessation of Active Work.

**SECTION 3 - ELIGIBILITY, ENROLLMENT and  
INDIVIDUAL EFFECTIVE DATE OF INSURANCE**

- 2) SCHEDULED ENROLLMENT PERIOD: This is a recurrent period of time starting after the Policyholder's original Effective Date, chosen by the Policyholder and approved by AUL, during which:
- a) an eligible Late Enrollee may apply for coverage under this policy via an enrollment method approved by AUL; or
  - b) a Person may change from one Option to another Option under this policy, with satisfactory Evidence of Insurability; or
  - c) an eligible Late Enrollee may apply, via an enrollment method approved by AUL, for a Monthly Benefit amount in excess of the Guaranteed Issue Amount for Late Enrollees as stated in the Schedule of Benefits with satisfactory Evidence of Insurability. See Section 4.

The Scheduled Enrollment Period is chosen by the Policyholder and must be approved by AUL.

**SECTION 3 - ELIGIBILITY, ENROLLMENT and  
INDIVIDUAL EFFECTIVE DATE OF INSURANCE**

INDIVIDUAL EFFECTIVE DATE OF INSURANCE

*Initial Employees:*

- 1) The Individual Effective Date of Insurance for an eligible Initial Employee who has satisfied the Waiting Period prior to the Policyholder's original Effective Date is the Policyholder's original Effective Date under this policy as long as the Initial Employee:
  - a) requested coverage during the Initial Enrollment Period; and
  - b) is Actively at Work for the Policyholder on that date.
- 2) The Individual Effective Date of Insurance for an eligible Initial Employee who has not satisfied the Waiting Period prior to the Policyholder's original Effective Date is stated on the Schedule of Benefits and applies as long as the Initial Employee:
  - a) requested coverage during the Initial Enrollment Period; and
  - b) is Actively at Work for the Policyholder on that date.

*New Employees:* The Individual Effective Date of Insurance for an eligible New Employee is the date of the request if that date is the first day of a Coverage Month; otherwise it is the first day of the next Coverage Month as long as the New Employee:

- 1) requested coverage during the Initial Enrollment Period;
- 2) has completed the Waiting Period for New Employees; and
- 3) is Actively at Work on the Individual Effective Date of Insurance.

*Initial or New Employee not Actively at Work during his Initial Enrollment Period:* The date an Initial or New Employee returns to full-time Active Work will be his Individual Effective Date of Insurance, if he was enrolled during an Initial Enrollment Period, has completed the Waiting Period for Initial Employees, but was not Actively at Work on the date Personal Insurance would otherwise have become effective.

If enrolling after returning to Active Work, the Individual Effective Date of Insurance for an Initial or New Employee not Actively at Work is the first day of the Coverage Month following the Initial Enrollment Period.

**SECTION 3 - ELIGIBILITY, ENROLLMENT and  
INDIVIDUAL EFFECTIVE DATE OF INSURANCE**

*Late Enrollee:* The Individual Effective Date of Insurance for an eligible Late Enrollee is the Policyholder's Anniversary Date following the Scheduled Enrollment Period as long as the Late Enrollee:

- 1) requested coverage during the Scheduled Enrollment Period;
- 2) has completed the Waiting Period for New Employees; and
- 3) is Actively at Work on the Individual Effective Date of Insurance.

**COVERAGE IN EXCESS OF GUARANTEED ISSUE AMOUNT:** The Individual Effective Date of Insurance as previously explained applies to any portion of the Maximum Monthly Benefit that does not exceed the Guaranteed Issue Amount. However, any portion of the Maximum Monthly Benefit that exceeds the Guaranteed Issue Amount will require Evidence of Insurability, satisfactory and without expense to AUL. If the excess portion is approved, the Effective Date of Insurance for that portion will be named by AUL. If the excess portion is not approved by AUL, the Maximum Monthly Benefit will be an amount equal to the Guaranteed Issue Amount.

**Evidence of Insurability:** Documentation and records are required to be forwarded to AUL, at no cost to AUL, if the request for coverage is made:

- 1) after an Employee's Initial Period;
- 2) after a Person's requested termination date; or
- 3) for coverage in excess of the Guaranteed Issue Amount.

If satisfactory Evidence of Insurability is provided, and coverage is approved in writing by AUL, the Individual Effective Date of Insurance will be named by AUL.



## SECTION 4 - CHANGES IN INSURANCE

### EFFECTIVE DATE CHANGE (Policyholder's Anniversary Date & No AIB)

A change in coverage that does not increase the amount of coverage becomes effective on the Policyholder's Anniversary Date following AUL's approval of the change.

Prior to a change in coverage that increases the amount of coverage, the Person must be Actively at Work and the required amount of premium must be paid.

A change in coverage increasing the amount of coverage is subject to:

- 1) satisfactory Evidence of Insurability, at no expense to AUL; and
- 2) AUL's written approval.

If the Person is not Actively at Work on the approved change date, any change in the amount of coverage takes effect on the date the Person returns to Active Work.

**If the change is an increase in coverage, see Pre-Existing Condition Exclusions in Section 9.**

## SECTION 4 - CHANGES IN INSURANCE

CHANGING OPTION: After the Initial Enrollment Period, a Person may increase his coverage to another Option available to his class during a Scheduled Enrollment Period as agreed to by the Policyholder and approved by AUL. The request for a change in Option and agreement to pay the required premium must be made via a method approved by AUL, subject to the following:

- 1) an increase in coverage to the next higher Option available to a Person's class will require Evidence of Insurability;
- 2) requests to increase coverage to an Option other than the next higher Option will not be allowed with satisfactory Evidence of Insurability; and
- 3) if a Person fails to apply for an increase in coverage in a manner agreed to by the Policyholder and approved by AUL, he will continue to be covered under his current Option until the next Scheduled Enrollment Period.

If the Person is not Actively at Work on the Effective Date of Change, the Person becomes eligible for the change on the first day that the Person returns to Active Work.

**The provision entitled Pre-Existing Condition Exclusion For A Change In Option, shown in Section 9 - Exclusions, will apply to a change in Option resulting in an increase in coverage.**

*Refer to **CHANGES IN INSURANCE** in the Schedule of Benefits to determine the applicable Effective Date of Change for each class or option.*

DECREASING THE MONTHLY BENEFIT AMOUNT: A Person may decrease the amount of his coverage at any time. Any decrease in coverage will become effective on the Policyholder's next Anniversary Date following the date of the request.

Any change in insurance, other than a decrease in the amount of coverage or an increase in coverage to the next higher Option as stated above, will require satisfactory Evidence of Insurability.

**If the change is an increase in coverage, see Pre-Existing Condition Exclusions in Section 9.**

## SECTION 4 - CHANGES IN INSURANCE

### FAMILY STATUS CHANGE

A Person may request an additional amount of coverage or a Late Enrollee may request coverage, without Evidence of Insurability, up to the Guaranteed Issue Amount as stated in the Schedule of Benefits if all the following conditions are met:

- 1) The Person or Late Enrollee experienced one of the following changes in family status:
  - a) legal marriage;
  - b) domestic partnership, as defined under applicable laws in the state of residence of the Person;
  - c) divorce or dissolution of a domestic partnership;
  - d) birth of a child;
  - e) adoption of a child or stepchild; or
  - f) permanent legal custody or guardianship of a child lasting more than 90 days;
- 2) AUL was notified within 31 days of the change in family status;
- 3) the Person or Late Enrollee was Actively at Work on the effective date of the change;
- 4) the amount of coverage after the increase is not greater than the Monthly Benefit amount stated in the Schedule of Benefits; and
- 5) the Person or Late Enrollee has not previously been declined.

This change will become effective on the Policyholder's next Anniversary Date following the date of the request.

If coverage for a Person or Late Enrollee was previously declined due to unsatisfactory Evidence of Insurability, no Family Status Change will be approved until Evidence of Insurability satisfactory to AUL is received. If the Person's or Late Enrollee's Family Status Change request is approved, coverage will begin on the date identified in writing by AUL.

## SECTION 5 - TERMINATIONS

INDIVIDUAL TERMINATIONS: A Person will cease to be insured on the EARLIEST of the following dates:

- 1) the date this policy terminates;
- 2) the date the Person is no longer in an eligible class;
- 3) the date the Person's class, as stated on the Schedule of Benefits, is no longer insured under this policy;
- 4) the last day of the period for which premiums were paid, if the premium is not paid when due;
- 5) the date the Person requests termination, but not prior to the date of the request;
- 6) the date employment terminates. However, insurance will be continued for a Person:
  - a) during the Elimination Period, if the Person is Disabled, as described in this policy;
  - b) during any period that premiums are being waived under the Waiver of Premium provision;
  - c) during any temporary Leave of Absence according to the appropriate Continuation of Personal Insurance benefit if premiums continue to be paid during the Leave of Absence, and the benefit was elected by the Policyholder, shown on the Schedule of Benefits and approved by AUL;
  - d) to the end of the Coverage Month following the month that a Person is temporarily laid off as long as premiums continue to be paid, if coverage during a temporary layoff was elected by the Policyholder, shown on the Schedule of Benefits and approved by AUL; and
- 7) the date the Person ceases Active Work. However, insurance will be continued for a Person:
  - a) during the Elimination Period, if the Person is Disabled, as described in this policy;
  - b) during any period that premiums are being waived under the Waiver of Premium provision;
  - c) during any temporary Leave of Absence according to the appropriate Continuation of Personal Insurance benefit if premiums continue to be paid during the Leave of Absence, and the benefit was elected by the Policyholder, shown on the Schedule of Benefits and approved by AUL; and
  - d) to the end of the Coverage Month following the month that a Person is temporarily laid off as long as premiums continue to be paid, if coverage during a temporary layoff was elected by the Policyholder, shown on the Schedule of Benefits and approved by AUL.

