

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 Prudent) 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 LIFE INSURANCE

Protecting the ones you care about most

“How will my loved ones be taken care of when I’m gone?” This question isn’t something anyone wants to think about, but if someone depends on you for financial support, then life insurance is your answer.

Income protection for your loved ones

No matter what your current situation is: single, married, with or without children; life insurance helps replace your income, and will assist your family in paying final expenses. It will also allow your loved ones to continue any future plans, such as college education or savings.

Why you need it

There are several reasons you need life insurance. In addition to paying for burial expenses, consider life insurance an option to pay for the mortgage, medical expenses and fund college education. If you work or have savings, then you have the income to pay these bills. However, consider what happens when your loved ones no longer have your financial support.

How much is enough

Figuring out how much life insurance you need is hard to decide. You want to make sure you have enough to protect your family. To help you answer this question, use the calculator to estimate your expenses to think about which bills would need income protection.

Estimate your expenses below

Income and possessions	Amount
Annual income	
Number of years until retirement	
Subtotal <i>(annual income x years)</i>	
Debt and final expenses	
Mortgage/rent	
Credit card(s), car payment(s), etc.	
Funeral and burial expenses (\$7,000 is a good estimate)	
Subtotal <i>(debt)</i>	
Educational costs	
College expenses <i>(Approximately \$32,405/year for private, \$9,410 for state residents at public schools and \$23,893 for out-of-state residents attending public universities)</i>	
Subtotal <i>(education)</i>	
Total needed for your life insurance	\$

Typically, life insurance offered through work is less expensive than if you purchased it on your own. Consider purchasing life insurance today.

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

Flexible Life Options: Employee: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 7 times your annual salary
Spouse: \$10,000 to \$500,000, in \$5,000 increments, not to exceed 100% of the employee's amount

Life Guaranteed Issue: Employee: \$200,000 Spouse: \$50,000 Child: \$10,000

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

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

Flexible AD&D Options: Employee: Up to \$500,000, in \$10,000 increments
Spouse: 50% of the employee's coverage
Child: 10% of the employee's coverage

Dependent AD&D Coverage: If employee AD&D coverage and dependent Life coverage are selected, matching AD&D will be included in any selected spouse and child(ren) coverage. If employee AD&D is declined, no dependent AD&D will be included.

Accelerated Life Benefit: If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

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

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

Age:	70	75	80	85
Reduces To:	65%	45%	30%	15%

Payroll Deduction Illustration: Monthly Employee Options

Life	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$.45	\$.45	\$.45	\$.75	\$.95	\$1.45	\$2.35	\$3.60	\$5.60	\$8.20	\$16.00	\$16.00	\$16.00
\$20,000	\$.90	\$.90	\$.90	\$1.50	\$1.90	\$2.90	\$4.70	\$7.20	\$11.20	\$16.40	\$32.00	\$32.00	\$32.00
\$40,000	\$1.80	\$1.80	\$1.80	\$3.00	\$3.80	\$5.80	\$9.40	\$14.40	\$22.40	\$32.80	\$64.00	\$64.00	\$64.00
\$60,000	\$2.70	\$2.70	\$2.70	\$4.50	\$5.70	\$8.70	\$14.10	\$21.60	\$33.60	\$49.20	\$96.00	\$96.00	\$96.00
\$80,000	\$3.60	\$3.60	\$3.60	\$6.00	\$7.60	\$11.60	\$18.80	\$28.80	\$44.80	\$65.60	\$128.00	\$128.00	\$128.00
\$100,000	\$4.50	\$4.50	\$4.50	\$7.50	\$9.50	\$14.50	\$23.50	\$36.00	\$56.00	\$82.00	\$160.00	\$160.00	\$160.00
\$120,000	\$5.40	\$5.40	\$5.40	\$9.00	\$11.40	\$17.40	\$28.20	\$43.20	\$67.20	\$98.40	\$192.00	\$192.00	\$192.00
\$140,000	\$6.30	\$6.30	\$6.30	\$10.50	\$13.30	\$20.30	\$32.90	\$50.40	\$78.40	\$114.80	\$224.00	\$224.00	\$224.00
\$160,000	\$7.20	\$7.20	\$7.20	\$12.00	\$15.20	\$23.20	\$37.60	\$57.60	\$89.60	\$131.20	\$256.00	\$256.00	\$256.00
\$200,000	\$9.00	\$9.00	\$9.00	\$15.00	\$19.00	\$29.00	\$47.00	\$72.00	\$112.00	\$164.00	\$320.00	\$320.00	\$320.00
AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$.28	\$.28	\$.28	\$.28	\$.28	\$.28	\$.28	\$.28	\$.28	\$.28	\$.28	\$.28	\$.28
\$50,000	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40
\$100,000	\$2.80	\$2.80	\$2.80	\$2.80	\$2.80	\$2.80	\$2.80	\$2.80	\$2.80	\$2.80	\$2.80	\$2.80	\$2.80
\$150,000	\$4.20	\$4.20	\$4.20	\$4.20	\$4.20	\$4.20	\$4.20	\$4.20	\$4.20	\$4.20	\$4.20	\$4.20	\$4.20
\$200,000	\$5.60	\$5.60	\$5.60	\$5.60	\$5.60	\$5.60	\$5.60	\$5.60	\$5.60	\$5.60	\$5.60	\$5.60	\$5.60
\$250,000	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00
\$300,000	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40
\$350,000	\$9.80	\$9.80	\$9.80	\$9.80	\$9.80	\$9.80	\$9.80	\$9.80	\$9.80	\$9.80	\$9.80	\$9.80	\$9.80
\$400,000	\$11.20	\$11.20	\$11.20	\$11.20	\$11.20	\$11.20	\$11.20	\$11.20	\$11.20	\$11.20	\$11.20	\$11.20	\$11.20
\$500,000	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00

