



## Group Educator Disability Terms and Definitions

<b>Eligible Employees:</b>	This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.
<b>Flexible Choices:</b>	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget.
<b>Timely Enrollment:</b>	Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.
<b>Portability:</b>	Should your coverage terminate, you may be eligible to take this disability insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.
<b>Waiver of Premium:</b>	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
<b>Elimination Period:</b>	This is a period of consecutive days of disability before benefits may become payable under the contract.
<b>Total Disability:</b>	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
<b>Partial Disability:</b>	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness.
<b>Residual:</b>	The elimination period can be satisfied by total disability, partial disability, or a combination of both.
<b>Return to Work:</b>	You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months.
<b>Integration:</b>	The method by which your benefit may be reduced by Other Income Benefits.
<b>Offset:</b>	An offset is an amount that reduces your benefit amount by amounts you receive from other sources for your disability and will be specified in the contract.
<b>Pre-Existing Condition Limitations:</b>	The pre-existing period is 3/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage.
<b>About Your Benefits:</b>	Group Educator Disability benefits are illustrated and paid on a monthly basis.

This invitation to inquire allows eligible employees an opportunity to inquire further about AUL's group insurance and is limited to a brief description of any losses for which benefits are payable. The contract has exclusions, limitations reduction of benefits, and terms under which the contract may be continued in force or discontinued.

## Group Educator Disability Insurance Coverage for Eligible Employees Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.
- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

		Maximum Benefit Duration				Pre-Existing Condition Period
		Accident	SSFRA	Sickness	5 years/SSFRA	3/12
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts				
		Opt 1 0/7	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	
\$3,600	\$200	\$8.50	\$5.80	\$4.60	\$2.88	
\$5,400	\$300	\$12.75	\$8.70	\$6.90	\$4.32	
\$7,200	\$400	\$17.00	\$11.60	\$9.20	\$5.76	
\$9,000	\$500	\$21.25	\$14.50	\$11.50	\$7.20	
\$10,799	\$600	\$25.50	\$17.40	\$13.80	\$8.64	
\$12,599	\$700	\$29.75	\$20.30	\$16.10	\$10.08	
\$14,399	\$800	\$34.00	\$23.20	\$18.40	\$11.52	
\$16,199	\$900	\$38.25	\$26.10	\$20.70	\$12.96	
\$17,999	\$1,000	\$42.50	\$29.00	\$23.00	\$14.40	
\$19,799	\$1,100	\$46.75	\$31.90	\$25.30	\$15.84	
\$21,599	\$1,200	\$51.00	\$34.80	\$27.60	\$17.28	
\$23,399	\$1,300	\$55.25	\$37.70	\$29.90	\$18.72	
\$25,199	\$1,400	\$59.50	\$40.60	\$32.20	\$20.16	
\$26,999	\$1,500	\$63.75	\$43.50	\$34.50	\$21.60	
\$28,799	\$1,600	\$68.00	\$46.40	\$36.80	\$23.04	
\$30,598	\$1,700	\$72.25	\$49.30	\$39.10	\$24.48	
\$32,398	\$1,800	\$76.50	\$52.20	\$41.40	\$25.92	
\$34,198	\$1,900	\$80.75	\$55.10	\$43.70	\$27.36	
\$35,998	\$2,000	\$85.00	\$58.00	\$46.00	\$28.80	
\$37,798	\$2,100	\$89.25	\$60.90	\$48.30	\$30.24	
\$39,598	\$2,200	\$93.50	\$63.80	\$50.60	\$31.68	
\$41,398	\$2,300	\$97.75	\$66.70	\$52.90	\$33.12	
\$43,198	\$2,400	\$102.00	\$69.60	\$55.20	\$34.56	
\$44,998	\$2,500	\$106.25	\$72.50	\$57.50	\$36.00	
\$46,798	\$2,600	\$110.50	\$75.40	\$59.80	\$37.44	
\$48,598	\$2,700	\$114.75	\$78.30	\$62.10	\$38.88	
\$50,397	\$2,800	\$119.00	\$81.20	\$64.40	\$40.32	
\$52,197	\$2,900	\$123.25	\$84.10	\$66.70	\$41.76	

Rates Effective 9/1/2018

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

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**Group Educator Disability Insurance Coverage for Eligible Employees  
Monthly Payroll Deduction Illustration**