## SECTION 5 - TERMINATIONS

TERMINATION OF THE POLICY: Insurance coverage under this policy will cease on the EARLIEST of the following dates:

- 1) the date the Policyholder no longer meets the definition of a Policyholder;
- 2) the date the Policyholder ceases active business operations or is placed in bankruptcy or receivership;
- 3) the date the Policyholder loses its entity by means of dissolution, merger, or otherwise;
- 4) the date ending the Policy Month for which the last premium payment is made for the Policyholder's insurance;
- 5) at the end of a Policy Month, provided AUL has given at least 31 days prior written notice to the Policyholder;
- 6) at the end of the Policy Month, if the Policyholder has given AUL at least 31 days prior written notice;
- 7) the date, as determined by AUL, that the Policyholder fails to promptly furnish any information which AUL may reasonably require; or
- 8) the date the Policyholder, without good and sufficient cause, fails to perform in good faith its duties pertaining to this policy.

If a Person's insurance is terminated due to the termination of this policy, the Person's rights under this policy are terminated on the date that this policy terminated.

Termination of this policy under any conditions will be without prejudice to any claim incurred prior to termination.

If this policy terminates, the Policyholder will be liable to AUL for all unpaid premiums for the period during which the coverage was in force.

Termination of the Policyholder will be on a basis that precludes individual selection or discrimination.

## SECTION 5 - TERMINATIONS

EXTENDED BENEFIT: If the Person is Disabled on the date insurance terminates, AUL will pay benefits for Disability:

- 1) after the Elimination Period has been met, if the Person is not already receiving a Monthly Benefit;
- 2) during the uninterrupted continuance of the same period of Disability; and
- 3) subject to the provisions and benefits of this policy.

Benefits will be extended to the EARLIEST of the following:

- 1) the date Current Monthly Income equals or exceeds 80% of the Indexed Pre-Disability Earnings;
- 2) the date that the Person ceases to be Disabled;
- 3) the date the Person dies;
- 4) the date the Maximum Benefit Duration, shown on the Schedule of Benefits, is completed;
- 5) the date the Person fails to give AUL required proof of Disability or information required by AUL to determine if any benefits are owed under this policy;
- 6) the date the Person refuses to allow an examination requested by AUL;
- 7) the date the Person is no longer under the Regular Attendance and care of a Physician;
- 8) the date the Person refuses to provide information to AUL to verify the Person's Current Monthly Income; or
- 9) the date the Person leaves the United States or Canada and establishes his residence in any other country. A Person will be considered to reside outside these countries when the Person has been outside the United States or Canada for a total period of 6 months or more during any 12 consecutive months of benefits.

## SECTION 5A - INDIVIDUAL REINSTATEMENT

INDIVIDUAL REINSTATEMENT: If Personal Insurance terminates under this policy due to cessation of Active Work for the Policyholder, it may be reinstated subject to the terms of this provision. Individual Reinstatement must be requested during the 31-day period immediately following return to Active Work for the Policyholder in accordance with the terms stated in this provision. Individual Reinstatement will be for the same coverage amount and eligible class that the Employee belonged to immediately prior to his termination. AUL may require Evidence of Insurability if reinstatement is requested for an amount or eligible class that differs from the coverage the Employee had with the Policyholder immediately prior to his cessation of Active Work. Reinstatement is subject to payment of required premiums and that the Policyholder is insured by AUL under this policy. In addition to the above requirements, the following also applies, as applicable:

- 1) If an Employee returns to Active Work within the period of consecutive calendar days as stated in the Schedule of Benefits under Individual Reinstatement from his individual termination date and requests Individual Reinstatement:
  - a) Personal Insurance will become effective the first day of the Coverage Month immediately following the date of request for Individual Reinstatement.
  - b) Evidence of Insurability will not be required for Individual Reinstatement to the same coverage amount and eligible class held by the Employee under this policy immediately prior to cessation of Active Work.
  - c) *If the Schedule of Benefits states that the Employee must return to Active Work within 30 days of termination:* Credit will be given towards satisfaction of the eligibility Waiting Period and of the Pre-Existing Condition exclusion or limitation period he previously served under this policy. However, any days accumulated during his period of lapse in coverage will not be credited. The original Individual Effective Date of Insurance will be used when applying the eligibility Waiting Period and the Pre-Existing Condition exclusion or limitation period.
  - d) *If the Schedule of Benefits states that the Employee can return to Active Work for a period greater than 30 days from the Employee's date of termination:* Credit will be given towards satisfaction of the eligibility Waiting Period he previously served under this policy. However, any days accumulated during his period of lapse in coverage will not be credited. The Employee will be considered a New Employee and subject to the terms of this policy, except as stated herein.
- 2) If an Employee returns to Active Work after more than the number of consecutive calendar days, shown in 1) above, after his Individual Termination date and requests Individual Reinstatement:
  - a) The Employee will be considered a New Employee and subject to the terms of this policy.
  - b) Eligibility for Personal Insurance, enrollment and his Individual Effective Date of Insurance will be determined as stated in this policy.
  - c) The Waiting Period and Pre-Existing Condition exclusion or limitation period will start anew. The Individual Reinstatement date will be used when applying the Pre-Existing Condition exclusion or limitation period.
- 3) If the Employee is insured under this policy's Portability Privilege and returns to Active Work with the Policyholder and requests Individual Reinstatement to this policy.
  - a) Personal Insurance will become effective the first day of the Coverage Month immediately following the date of request for Individual Reinstatement.
  - b) Evidence of Insurability will not be required for Individual Reinstatement to the same coverage amount and eligible class held by the Employee under this policy immediately prior to cessation of Active Work.
  - c) Credit will be given towards satisfaction of the Pre-Existing Condition exclusion or limitation period already served under this policy and the Portability Privilege. The Employee's original Individual Effective Date of Insurance will be used when applying the Pre-Existing Condition exclusion or limitation period.
  - d) Coverage under the Portability Privilege must terminate immediately prior to the date of Individual Reinstatement under this policy.

## **SECTION 5A - INDIVIDUAL REINSTATEMENT**

- 4) If Personal Insurance terminates because of a leave approved by the Policyholder under the Federal Family and Medical Leave Act (FMLA), or similar applicable state law, and the Employee returns to full-time Active Work immediately following the end of the leave:
  - a) Personal Insurance will become effective immediately upon the date of request for Individual Reinstatement.
  - b) Credit will be given towards satisfaction of the Pre-Existing Condition exclusion or limitation period previously served under the policy. However, the days accumulated during the period of lapse in coverage will not be credited. The original Individual Effective Date of Insurance will be used when applying the Pre-Existing Condition exclusion or limitation period.
  - c) Evidence of Insurability will not be required for Individual Reinstatement to the same coverage amount and eligible class that the Employee would have been entitled to prior to the FMLA leave.
- 5) If Personal Insurance terminates because an Employee became a full-time member of the armed forces of the United States and he returns to full-time Active Work, the Person's coverage may be reinstated in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law.



**SECTION 5B - CONTINUATION OF PERSONAL INSURANCE  
UNDER THE FAMILY AND MEDICAL LEAVE ACT**

*Refer to **CONTINUATION OF PERSONAL INSURANCE UNDER FMLA** in the Schedule of Benefits to determine applicable class(es) or options(s).*

CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT. If the Policyholder correctly approves a leave of absence under the Federal Family and Medical Leave Act (FMLA), a Person's coverage under this policy will be continued as stated in this Section. Personal Insurance will continue while a Person's leave is covered under FMLA, until the end of the later of:

- 1) the leave period permitted under FMLA or
- 2) the leave period permitted by applicable state law.

Coverage continued under this Section is subject to the following requirements:

- 1) the Policyholder has approved a Person's leave in writing as a leave taken under FMLA;
- 2) applicable premiums must continue to be paid to AUL in accordance with this policy (see Section 6 - PREMIUM PAYMENT); and
- 3) Basic Monthly Earnings will be the amount as last reported to AUL in writing and in effect prior to the date the Person's family or medical leave began.

