

What you need to know:

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

What you need to do:

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

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



THE NEED FOR DISABILITY INSURANCE

Protect your paycheck

You insure your home, car and other valuable possessions, so why not also protect what pays for all those things? Your income. Without it, think about how your mortgage/rent, groceries or credit card bills would get paid. That's where disability insurance can help.

A disability can happen to anyone at any time and it can last for a short or long period of time. Purchasing disability insurance through your workplace is a way to replace a portion of your pre-disability earnings if you get sick or hurt and are unable to work. Being prepared can help ease the financial burden for you.

Things to think about

A severe injury or illness can leave you unable to work for years. Workers' compensation only covers injuries that happen on the job and, to qualify for coverage, you must meet certain eligibility requirements. Additionally, medical insurance will only help cover your medical costs.

You might be able to dip into savings or borrow money from loved ones, but if you don't have these options, can you really afford not to have disability insurance?

Protect yourself and your income with disability insurance.

Disability insurance can provide you with the income protection you need. Consider purchasing it today.

Let's figure it out

Everyone's circumstances are different. This calculator can help you figure out how much you need to protect your lifestyle and the lifestyles of those you love if you become disabled.

Estimate your essential monthly expenses

Living expenses	Amount
Monthly housing (e.g., mortgage, rent, insurance, taxes)	
Utilities (e.g., telephone, electricity, gas, oil, cable, TV, Internet)	
Food	
Transportation (e.g., car payments, gasoline, insurance)	
Subtotal =	
Debt expenses	
Education (e.g., tuition, books, supplies)	
Health care (e.g., out-of-pocket costs, insurance premiums)	
Debt payments (e.g., credit cards, other debt)	
Subtotal =	
Other expenses	
Dependent care	
Life insurance premiums	
Subtotal =	
Minimum monthly amount to cover with disability insurance	\$

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company.

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What you need to know about your Educator Disability Benefits

Eligible Employees:	This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.
Flexible Choices:	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget. You are able to enroll and/or change plans during each scheduled enrollment.
Guaranteed Issue:	If you enroll timely, you may be eligible for coverage without having to answer any health questions. If you decline insurance coverage now and decide to enroll later, you may need to provide Evidence of Insurability.
Timely Enrollment:	Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.
Portability:	Should your coverage terminate, you may be eligible to take this disability insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.
Waiver of Premium:	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
Total Disability:	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of any gainful occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability:	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of any gainful occupation on a full-time basis, are performing at least one of the material and substantial duties of any gainful occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness.
Residual:	The elimination period can be satisfied by total disability, partial disability, or a combination of both.
Return to Work:	You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months.
Integration:	The method by which your benefit may be reduced by Other Income Benefits.
Offset:	An offset is an amount that reduces your benefit amount by amounts you receive from other sources for your disability and will be specified in the contract.
Pre-Existing Condition Limitations:	The pre-existing period is 3/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage. A limited benefit will be paid if the Person's Disability begins in the first 12 months following the Person's Individual Effective Date of Insurance; and the Person's Disability is caused by, contributed to by, or the result of a condition for which the Person received medical advice or treatment in the 3 months just prior to the Person's Individual Effective Date of Insurance.
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. Applies to plans with Elimination Periods of 30 days or less.
About Your Benefits:	Educator Disability benefits are illustrated and paid on a monthly basis.

OneAmerica® is the marketing name for the companies of OneAmerica.

What you need to know about your Educator Disability Benefits

Elimination Period: This is a period of consecutive days of disability before benefits may become payable under the contract.

Maximum Benefit Duration: This is the length of time that you may be paid benefits if continuously disabled as outlined in the contract.

Educator Disability Options

You may select a benefit percentage of 30%, 40%, 50% or 60% of your earnings, up to a maximum monthly benefit of \$7,500.

Elimination Period	Maximum Benefit Duration		Pre-Existing Condition Period
	Age When Total Disability Begins	Maximum Duration	
Option 1: 7 days / 7 days	Less than age 60	Greater of Social Security Full Retirement Age or to age 65	3 months / 12 months
Option 2: 14 days / 14 days		to age 65	
Option 3: 30 days / 30 days		5 years	
Option 4: 60 days / 60 days		4 years	
Option 5: 90 days / 90 days		3.5 years	
Option 6: 180 days / 180 days		3 years	
		2.5 years	
	2 years		
	21 months		
	18 months		
	15 months		
	69 and over	12 months	

Monthly Rates Per \$100 of Monthly Benefit

30% Benefit Option:	Option 1 7 days / 7 days	Option 2 14 days / 14 days	Option 3 30 days / 30 days	Option 4 60 days / 60 days	Option 5 90 days / 90 Days	Option 6 180 days / 180 days
Rate:	3.02	2.54	2.04	1.37	1.19	\$0.91

40% Benefit Option:	Option 1 7 days / 7 days	Option 2 14 days / 14 days	Option 3 30 days / 30 days	Option 4 60 days / 60 days	Option 5 90 days / 90 days	Option 6 180 days / 180 days
Rate:	3.02	2.54	2.04	\$1.37	\$1.19	\$0.91

50% Benefit Option:	Option 1 7 days / 7 days	Option 2 14 days / 14 days	Option 3 30 days / 30 days	Option 4 60 days / 60 days	Option 5 90 days / 90 days	Option 6 180 days / 180 days
Rate:	3.02	2.54	2.04	\$1.37	\$1.19	\$0.91

60% Benefit Option:	Option 1 7 days / 7 days	Option 2 14 days / 14 days	Option 3 30 days / 30 days	Option 4 60 days / 60 days	Option 5 90 days / 90 days	Option 6 180 days / 180 days
Rate:	\$3.55	\$2.99	2.40	\$1.61	\$1.37	\$1.07

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