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

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

Spouse Options

Life	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$.45	\$.45	\$.45	\$.75	\$.95	\$ 1.45	\$ 2.35	\$ 2.35	\$ 3.60	\$ 5.60	\$ 8.20	\$ 16.00	\$ 16.00
\$20,000	\$.90	\$.90	\$.90	\$ 1.50	\$ 1.90	\$ 2.90	\$ 4.70	\$ 4.70	\$ 7.20	\$ 11.20	\$ 16.40	\$ 32.00	\$ 32.00
\$30,000	\$ 1.35	\$ 1.35	\$ 1.35	\$ 2.25	\$ 2.85	\$ 4.35	\$ 7.05	\$ 7.05	\$ 10.80	\$ 16.80	\$ 24.60	\$ 48.00	\$ 48.00
\$40,000	\$ 1.80	\$ 1.80	\$ 1.80	\$ 3.00	\$ 3.80	\$ 5.80	\$ 9.40	\$ 9.40	\$ 14.40	\$ 22.40	\$ 32.80	\$ 64.00	\$ 64.00
\$50,000	\$ 2.25	\$ 2.25	\$ 2.25	\$ 3.75	\$ 4.75	\$ 7.25	\$ 11.75	\$ 11.75	\$ 18.00	\$ 28.00	\$ 41.00	\$ 80.00	\$ 80.00

Child Options

Life	Child(ren) 6 months to age 26	Child(ren) live birth to 6 months	Deduction amount Family
Option 1:	\$5,000	\$1,000	\$1.00
Option 2:	\$10,000	\$1,000	\$2.00

Family AD&D Options

AD&D	Child(ren) 6 months to age 26	Child(ren) live birth to 6 months	Spouse
	10% of the Employee's AD&D Benefit	\$1,000	50% of the Employee's AD&D Benefit
	Deduction amount Family		

Employee's AD&D Benefit	Monthly Deduction for Family Coverage
\$10,000	\$0.28
\$50,000	\$1.40
\$100,000	\$2.80
\$150,000	\$4.20
\$200,000	\$5.60
\$250,000	\$7.00
\$300,000	\$8.40
\$350,000	\$9.80
\$400,000	\$11.20
\$450,000	\$12.60
\$500,000	\$14.00

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

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

Group Enrollment Form

American United Life Insurance Company®
 a ONEAMERICA® company
 One American Square, P.O. Box 6123
 Indianapolis, IN 46206-6123
 (800) 553-5318
 www.employeenefits.aul.com



Applicant's Full Legal Name:			Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired		
Applicant's Social Security Number:	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Applicant's State of Residence:	Applicant's Residential Zip Code:	Employer: Multi-Regional Insurance Cooperative			
Applicant's Telephone Number: (normal business hours): () - -	Applicant's E-mail Address:			Employed Full-Time: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work and reside in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No					

COVERAGE BEING APPLIED FOR: Apply for or decline each coverage listed below. Not checking a box or boxes will be considered a declination of that coverage.