Continuation of Personal Insurance under this provision will cease on the earliest of the following:

- 1) the date a Person dies;
- 2) the date a Person's coverage terminates for nonpayment of premiums;
- 3) the date a Person begins full or part-time employment with another employer;
- 4) the date this policy terminates;
- 5) the date a Person notifies the Policyholder that he will not be returning to Active Work;
- 6) the date a Person's class is no longer offered under this policy;
- 7) the date a Person no longer qualifies for a Leave of Absence or participation in an eligible class, as stated in the Schedule of Benefits; or
- 8) the date a Person requests termination of coverage under this policy, but not prior to the date of request.

All terms and conditions of the policy will apply during the approved continuation period provided under this Section, unless otherwise stated. While Personal Insurance is being continued under this Section, the Person will be considered exempt from the requirements listed below:

- 1) the Actively at Work definition; and
- 2) the applicable number of hours needed to meet the requirement for Full-Time Employee, as stated in the Schedule of Benefits.

If the Policyholder has approved more than one type of Leave of Absence for the Person during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long the Person's coverage may continue under this policy.

**SECTION 5C - CONTINUATION OF PERSONAL INSURANCE  
DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF**

*Refer to **CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF** in the Schedule of Benefits to determine applicable class(es) or options(s).*

LEAVE OF ABSENCE references in this Section means the Person is absent from Active Work for a temporary period of time that has been agreed to in advance and in writing by the Policyholder and includes temporary layoffs unless otherwise stated.

CONTINUATION OF PERSONAL INSURANCE WHILE TEMPORARILY LAID OFF. If the Policyholder approves a temporary layoff, a Person's coverage under this policy will be continued to the end of the Coverage Month following the month in which the layoff begins, as long as premiums continue to be paid to and received by AUL, subject to same requirement as a Leave Of Absence.

CONTINUATION OF PERSONAL INSURANCE UNDER A LEAVE OF ABSENCE: If the Policyholder approves a Leave of Absence, a Person's coverage under this policy will be continued to the end of the Coverage Month following the month that a Person begins a Leave of Absence as long as premiums continue to be paid to and received by AUL, subject to the following requirements:

- 1) the Policyholder has approved a Person's Leave of Absence in writing;
- 2) applicable premiums must continue to be paid to AUL in accordance with this policy (see Section 6 – PREMIUM PAYMENT); and
- 3) Basic Monthly Earnings will be the amount last reported to AUL in writing and in effect prior to the date the Person's Leave of Absence began.

Continuation of Personal Insurance under this provision will cease on the EARLIEST of the following:

- 1) the date a Person dies;
- 2) the date a Person's coverage terminates for nonpayment of premiums;
- 3) the date a Person begins full or part-time employment with another employer;
- 4) the date this policy terminates;
- 5) the date a Person notifies the Policyholder that he will not be returning to Active Work;
- 6) the date a Person's class is no longer offered under this policy;
- 7) the date a Person no longer qualifies for a Leave of Absence or participation in an eligible class, as stated in the Schedule of Benefits; or
- 8) the date a Person requests termination of coverage under this policy, but not prior to the date of request.

**SECTION 5C - CONTINUATION OF PERSONAL INSURANCE  
DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF**

*Refer to **CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF** in the Schedule of Benefits to determine applicable class(es) or options(s).*

All terms and conditions of this policy will apply during the approved continuation period provided under this Section, unless otherwise stated. While Personal Insurance is being continued under this Section, the Person will be considered exempt from the requirements listed below:

- 1) the Actively at Work definition; and
- 2) the applicable number of hours needed to meet the requirement for Full-Time Employee, as stated in the Schedule of Benefits.

If the Policyholder has approved more than one type of Leave of Absence for the Person during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long the Person's coverage may continue under this policy.

**SECTION 5D - CONTINUATION OF PERSONAL INSURANCE  
DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE**

*Refer to **CONTINUATION OF INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE** in the Schedule of Benefits to determine applicable class(es) or options(s).*

LEAVE OF ABSENCE means the Person is absent from Active Work for a temporary period of time that has been agreed to in advance in writing by the Policyholder.

CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE: If the Person is on a Leave of Absence for Active Military Service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law, the Person's coverage may be continued until the LATER of:

- 1) the length of time the coverage may be continued under this policy for an FMLA leave of absence; or
- 2) the length of time the coverage may be continued under this policy for a Leave of Absence other than an FMLA leave of absence.

Coverage continued under this Section is subject to the following requirements:

- 1) applicable premiums must continue to be paid to AUL in accordance with this policy (see Section 6 - Premium Payment); and
- 2) Basic Monthly Earnings will be the amount last reported to AUL in writing and in effect prior to the date the Person's Leave of Absence for Active Military Service began.

Continuation of Personal Insurance under this provision will cease on the earliest of the following:

- 1) the date a Person dies;
- 2) the date a Person's coverage terminates for nonpayment of premiums;
- 3) the date a Person begins full or part-time employment with another employer;
- 4) the date this policy terminates;
- 5) the date a Person notifies the Policyholder that he will not be returning to Active Work;
- 6) the date a Person's class is no longer offered under this policy;
- 7) the date a Person no longer qualifies for a Leave of Absence or participation in an eligible class, as stated in the Schedule of Benefits; or
- 8) the date a Person requests termination of coverage under this policy, but not prior to the date of request.

All terms and conditions of this policy will apply during the approved continuation period provided under this Section, unless otherwise stated. While Personal Insurance is being continued under this Section, the Person will be considered exempt from the requirements listed below:

- 1) the Actively at Work definition; and
- 2) the applicable number of hours needed to meet the requirement for Full-Time Employee, as stated in the Schedule of Benefits.

If the Policyholder has approved more than one type of Leave of Absence for the Person during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long the Person's coverage may continue under this policy.

## SECTION 6 - PREMIUM PAYMENT

PREMIUM PAYMENTS: As provided in the Application, the Policyholder is responsible for properly and accurately paying premiums to AUL on or before the Due Date. All premiums will be calculated and paid in U.S. dollars. At the request of the Policyholder and AUL's written approval, the interval of premium payments may be changed.

Overpayment of premium will not result in increases in any coverage amounts or additional benefits for the Policyholder or Person. If a Person has contributory insurance, premiums paid by the Person may be paid by means of payroll deduction administered by the Policyholder.

Premiums for a Person's coverage under this policy shall be owed beginning on the Person's Individual Effective Date of Insurance. Premiums will cease to be owed on the Person's individual termination date. However, premiums will continue to be owed for a Disabled Person who ceases work. Premiums will continue to be owed until the date they are waived according to the Waiver of Premium provision.

Monthly premiums for each Person will change automatically following attainment of each new age bracket. Each premium payment will include adjustments in past premiums for changes that have not previously been taken into account. Payment of any premium does not maintain the insurance in force beyond the end of the period for which it has been paid. Each premium payment is owed to AUL on or before its Due Date.

PREMIUM RATES: AUL reserves the right to change premium rates on any date:

- 1) after the Policyholder's coverage has been in effect for one year, by giving prior written notice to the Policyholder at least 60 days before the effective date of the change;
- 2) the eligibility or benefit provisions are changed;
- 3) the number of Persons insured through the Policyholder changes by 25% or more;
- 4) a division, unit, subsidiary or affiliate is added to, or deleted from, the Policyholder's coverage under this policy;
- 5) if the age or any other fact that affects the benefits for a Person or Policyholder has been misstated; or
- 6) there is a change in existing laws which affects the coverage offered under this policy.

The base rates on which premiums are determined will be on a basis that precludes individual selection or discrimination.

WAIVER OF PREMIUM: Premium payments will be waived for a Disabled Person beginning with the first day of Disability. Premiums will continue to be waived during any period that benefits are paid to a Person insured by this policy or any AUL Group Long Term or Short Term Disability Income policy if those policies were made available to the Person through employment with the Policyholder. Premiums for coverage under this policy will be waived as described in this provision, provided the Disability claim is approved by AUL. If a Disabled Person returns to work before the end of his Elimination Period or his Benefit Eligibility Period, his premium payments will resume, but he will not be required to repay the waived premiums.

## SECTION 7 - GENERAL POLICY PROVISIONS

**AGENCY:** For all purposes of this policy, the Policyholder acts on behalf of itself or as agent for the Person. Under no circumstances will the Policyholder be deemed the agent of AUL.

**AMENDMENT AND CHANGES:** This policy may be amended in writing by mutual agreement between the Policyholder and AUL, but without prejudice to any loss incurred prior to the effective date of the amendment. No change in this policy is valid until approved by the Chief Executive Officer, President or Secretary of AUL. No agent has the authority to approve coverage, change this policy or waive any of its provisions.

**ASSIGNMENT:** No assignment of any present or future right or benefit under this policy will bind AUL without its prior written consent and when permitted under applicable laws.