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.
- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Maximum Benefit Duration				Pre-Existing Condition Period
		Accident 0/7	SSFRA 14/14	Sickness 30/30	5 years/SSFRA 60/60	3/12
Monthly Payroll Deduction Amounts						
		Opt 1 0/7	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	
\$53,997	\$3,000	\$127.50	\$87.00	\$69.00	\$43.20	
\$55,797	\$3,100	\$131.75	\$89.90	\$71.30	\$44.64	
\$57,597	\$3,200	\$136.00	\$92.80	\$73.60	\$46.08	
\$59,397	\$3,300	\$140.25	\$95.70	\$75.90	\$47.52	
\$61,197	\$3,400	\$144.50	\$98.60	\$78.20	\$48.96	
\$62,997	\$3,500	\$148.75	\$101.50	\$80.50	\$50.40	
\$64,797	\$3,600	\$153.00	\$104.40	\$82.80	\$51.84	
\$66,597	\$3,700	\$157.25	\$107.30	\$85.10	\$53.28	
\$68,397	\$3,800	\$161.50	\$110.20	\$87.40	\$54.72	
\$70,196	\$3,900	\$165.75	\$113.10	\$89.70	\$56.16	
\$71,996	\$4,000	\$170.00	\$116.00	\$92.00	\$57.60	
\$73,796	\$4,100	\$174.25	\$118.90	\$94.30	\$59.04	
\$75,596	\$4,200	\$178.50	\$121.80	\$96.60	\$60.48	
\$77,396	\$4,300	\$182.75	\$124.70	\$98.90	\$61.92	
\$79,196	\$4,400	\$187.00	\$127.60	\$101.20	\$63.36	
\$80,996	\$4,500	\$191.25	\$130.50	\$103.50	\$64.80	
\$82,796	\$4,600	\$195.50	\$133.40	\$105.80	\$66.24	
\$84,596	\$4,700	\$199.75	\$136.30	\$108.10	\$67.68	
\$86,396	\$4,800	\$204.00	\$139.20	\$110.40	\$69.12	
\$88,196	\$4,900	\$208.25	\$142.10	\$112.70	\$70.56	
\$89,996	\$5,000	\$212.50	\$145.00	\$115.00	\$72.00	
\$91,795	\$5,100	\$216.75	\$147.90	\$117.30	\$73.44	
\$93,595	\$5,200	\$221.00	\$150.80	\$119.60	\$74.88	
\$95,395	\$5,300	\$225.25	\$153.70	\$121.90	\$76.32	
\$97,195	\$5,400	\$229.50	\$156.60	\$124.20	\$77.76	
\$98,995	\$5,500	\$233.75	\$159.50	\$126.50	\$79.20	
\$100,795	\$5,600	\$238.00	\$162.40	\$128.80	\$80.64	
\$102,595	\$5,700	\$242.25	\$165.30	\$131.10	\$82.08	

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		Accident	SSFRA	Sickness	5 years/SSFRA	3/12
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts				
		Opt 1 0/7	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	
\$104,395	\$5,800	\$246.50	\$168.20	\$133.40	\$83.52	
\$106,195	\$5,900	\$250.75	\$171.10	\$135.70	\$84.96	
\$107,995	\$6,000	\$255.00	\$174.00	\$138.00	\$86.40	
\$109,795	\$6,100	\$259.25	\$176.90	\$140.30	\$87.84	
\$111,594	\$6,200	\$263.50	\$179.80	\$142.60	\$89.28	
\$113,394	\$6,300	\$267.75	\$182.70	\$144.90	\$90.72	
\$115,194	\$6,400	\$272.00	\$185.60	\$147.20	\$92.16	
\$116,994	\$6,500	\$276.25	\$188.50	\$149.50	\$93.60	
\$118,794	\$6,600	\$280.50	\$191.40	\$151.80	\$95.04	
\$120,594	\$6,700	\$284.75	\$194.30	\$154.10	\$96.48	
\$122,394	\$6,800	\$289.00	\$197.20	\$156.40	\$97.92	
\$124,194	\$6,900	\$293.25	\$200.10	\$158.70	\$99.36	
\$125,994	\$7,000	\$297.50	\$203.00	\$161.00	\$100.80	
\$127,794	\$7,100	\$301.75	\$205.90	\$163.30	\$102.24	
\$129,594	\$7,200	\$306.00	\$208.80	\$165.60	\$103.68	
\$131,393	\$7,300	\$310.25	\$211.70	\$167.90	\$105.12	
\$133,193	\$7,400	\$314.50	\$214.60	\$170.20	\$106.56	
\$134,993	\$7,500	\$318.75	\$217.50	\$172.50	\$108.00	
\$136,793	\$7,600	\$323.00	\$220.40	\$174.80	\$109.44	
\$138,593	\$7,700	\$327.25	\$223.30	\$177.10	\$110.88	
\$140,393	\$7,800	\$331.50	\$226.20	\$179.40	\$112.32	
\$142,193	\$7,900	\$335.75	\$229.10	\$181.70	\$113.76	
\$143,993	\$8,000	\$340.00	\$232.00	\$184.00	\$115.20	

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