Benefit Amount / Option Requested

Employee Voluntary Term Life	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Employee Voluntary AD&D	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Spouse Voluntary Term Life	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Child Voluntary Term Life	Option _____ <input type="checkbox"/> Elect	<input type="checkbox"/> Decline
Dependent Voluntary AD&D	<input type="checkbox"/> Elect - Family	<input type="checkbox"/> Decline

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

NOTE: Coverage is only offered and available to eligible Dependents who are authorized to reside in the United States.

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

Name of Primary Beneficiary:	Percentage:	Relationship:	SSN/Date of Birth:
Name of Contingent Beneficiary:	Percentage:	Relationship:	SSN/Date of Birth:

If you live in a community property state you will need to obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states currently include: AZ, CA, ID, LA, NV, NM, TX, WA, and WI.

- I hereby apply for the requested group life and/or disability insurance coverage for which I and my dependents, if any, are eligible and available under AUL's policy. I understand receipt of any coverage greater than the guaranteed issue amount or application for coverage after the approved enrollment period first requires medical underwriting and written approval by AUL.
 - I authorize my employer to deduct from my wages the amount of premium required for the amount of coverage approved by AUL, including any premium increases due to age bracket or salary changes when applicable. Premium payments greater than the amount of premium owed will not result in additional coverage under AUL's policy.
 - The undersigned represents any information or documents provided to AUL by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.
- The undersigned understands and agrees any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct. The undersigned have read, understand, and retained the notices, limitations, and exclusions for his/her records.**
- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: _____ **Date:** _____

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

MUST BE COMPLETED BY THE EMPLOYER	Group Policy #:	Class # :	Employer: Multi-Regional Insurance Cooperative	Occupation:	Employer's State: TX
	Salary: F/T Requirements (hours, days, weeks, etc.):	Mode: [] Hourly [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] Annually			Date Hired Full Time:



Call Your ComPsych® GuidanceResources® program anytime for confidential assistance.

Call: **855.387.9727**

Go online: guidanceresources.com

TDD: 800.697.0353

Your company Web ID: **ONEAMERICA3**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling

3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

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Your company Web ID: **ONEAMERICA3**

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Peace of Mind When Traveling

Travel assistance

Emergencies happen, but help is now only a phone call or email away. On Call International® offers a suite of services to help you in your time of need — from small inconveniences like losing your luggage to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home for business or leisure. The Travel Assistance benefit protects you when covered under a OneAmerica® company group life insurance policy. It also extends coverage to your spouse, domestic partner and children (under 21 or 25 and living at home as a full-time student) even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical assistance and transportation services

Pre-trip plan to provide up-to-date information regarding required vaccinations, health risks, travel restrictions and weather conditions.

Medical monitoring and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

24-hour nurse help line to provide clinical assessment, education and general health information.

Replacement of prescriptions and eyeglasses that have been lost or stolen by consulting with the prescribing provider to transfer prescription to or arranging an appointment with a local provider.

Medical, behavioral or mental health, dental and pharmacy referrals to assist in finding care providers and medical facilities.

Coordination of benefits by requesting health information from the participant and attempting to coordinate benefits during an active travel assistance case.

Emergency medical evacuation to arrange and coordinate air and/or ground transportation and medical care during transportation to the nearest hospital where appropriate care is available.

Medical repatriation to arrange the transport of the participant with a qualified medical attendant, if medically necessary, to their residence or home hospital.

Return of remains to arrange the transportation of a participant's remains to their home in the event of their death while traveling.





24-hour travel assistance
Travel Assistance is made available through
OneAmerica® by an agreement with **On Call International®**
1-866-816-2103 (US/Canada)
1-603-328-1754 (call collect from other locations)
Email: mail@oncallinternational.com

Travel assistance services

- Pre-trip information
- 24/7 emergency travel arrangements
- Translator and interpreter referral
- Emergency travel funds assistance
- Legal consultation and referral
- Lost or stolen travel documents assistance
- Emergency messaging
- Lost luggage assistance

Note: Group life products are issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN., a OneAmerica company. Not available in all states or may vary by state. Travel assistance provided by On Call International®, On Call International is not an affiliate of AUL, and is not a OneAmerica company. On Call International provides noted services for covered individuals and approved dependents. Services may be unavailable in countries currently under U.S. economic or trade sanctions. Please refer to your policy for covered limits and eligibility details.

This is a brief summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to OneAmerica®. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with OneAmerica. If there is a difference between this program description and the certificate wording, the certificate controls.



When contacting On Call International, be prepared to provide:

- First and last name
- The name of your employer
- A phone number where you can be reached