**CERTIFICATES:** AUL will issue a certificate for delivery by the Policyholder to the insured Persons. The certificate will summarize the Person's coverage under this policy and will state:

- 1) the benefits provided; and
- 2) to whom the benefits are payable.

If there is any discrepancy between the provisions of any marketing materials, plan documents, certificate, and the provisions of this policy, the provisions of this policy will govern.

**CLERICAL ERROR:** If a clerical error is made in keeping records on the coverage under this policy, it will not affect otherwise valid insurance. A clerical error does not continue insurance which is otherwise terminated, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of this policy.

**CONFORMITY WITH STATE LAWS:** Any provision of this policy in conflict with the laws of the state in which it is delivered, is amended to conform to the minimum requirements of those laws.

**DATA AND RECORDS:** The Policyholder must promptly furnish all information/documentation that AUL reasonably requires. The Policyholder must furnish all relevant information to AUL about Persons:

- 1) who qualify to become insured or are eligible for benefits; and/or
- 2) whose amounts of insurance change; and/or
- 3) whose insurance terminates.

At any reasonable time, AUL or its representatives shall have the right to inspect the records of the Policyholder that, in the opinion of AUL, may have a bearing on the insurance coverage provided under this policy.

## SECTION 7 - GENERAL POLICY PROVISIONS

**ENTIRE CONTRACT:** This policy, the application/enrollment forms of the Persons, the Application of the Policyholder, and any amendments made from time to time constitute the entire contract.

**GRACE PERIOD:** If the Policyholder or AUL does not give notice in writing that coverage under this policy is to be terminated due to unpaid premium, a Grace Period of 60 days will be granted for the payment of any premium owed after the first premium Due Date. During the Grace Period, this policy will continue in force but will automatically terminate on the last day of the Grace Period. The Policyholder is liable to AUL for payment of premiums for the days of grace during which this policy remains in force.

**INSURANCE FRAUD:** AUL wants to ensure that its customers do not incur additional insurance costs as a result of the act of insurance fraud. Applicable state laws require AUL to undertake measures to detect, investigate and pursue prosecution for fraud.

Anyone that knowingly completes an application for insurance or statement of claim containing any materially false information or facts, with the intent to deceive, conceal or mislead is committing a fraudulent insurance act. This is a crime and may subject such Persons to criminal and civil penalties.

**MISSTATEMENT OF FACTS:** If the age or any other fact that affects the benefits for a Person or Policyholder has been misstated, the benefits will be payable based on the true facts. Premium adjustment will be made so that AUL will receive the actual premium required based on the true facts.

## SECTION 7 - GENERAL POLICY PROVISIONS

**REHABILITATION:** The goal of a rehabilitation program is to enable the Person to return to work. The Person may choose to join a vocational rehabilitative program while receiving Disability benefits, if prior approval is given in writing by AUL. If the program is approved in advance by AUL, such participation will not alone be deemed recovery from Disability. By mutual written agreement, AUL may help pay the Person's expenses for taking part in the rehabilitation program. Rehabilitation is strictly voluntary and there is no penalty for refusal.

**RELATIONSHIP:** AUL and the Policyholder are, and will remain, independent contractors. Nothing in this policy or the Application shall be construed as making the parties joint venturers or as creating a relationship of employer and employee, master and servant or principal and agent. Neither party has any power, right or authority to bind the other or to assume or create any obligation or responsibility on behalf of the other. AUL and the Policyholders each retain exclusive control of their time and methods to perform their respective duties. AUL and the Policyholder will employ, pay and supervise their own employees and pay their own expenses. The Policyholder is required to familiarize itself with all relevant state and federal laws including applicable banking, MEWA, plan sponsor, plan administrator, and fiduciary laws. Any violation of federal or state law will require Policyholder to reimburse AUL for any and all damages or fines imposed on AUL as well as AUL's reasonable attorney's fees incurred due to Policyholder's violations and/or any violations incurred by any representative of Policyholder, in which AUL is made party thereof.

**STATEMENTS MADE IN AN APPLICATION:** All statements in an application or Group Statement of Insurability made by the Policyholder or insured Persons shall be deemed representations and not warranties. No such statements will be used to reduce or deny any claim or to cancel the Person's coverage unless:

- 1) the statement is in writing; and
- 2) a copy of that statement is given to the Person or to his personal representative.

**INCONTESTABILITY:** The validity of any coverage under this policy may not be contested, except in the case of fraud or for nonpayment of premiums, after the Personal Insurance has been in force for two years from the Person's Individual Effective Date of Insurance. Additionally, if the validity of any coverage under this policy is contested due to a misrepresentation of a material fact during the first two years after the Person's Individual Effective Date of Insurance, no statement made by a Policyholder or a Person relating to his insurability may be used in contesting the validity of the insurance unless the statement is contained in a written instrument signed by the Person.

All statements made by a Policyholder or a Person are to be deemed representations and not warranties, and that other than a misrepresentation of a material fact no statement made by any Person may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the Person or, in the event of death or incapacity of the Person, to the Person's personal representative.

Notwithstanding the foregoing, AUL is not precluded from asserting at any time any defenses based upon provisions in this policy relating to eligibility for coverage.

**WORKERS' COMPENSATION AND WORKMEN'S COMPENSATION NOT AFFECTED:** This policy is not in lieu of, and does not affect any requirement for coverage by Workers' or Workmen's Compensation Insurance.



## SECTION 7A - CLAIM PROCEDURES

**INITIAL NOTICE OF DISABILITY:** Written notice of Disability must be given to AUL during the Elimination Period. If written notice cannot be made during the Elimination Period without the fault of the claimant, AUL must be notified as soon as it is reasonably possible to do so. Written notice should contain sufficient information to identify the Person. Notices are not considered given until received by AUL at its Home Office in Indianapolis, Indiana, by one of its Claims offices, or by its third party administrator.

**CLAIM FORMS FOR PROOF OF LOSS:** Upon receipt of the Initial Notice of Disability, AUL will furnish the Policyholder with any necessary claim forms to be given to the Person. These forms must be properly, accurately and truthfully completed and returned to AUL or its third party administrator. If, for any reason, the Person does not receive a claim form within 15 days of request, the Person should submit written proof of Disability. The initial claim form or proof of Disability must show:

- 1) the claimant's name;
- 2) the Employer's name and address;
- 3) the policy number;
- 4) the date Disability started;
- 5) the cause of Disability;
- 6) the nature and extent of the Disability
- 7) that the claimant is under the appropriate care of a doctor;
- 8) the appropriate documentation of the claimant's earnings and activities; and
- 9) the name and address of any hospital, health provider, health facility or institution where the claimant has received treatment, including the names of all attending and treating doctors.

The initial claim form or proof of Disability must be signed by a Physician and sent to AUL within 90 calendar days of the end of the Elimination Period. If it is not possible to give proof within these limits, it must be given as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. Proof of claim may not be given later than one year after the time proof is otherwise required, except in the absence of legal capacity.

AUL will also periodically send the Person additional claim forms or requests for information necessary to determine eligibility for benefits under this policy. These subsequent completed claim forms and requests for information must be returned to AUL within 30 days after the Person receives them. Failure to furnish such additional claim forms within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to provide such forms within such time, provided such forms are furnished as soon as reasonably possible. If requested forms and/or information are not received from the Person, AUL reserves the right to deny continued benefits for failure to provide proof of continuous disability as required by this policy.

**PHYSICAL EXAMINATION:** AUL, at its own expense, has the right to have a Person examined, hospitalized and/or tested to determine the existence of any Disability that is the basis for a claim. This right may be exercised as often as is reasonably necessary, as determined by AUL, and must be performed by a Physician of AUL's choice. If the Person fails to comply with AUL's requests for Physical Examination, AUL reserves the right to deny benefits.

## SECTION 7A - CLAIM PROCEDURES

LEGAL ACTION: No legal action may be brought to obtain benefits or a refund of premium paid under this policy:

- 1) for at least 60 days after proof of loss or entitlement to a premium refund has been furnished; or
- 2) beyond the expiration of the applicable statute of limitations from the time proof of loss or entitlement to a premium refund is required to be given. If no statute of limitations is given, then after 3 years following the expiration of the time within which proof of loss or entitlement to a premium refund is required by the Policyholder.

TIME OF PAYMENT OF CLAIMS: When AUL receives a claim form or proof of Disability, benefits payable under this policy will be paid monthly during any period for which AUL is liable. AUL shall notify the Person in writing of the acceptance or rejection of the claim within 15 business days after receipt of all items, statements and forms required by AUL to secure final proof of loss. If AUL is unable to accept or reject the claim within said time period, AUL shall notify the Person of the reasons that additional time is needed and shall then accept or reject the claim not later than 45 days after the date such notification is made.

PAYMENT OF CLAIMS: All benefits, other than any survivor benefits, are payable to a Person. If a Person dies before a benefit to which he was entitled is paid, AUL has the right to pay up to \$10,000 to any of the Person's relatives to whom AUL considers entitled to such benefits. If AUL pays benefits in good faith to a person who it considers entitled to such benefits, then AUL will have no obligation to pay such benefits again. The Monthly Benefit will be calculated and paid in United States dollars, and when necessary, it will be based on the exchange rate effective on the first day of the Elimination Period.

## SECTION 7A - CLAIM PROCEDURES

**RIGHT TO APPEAL:** When this policy is governed by ERISA, if a Person wishes to appeal the decision made by AUL or its third party administrator, claimants are allowed 180 days following receipt of a notification of an adverse benefit determination within which to appeal the determination. Claimants are allowed the opportunity to submit written comments, documents, records and other information relating to the claim for benefits. The claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the claimant's claim for benefits. Whether a document, record or other information is relevant to a claim for benefits shall be determined by reference to paragraph (m)(8) of 29 C.F.R. § 2560.503-1. AUL's review will take into account all written comments, documents, records and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. A claimant has a right to obtain the information about any voluntary appeal procedures offered by the plan described in paragraph (c)(3)(iv) of 29 C.F.R. § 2560.503-1 and has a right to bring an action under section 502(a) of ERISA. A final determination will be provided pursuant to 29 C.F.R. § 2560.503-1.

**RIGHT OF RECOVERY:** If benefits have been received for which the Person was not entitled to receive under this policy, then full reimbursement to AUL is required. Such reimbursement is required whether the overpayment is due to intentional or innocent misrepresentations by the Person, intentional or innocent misrepresentations by an entity supplying AUL with information, a claims processing error or miscalculation by AUL or for any other reason. If reimbursement is not made, then AUL has the right, as allowed under law to:

- 1) reduce future benefits or any amounts payable under all other AUL insurance contracts insuring the Person until full reimbursement is made, and
- 2) recover such overpayments from the Person or his estate.

If AUL chooses not to use benefit payments towards the reimbursement, this will not constitute a waiver of AUL's rights to reimbursement. This provision will be in addition to, and not in lieu of, any other compensation available to AUL by law.

**SUBROGATION RIGHTS:** AUL has the right to be subrogated to any rights a Person may have against a Third Party. AUL may, at its option, bring legal action to recover benefits it paid in connection with a Person's Disability. AUL may do this if a Person:

- 1) suffers a Disability and, because of any act or omission of a Third Party, becomes entitled to and is paid benefits under this policy; and
- 2) does not initiate legal action for the recovery of such benefits from the Third Party within a reasonable period of time.

## SECTION 8 - INSURING PROVISIONS

Refer to **ELIMINATION PERIOD** in the Schedule of Benefits to determine what class or option includes the **FIRST DAY HOSPITAL** benefit.

**MONTHLY BENEFIT PAYMENTS:** AUL will pay Disability benefits, according to this policy, if a Person becomes Disabled while insured by this policy. AUL must receive proof that a Person is Disabled due to Sickness or Injury and requires the Regular Attendance of a legally qualified Physician. AUL will pay the Person a Monthly Benefit after the Person satisfies the Elimination Period. The Elimination Period may be satisfied by Total Disability, Partial Disability, or a combination of both. If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits will be payable from the first day of that confinement.

The Monthly Benefit will be paid as long as Disability continues; provided that proof of continued Disability is submitted to AUL upon request and the Person is under the Regular Attendance and care of a Physician. The proof must be submitted at the Person's expense. Monthly Benefits will not be paid during any period that a Person is incarcerated in a penal or correctional institution.

The Monthly Benefit will not exceed the Maximum Monthly Benefit, nor will it be payable for longer than the Maximum Benefit Duration. The Maximum Monthly Benefit and the Maximum Benefit Duration are stated in the Schedule of Benefits.

**PRORATING OF MONTHLY BENEFIT:** The eligible Monthly Benefit will be paid on a monthly basis. For any period of Disability less than one month, the Monthly Benefit will be paid on a pro-rata basis at the rate of 1/30 per day.

**REDUCTIONS TO THE MONTHLY BENEFIT:** Other Income Benefits will reduce the Monthly Benefit as defined in this certificate. The Social Security Integration Method used is stated in the Schedule of Benefits.

## SECTION 8 - INSURING PROVISIONS

*Refer to **SOCIAL SECURITY INTEGRATION** in the Schedule of Benefits or the Increment elected by the Person on the AUL approved Enrollment Form to determine which Monthly Benefit calculation method to use.*

MONTHLY BENEFITS: To figure the amount of the Total Disability Benefit if a Direct Primary or Family Social Security integration method is stated on the Schedule of Benefits, take the Person's Monthly Benefit and reduce the result by Other Income Benefits.

## SECTION 8 - INSURING PROVISIONS

LUMP SUM PAYMENTS: Other Income Benefits that are paid in a lump sum, excluding benefits received from the Employer's Retirement Plan, will be prorated by AUL over the stated period of time the lump sum was projected to apply. Lump sums projected to cover the Person's life expectancy will be prorated based on appropriate actuarial tables. If the projected period of time that a lump sum is intended to cover is not stated, the lump sum will be prorated over a period of 60 months.

A lump sum payment from an Employer's Retirement Plan will be prorated over 60 months. However, if such lump sum is rolled to an annuity or retirement account that does not pay a benefit prior to the end of the Maximum Benefit Duration stated in the Schedule of Benefits, then the Gross Monthly Benefit will not be reduced by that lump sum payment.

Regardless of how benefits from the Employer's Retirement Plan are distributed, AUL will treat contributions made by the Person and Policyholder as if they were distributed simultaneously throughout the Person's lifetime.

APPLICATION FOR OTHER INCOME BENEFITS: If the Person, Spouse or Child(ren) are or become eligible for any Other Income Benefit, they must:

- 1) apply for the Other Income Benefits; and
- 2) appeal any denial for the Other Income Benefits that appears unreasonable.

Until approval or denial of any Other Income Benefits for any Disability is determined, AUL will make payments as indicated below.

Payments will be made under either Method A or B below, as chosen by the Person in a written agreement provided by AUL.

Method A: AUL will estimate the Other Income Benefits that will be received and reduce the regular Monthly Benefit by this amount. If Other Income Benefits are estimated, the Person's regular Monthly Benefit will be adjusted when AUL receives proof of the amount awarded or that benefits have been denied. If the application is denied, the amount withheld based upon estimates will be returned to the Person in a lump sum. During subsequent appeals of denial of benefits Method B will be used.

Method B: AUL will pay the regular Monthly Benefit after the Elimination Period, with no reduction for estimated benefits, until the appropriate entity reaches a decision. When a decision is reached, the Person must send AUL a copy of the determination and reimburse AUL for any overpayment made as a result of that decision, regardless of whether or not the coverage is still in force on the date the Person recovers such amount. Additionally, if an award is made, AUL will reduce the Monthly Benefit by the amount of the Other Income Benefits the Person received, in accordance with the terms of this policy. If the Person chooses Method B and has not applied for the Other Income Benefits for which he may be entitled, the Person must agree to apply for such benefits immediately. If the Person does not apply for the Other Income Benefits immediately, AUL will automatically use Method A.

## **SECTION 8 - INSURING PROVISIONS**

**SOCIAL SECURITY APPLICATION ASSISTANCE.** When AUL determines that a Person is a likely candidate for Social Security Disability Insurance (SSDI), AUL may assist the Person with the application process for these benefits.

Upon written request, a representative from AUL's Group Claims Department may supply pertinent information to the Person about:

- 1) eligibility for SSDI benefits;
- 2) how to begin the application process;
- 3) how to submit an appeal;
- 4) guidelines established by the Social Security Administration for submitting appeals; and
- 5) names of organizations offering assistance.

## SECTION 8 – INSURING PROVISIONS

**MINIMUM MONTHLY BENEFIT:** While a Monthly Benefit is payable under this policy, the Monthly Benefit shall not be reduced to an amount less than the Minimum Monthly Benefit indicated in the Schedule of Benefits.

**COST OF LIVING ADJUSTMENT FREEZE:** If the Person receives a cost of living increase, with regard to Other Income Benefits, after the date benefits actually become payable under this policy, the Monthly Benefit will not be further reduced by such cost of living increase. For purposes of this provision, a cost of living increase is any annual increase reasonably related to the annual increase in any generally recognized cost of living measurement that applies to all Persons who are entitled to receive such benefits.

**TERMINATION OF THE MONTHLY BENEFIT:** The Monthly Benefit will cease on the EARLIEST of the following:

- 1) the date Current Monthly Income equals or exceeds 80% of the Indexed Pre-disability Earnings;
- 2) the date that the Person ceases to be Disabled;
- 3) the date the Person dies;
- 4) the date the Maximum Benefit Duration stated in the Schedule of Benefits is completed;
- 5) the date the Person fails to give AUL required proof of Disability or information required by AUL to determine if any benefits are owed under this policy;
- 6) the date the Person refuses to allow an examination requested by AUL;
- 7) the date the Person is no longer under the Regular Attendance and care of a Physician;
- 8) the date the Person refuses to provide any evidence required by AUL to verify the Person's Current Monthly Income; or
- 9) the date the Person leaves the United States or Canada and establishes his residence in any other country. A Person will be considered to reside outside these countries when the Person has been outside the United States or Canada for a total period of 6 months or more during any 12 consecutive Monthly Benefit payments.

*One of the following Accumulation of Elimination Period provisions will be used according to plan design:*

*Class 001/Option 03*

**ACCUMULATION OF ELIMINATION PERIOD:** For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 30 days, if the Person satisfies the Elimination Period within 60 days, then the Disability will be treated as continuous.

*Class 001/Option 04*

**ACCUMULATION OF ELIMINATION PERIOD:** For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 60 days, if the Person satisfies the Elimination Period within 120 days, then the Disability will be treated as continuous.

*Class 001/Option 05*

**ACCUMULATION OF ELIMINATION PERIOD:** For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 90 days, if the Person satisfies the Elimination Period within 180 days, then the Disability will be treated as continuous.

*Class 001/Option 06*

**ACCUMULATION OF ELIMINATION PERIOD:** For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 180 days, if the Person satisfies the Elimination Period within 360 days, then the Disability will be treated as continuous.

*Class 002/Option 03*

**ACCUMULATION OF ELIMINATION PERIOD:** For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 30 days, if the Person satisfies the Elimination Period within 60 days, then the Disability will be treated as continuous.



## SECTION 8 – INSURING PROVISIONS

### *Class 002/Option 04*

ACCUMULATION OF ELIMINATION PERIOD: For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 60 days, if the Person satisfies the Elimination Period within 120 days, then the Disability will be treated as continuous.

### *Class 002/Option 05*

ACCUMULATION OF ELIMINATION PERIOD: For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 90 days, if the Person satisfies the Elimination Period within 180 days, then the Disability will be treated as continuous.

### *Class 002/Option 06*

ACCUMULATION OF ELIMINATION PERIOD: For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 180 days, if the Person satisfies the Elimination Period within 360 days, then the Disability will be treated as continuous.

### *Class 003/Option 03*

ACCUMULATION OF ELIMINATION PERIOD: For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 30 days, if the Person satisfies the Elimination Period within 60 days, then the Disability will be treated as continuous.

### *Class 003/Option 04*

ACCUMULATION OF ELIMINATION PERIOD: For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 60 days, if the Person satisfies the Elimination Period within 120 days, then the Disability will be treated as continuous.

### *Class 003/Option 05*

ACCUMULATION OF ELIMINATION PERIOD: For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 90 days, if the Person satisfies the Elimination Period within 180 days, then the Disability will be treated as continuous.

### *Class 003/Option 06*

ACCUMULATION OF ELIMINATION PERIOD: For the purposes of accumulating the Elimination Period for Policyholders with Elimination Periods of 180 days, if the Person satisfies the Elimination Period within 360 days, then the Disability will be treated as continuous.

The ACCUMULATION OF THE ELIMINATION PERIOD provision is only applicable as long as the Policyholder's coverage remains in force with AUL.

## SECTION 8 - INSURING PROVISIONS

**RESIDUAL BENEFIT:** If the residual benefit is elected by the Policyholder, then the Elimination Period can be met using Total Disability, Partial Disability, or a combination of both.

**RECURRENT DISABILITY:** If, after a period of Disability for which benefits are payable, the Person resumes his Regular Occupation as a Full-Time Employee and performs each Material and Substantial Duty of that Occupation for a continuous period of 6 months or more of full-time work, any Recurrent Disability will be part of a new period of Disability and a new Elimination Period must be completed before any further Monthly Benefits are payable.

If the Person resumes his Regular Occupation as a Full-Time Employee and performs each Material and Substantial Duty of that Occupation for less than 6 months of full-time work, a Recurrent Disability will be part of the same period of Disability. The Recurrent Disability must be the direct result of the Injury or Sickness that caused the prior Disability. The Person will not have to complete a new Elimination Period. Benefit payments will be subject to the terms of this policy for the prior Disability. The benefit will be based on the amount of Basic Monthly Earnings in effect immediately prior to the original Elimination Period.

In order to prevent over-insurance because of duplication of benefits, benefits payable under the Recurrent Disability provision will cease if benefits are payable to the Person under any other group long term disability policy.

The Recurrent Disability provision in this Section is only applicable as long as the Policyholder's coverage remains in force with AUL.

## SECTION 8 - INSURING PROVISIONS

**PRESUMPTIVE DISABILITY:** When a Person is Partially Disabled and his Current Monthly Income is 20% or less than his Indexed Pre-Disability Earnings, AUL will not reduce the Monthly Benefit by Current Monthly Income.

**BENEFITS WHILE PARTIALLY DISABLED:** When proof is received that a Person is Partially Disabled, then the Return to Work and Partial Disability Benefits apply. Benefits are payable following completion of the Elimination Period. The Partial Disability must be the direct result of the Injury or Sickness that caused the Disability immediately preceding it.

*For Maximum Benefit Durations of two (2) years or more:*

**RETURN TO WORK BENEFIT:** While Partial Disability continues, this benefit will apply until the end of a 24 month period following return to work beginning on the first day that the Monthly Benefit is payable for Partial Disability.

Under this Return to Work Benefit, Current Monthly Income will not reduce the Monthly Benefit, unless the Current Monthly Income, combined with income from all other sources including the Monthly Benefit, exceeds 100% of the Pre-Disability Earnings. If the combined income exceeds this amount, the Monthly Benefit will be reduced by any amount that is in excess of 100% of the Pre-Disability Earnings.

## SECTION 8 - INSURING PROVISIONS

**PARTIAL DISABILITY BENEFIT:** Upon completion of the Return to Work Benefit period, the benefit for Partial Disability will be calculated as follows:

- 1) Multiply the Person's Current Monthly Income by 50%.
- 2) From the Person's Gross Monthly Benefit, subtract the answer in Item 1) and any Other Income Benefits. This is the Person's benefit for Partial Disability.

Benefits for Return to Work and Partial Disability will never exceed the Person's Maximum Monthly Benefit as shown on the Schedule of Benefits, nor be less than the Minimum Monthly Benefit as shown on the Schedule of Benefits. The Return to Work Benefit and the Partial Disability Benefit will continue as shown above until the EARLIEST of the date:

- 1) the Person ceases to be Partially Disabled;
- 2) the Person dies;
- 3) the Maximum Benefit Duration, as shown on the Schedule of Benefits, is completed;
- 4) the Person fails to give AUL required proof of Disability or information required by AUL to determine if any benefits are owed under this policy;
- 5) the Person refuses to allow an examination requested by AUL;
- 6) the Person is no longer under the Regular Attendance and care of a Physician;
- 7) the Person refuses to provide any evidence required by AUL to verify the Person's Current Monthly Income; or
- 8) the Person leaves the United States or Canada and establishes his residence in another country. A Person will be considered to reside outside these countries when the Person has been outside the United States or Canada for a total period of 6 months or more during any 12 consecutive months of benefits.

For purposes of the Return to Work Benefit and the Partial Disability Benefit provisions, Pre-Disability Earnings will be increased annually using the Consumer Price Index. The increase will be effective on the July 1<sup>st</sup> following the first 12 consecutive calendar months of Disability and on each subsequent July 1<sup>st</sup>. The annual increase is only to determine eligibility and will not increase the Return to Work Benefit or Partial Disability Benefit.

AUL may require any evidence needed to verify the Person's earnings and proof of continuing Disability.

## SECTION 8 - INSURING PROVISIONS

SURVIVOR BENEFIT: AUL will pay a lump sum benefit to the Eligible Survivor when proof acceptable to AUL, is received that the Person died:

- 1) after Disability had continued for 180 or more consecutive days; and
- 2) while the Person was receiving a Monthly Benefit.

The lump sum benefit will be an amount equal to 3 times the Person's last Gross Monthly Benefit.

If payment of a lump sum benefit becomes due to the Person's Child(ren) as an Eligible Survivor, payment will be made to the Child(ren) or to a Person entitled to receive payments on behalf of the Child(ren) under applicable law. Payment to such Person will be valid and effective against all claims of others representing or claiming to represent the Child(ren).

If there are no Eligible Survivors, then no lump sum benefit will be paid.

## SECTION 8 - INSURING PROVISIONS

ORGAN TRANSPLANT PROCEDURE means the surgical removal of any one or more of a Person's organs for the purpose of transplanting to another individual.

ORGAN DONOR TRANSPLANT BENEFIT: AUL will pay a Monthly Benefit if a Person becomes Disabled as a result of an Organ Transplant Procedure while insured under this policy. Proof of the Disability must be received by AUL for review. Payment of this benefit will not be subject to satisfaction of the Pre-Existing Condition exclusion or limitation period.

TERMINATION: The Organ Donor Transplant Benefit will terminate the EARLIER of:

- 1) the date Current Monthly Income equals or exceeds 80% of the Indexed Pre-disability Earnings;
- 2) the date that the Person ceases to be Disabled;
- 3) the date the Person dies;
- 4) the date the Maximum Benefit Duration stated in the Schedule of Benefits is completed;
- 5) the date the Person fails to give AUL required proof of Disability or information required by AUL to determine if any benefits are owed under this policy;
- 6) the date the Person refuses to allow an examination requested by AUL;
- 7) the date the Person is no longer under the Regular Attendance and care of a Physician;
- 8) the date the Person refuses to provide any evidence required by AUL to verify the Person's Current Monthly Income; or
- 9) the date the Person leaves the United States or Canada and establishes his residence in any other country. A Person will be considered to reside outside these countries when the Person has been outside the United States or Canada for a total period of 6 months or more during any 12 consecutive Monthly Benefit payments.

## SECTION 9 - EXCLUSIONS

GENERAL EXCLUSIONS: This policy does not cover any Disability caused by, contributed to by, or resulting from:

- 1) participation in war or any act of war, declared or undeclared;
- 2) active participation in a riot;
- 3) attempted suicide, regardless of mental capacity;
- 4) attempted or actual intentionally self-inflicted bodily injury or self destruction, including but not limited to the voluntary inhaling or taking of:
  - a) a prescription drug in a manner other than as prescribed by a Physician;
  - b) any federal or state regulated substance in an unlawful manner;
  - c) non-prescription medicine in a manner other than as indicated in the printed instructions;
  - d) poison; and
  - e) toxic fumes;
- 5) commission of or attempt to commit a criminal act under relevant state law;
- 6) Cosmetic Surgery. However, Cosmetic Surgery will be covered when it is due to:
  - a) reconstructive surgery incidental to, or follows surgery resulting from, trauma, infection or other diseases of the involved part; or
  - b) congenital disease or anomaly that has resulted in a functional defect;
- 7) a Person being legally intoxicated as defined by the law of the jurisdiction in which the incident occurs;
- 8) any event that occurs while a Person is incarcerated in a penal or correctional institution;
- 9) participation in any self asphyxiation method;
- 10) Surgery that is not Medically Necessary to treat a Sickness or Injury;
- 11) traveling or flying on any aircraft operated by or under authority of military or any aircraft being used for experimental purposes; or
- 12) engaging in any illegal or fraudulent occupation, work, or employment.

## SECTION 9 - EXCLUSIONS

### PRE-EXISTING CONDITION LIMITATION:

The monthly amount payable under this provision will be the lesser of:

- 1) the Person's Monthly Benefit payable if the Person did not have a Pre-Existing Condition; or
- 2) the Person's Gross Monthly Benefit multiplied by 100%.

Benefits under this provision are payable for no more than 4 weeks during any one period of Disability. In no event will benefits be paid beyond the Maximum Benefit Duration.



## **SECTION 9 - EXCLUSIONS**

When this policy is replacing a Prior Plan of Franchise Coverage, the preceding Pre-Existing Condition Limitation provision will not apply to a Person:

- 1) who is listed on the prior carrier's Franchise Coverage billing statement within 90 days before the Policyholder's original Effective Date;
- 2) who requests coverage under this policy when he first becomes eligible for coverage; and
- 3) whose coverage under the Prior Plan terminated.

## SECTION 9 - EXCLUSIONS

**PRE-EXISTING CONDITION EXCLUSION ON AN INCREASED MAXIMUM MONTHLY BENEFIT:** This provision applies to an increase in the Maximum Monthly Benefit that occurs after the Policyholder's Effective Date.

This policy will not cover the amount of the increase in the Maximum Monthly Benefit if the Person's Disability begins in the first 12 months following the effective date of the increase in coverage; 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 his effective date of increase in amount of insurance.

**PRE-EXISTING CONDITION EXCLUSION ON AN INCREASED BENEFIT WHEN CHANGING CARRIERS:** This provision applies to an increase in the Maximum Monthly Benefit when:

- 1) coverage under this policy replaces a Prior Plan; and
- 2) coverage under this policy has a Maximum Monthly Benefit that is in excess of the Prior Plan.

**PRE-EXISTING CONDITION EXCLUSION FOR A CHANGE IN OPTIONS:** This provision applies when a Person changes Options resulting in an increase in coverage after the Policyholder's Effective Date.

A Person will receive benefits based on the Option he was previously insured under if eligible for such benefits according to the provisions applicable to that Option.

## SECTION 10 - DRUG AND ALCOHOL ABUSE LIMITATION

*This Section may apply when the Maximum Benefit Duration is one year or greater. Refer to **DRUG AND ALCOHOL ABUSE LIMITATION** in the Schedule of Benefits to determine if applicable to any class(es) or options(s).*

DRUG AND ALCOHOL ABUSE LIMITATION: Monthly Benefits for Disability due to drug and alcohol abuse, whether or not benefits were originally sought because of the condition, will not be payable beyond the Maximum Benefit Duration. In addition, if the Maximum Benefit Duration is longer than 24 months, benefits for Disability due to drug and alcohol abuse will not exceed 24 months of Monthly Benefit payments. Benefit payments for Disabilities due to drug and alcohol abuse are cumulative for the lifetime of the contract.

The Monthly Benefit may be paid beyond 24 months if:

- 1) the Person is in a hospital or institution at the end of the 24 month period; and
- 2) confinement begins:
  - a) during the Elimination Period; or
  - b) during the 24 months next following the Elimination Period; and
- 3) confinement is for at least 14 consecutive calendar days.

The Monthly Benefit will be payable until the Person is discharged. If Disability continues after discharge, the Monthly Benefit will be payable for a recovery period not to exceed 90 days.

If the Person is re-confined in a hospital or institution for the same Sickness or Injury which caused the Disability, the Monthly Benefit will be payable during the re-confinement if:

- 1) it begins during the recovery period; and
- 2) it is for at least 14 consecutive calendar days.

If Disability continues after the Person is discharged from such a re-confinement, the Monthly Benefit will be payable for a final recovery period not to exceed 90 days.

For any period of confinement beyond those stated above, the Monthly Benefit will continue to be payable:

- 1) only if confinement is for at least 14 consecutive calendar days;
- 2) only until the Person is discharged; and
- 3) only if the Person is continuously Totally Disabled.

To be covered, confinement must be in a facility licensed to provide care and treatment for the disabling condition due to drug or alcohol abuse.

## SECTION 12 - MENTAL ILLNESS LIMITATION

*This Section may apply when the Maximum Benefit Duration is one year or greater. Refer to **MENTAL ILLNESS LIMITATION** in the Schedule of Benefits to determine if applicable to any class(es) or options(s).*

**MENTAL ILLNESS LIMITATION:** Monthly Benefits for Disability due to Mental Illness, whether or not benefits were originally sought because of the condition, will not be payable beyond the Maximum Benefit Duration. In addition, if the Maximum Benefit Duration is longer than 24 months, benefits for Disability due to Mental Illness will not exceed 24 months of Monthly Benefit payments. Benefit payments for Disabilities due to Mental Illness are cumulative for the lifetime of the contract.

The Monthly Benefit may be paid beyond such period if:

- 1) the Person is in a hospital or institution at the end of the 24 month period; and
- 2) confinement begins:
  - a) during the Elimination Period; or
  - b) during the 24 months next following the Elimination Period; and
- 3) confinement is for at least 14 consecutive calendar days.

The Monthly Benefit will be payable until the Person is discharged. If Disability continues after discharge, the Monthly Benefit will be payable for a recovery period not to exceed 90 days.

If the Person is re-confined in a hospital or institution for the same Sickness or Injury which caused the Disability, the Monthly Benefit will be payable during the re-confinement if:

- 1) it begins during the recovery period; and
- 2) it is for at least 14 consecutive calendar days.

If Disability continues after the Person is discharged from this re-confinement, the Monthly Benefit will be payable for a final recovery period not to exceed 90 days.

For any period of confinement beyond those stated above, the Monthly Benefit will continue to be payable

- 1) only if confinement is for at least 14 consecutive calendar days;
- 2) only until the Person is discharged; and
- 3) only if the Person is continuously Totally Disabled.

To be covered, confinement must be in a facility licensed to provide care and treatment for the disabling condition due to Mental Illness.

AUL will not apply the Mental Illness Limitation to a Disability due to dementia if it is a result of:

- 1) stroke;
- 2) trauma;
- 3) viral infection; or
- 4) Alzheimer's disease.

## SECTION 13 - CONTINUITY OF COVERAGE

Refer to **CONTINUITY OF COVERAGE** in the Schedule of Benefits to determine applicable class(es) or option(s).

**WHEN REPLACING FRANCHISE COVERAGE:** This provision applies when coverage under this policy replaces a Prior Plan of Franchise Coverage that the Policyholder sponsored. This Section will apply only to Persons who were insured under the Prior Plan of Franchise Coverage within the 90 days before the Policyholder's original Effective Date.

Unless replacing a Prior Plan of AUL coverage with short or long term coverage, a Prior Plan must be replaced with:

- 1) a plan of long term coverage for long term coverage;
- 2) a plan of short term coverage for short term coverage; or
- 3) a plan that contains a short Elimination Period and a long term Maximum Benefit Duration.

Continuity of Coverage will apply to a Person who would not get coverage under this policy because of the failure of a Person to be Actively at Work due to Disability, an approved Leave of Absence or temporary layoff on the Policyholder's Effective Date.

**BENEFITS FOR A PERSON WHO FAILS TO BE ACTIVELY AT WORK DUE TO DISABILITY:** This policy will insure, subject to proper premium payments, a Person who:

- 1) was insured under the Prior Plan on its termination date; and
- 2) is not Actively at Work due to Disability, an approved Leave of Absence or temporary layoff on the Policyholder's Effective Date.

Coverage under this provision will begin on the Policyholder's Effective Date and will continue until the EARLIEST of:

- 1) the date the Person returns to Active Work; or
- 2) the date coverage would otherwise end, according to the provisions of the AUL policy.

When replacing Franchise Coverage, the benefits payable will be the same as the benefits of the Policyholder's policy with AUL

This Section of the Continuity of Coverage provision does not establish eligibility for coverage of a Person under this policy. Eligibility can only be met when the Person returns to full-time, Active Work as described in the Eligibility and Individual Effective Date of Insurance Section.

## SECTION 14 - PORTABILITY PRIVILEGE

Refer to **PORTABILITY PRIVILEGE** in the Schedule of Benefits to determine applicable class(es) or options(s).

If a Person's insurance under this policy terminates for any reason other than stated below, the Person is entitled to continue his coverage for 12 months without submission of Evidence of Insurability. To be eligible for this Privilege, the Person must have been insured under this policy for at least 12 consecutive months just before insurance under this policy terminated.

This Portability Privilege provides the same coverage that the Person had immediately prior to the date of his termination. Any benefits payable are governed by this policy according to the provisions and benefits elected by the Policyholder and stated in the Schedule of Benefits. However, the Maximum Benefit Duration will be the lesser of:

- 1) 2 years; or
- 2) the Maximum Benefit Duration in effect immediately prior to the date of his termination.

This Portability Privilege is subject to the following:

- 1) application for Portability must be made via a method approved by AUL within 31 calendar days after termination of insurance under this policy;
- 2) payment of the initial correct amount of premium;
- 3) the premium is based on the Person's age and the premium rate in effect on the date of application for Portability; and
- 4) the effective date for the Person under the Portability Privilege is the date immediately following the date of his termination.

The Portability Privilege is not available to any Person:

- 1) whose insurance under this policy terminates for any of the following reasons:
  - a) the Person enters a class of Employees that are not eligible for coverage under this policy;
  - b) the Person retires (when the Person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career); or
  - c) the Person failed to pay any required premium;
- 2) who is or becomes insured for any other group long or short term disability policy which provides coverage similar to the type of coverage provided by this policy within 31 days after termination under this policy;
- 3) who is Disabled under the terms of this policy; or
- 4) who is on leave of absence.

Insurance under the Portability Privilege will terminate on the earliest of the following dates:

- 1) the last day for which any required premium has been made;
- 2) the date the Person requests termination, but not prior to the date of the request;
- 3) the last day of a Coverage Month, provided that AUL has given at least 31 days prior written notice to the Person;
- 4) the date the Person retires;
- 5) the date this policy terminates;
- 6) the date the Person enters active military service for any country, except for temporary duty of 30 days or less;
- 7) the date that coverage begins under any other group long or short term disability policy that provides coverage similar to coverage provided by this policy;
- 8) the date following 12 months of coverage; or
- 9) the date the Person leaves the United States or Canada and establishes his residence in any other country. A Person will be considered to reside outside these countries when the Person has been outside the United States or Canada for more than 6 months in any 12 month period.

## SECTION 16 - MANDATORY REHABILITATION PROGRAM

Refer to **MANDATORY REHABILITATION PROGRAM** in the Schedule of Benefits to determine applicable class(es) or options(s).

**MANDATORY REHABILITATION PROGRAM:** AUL's Rehabilitation Program is designed to assist a Person in returning to work. A Person's claim is reviewed and medical and vocational information is analyzed to determine if rehabilitation services might assist in this process.

AUL's Rehabilitation Program specialists, who coordinate with the Person's Physician and other specialists, complete an initial review. After this review, AUL may elect to offer and pay for a reasonable and necessary Rehabilitation Program. The Person must receive written approval from AUL before beginning any Program in order to be eligible for benefits under this Section. AUL will not reimburse unapproved or unnecessary rehabilitation expenses.

AUL's Rehabilitation Program may include coordination with other parties to:

- 1) assist in the Person's return to work;
- 2) evaluate adaptive equipment to allow the Person to work;
- 3) provide child care assistance during the Person's participation in a rehabilitation program;
- 4) provide vocational evaluation;
- 5) provide job placement services;
- 6) provide resume preparation;
- 7) provide job-seeking skills training;
- 8) provide retraining for a new occupation;
- 9) provide alternative treatment plans such as:
  - a) support groups;
  - b) physical therapy;
  - c) occupational therapy;
  - d) speech therapy;
  - e) exercise programs;
  - f) mental health programs; or
  - g) other medical rehabilitation programs.

If at any time the Person declines to take part or cooperate in a rehabilitation evaluation or program, that has been designed for him and has been approved by his Physician, AUL may discontinue paying the Person a Monthly Benefit for Disability.

## SECTION 17 - WORKPLACE MODIFICATION BENEFIT

Refer to **WORKPLACE MODIFICATION BENEFIT** in the Schedule of Benefits to determine applicable class(es) or options(s).

WORKPLACE MODIFICATION means reasonable and necessary changes to a Person's work environment or to the way a Person's job is performed that enables the Person to return to full or part-time work for the Policyholder.

WORKPLACE MODIFICATION BENEFIT: AUL may pay the expense for any reasonable and necessary modification to a Person's workplace to accommodate the Person's Disability and enable him to return to Active Work for the Policyholder. The amount AUL may pay will not exceed the lesser of:

- 1) 2 times the Person's last Monthly Benefit payment; or
- 2) \$2,000.

To qualify for this Benefit:

- 1) a Person must be receiving a Monthly Benefit under this policy;
- 2) the Policyholder must agree to make reasonable and necessary modifications to the workplace that reasonably accommodates and enables a Person's return to full or part-time employment with the Policyholder; and
- 3) all proposed modifications and costs must be approved by AUL in advance and in writing prior to making any modification.

AUL may evaluate the appropriateness of a proposed modification.

AUL reserves the right, at its expense, to have a Person examined and evaluated by a Physician or other health care professional and a vocational expert or rehabilitation specialist of its choice, as frequently as it deems necessary.

If the Policyholder incurs reasonable and necessary costs for AUL approved modifications, the Policyholder will be reimbursed after:

- 1) proposed modifications made on the Person's behalf are completed;
- 2) written proof of incurred expenses for all modifications have been provided to and approved by AUL; and
- 3) the Person has returned to full or part-time employment with the Policyholder.

This Benefit will not be payable if:

- 1) expenses were not incurred in making the actual modification;
- 2) AUL did not provide written approval for the modification or its cost prior to the expense;
- 3) the Person becomes self-employed or returns to work for an employer other than the Policyholder;
- 4) the Person or Policyholder is able to apply or receives reimbursement for any costs under any other governmental program, grant, insurance policy, law or settlement; or
- 5) the Person ceases to be Disabled before or during the Workplace Modification.

This benefit is available on a one-time basis, per Person.



## How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). **This notice summarizes your protections.**

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

### For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

**Accident, accident and health, or health insurance (including HMOs):**

- o Up to \$500,000 for health benefit plans, with some exceptions.
- o Up to \$300,000 for disability income benefits.
- o Up to \$300,000 for long-term care insurance benefits.
- o Up to \$200,000 for all other types of health insurance.

**Life insurance:**

- o Up to \$100,000 in net cash surrender or withdrawal value.
- o Up to \$300,000 in death benefits.

**Individual annuities:** Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.

**Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.

**Individual aggregate limit:** Up to \$300,000 per person, regardless of the number of policies or contracts. A limit of \$500,000 may apply for people with health benefit plans.

**Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the association and your protections, contact:

**Texas Life and Health Insurance Guaranty Association**  
515 Congress Avenue, Suite 1875  
Austin, TX 78701  
1-800-982-6362 or [www.txlifega.org](http://www.txlifega.org)

For questions about insurance, contact:

**Texas Department of Insurance**  
P.O. Box 149104  
Austin, TX 78714-9104  
1-800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)

**Note:** You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). These protections apply to insolvencies that occur on or after September 1, 2019. **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.