

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 Worksite Short Term 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.
Pre-Existing Condition Period:	Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

Worksite Short Term Disability Coverage Option 1

You may select a minimum weekly benefit of \$200 up to a maximum Weekly benefit of \$1,000, in increments of \$100, not to exceed 60% of your weekly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
7 days injury / 7 days sickness	1 year	3 months / 12 months

Option 1 Payroll Deduction Illustration: 18 Deductions Per Year

If your annual salary is at least:	You may select a Weekly benefit of:	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+
\$17,333	\$200	\$14.13	\$14.13	\$16.00	\$14.00	\$9.20	\$6.67	\$6.80	\$8.00	\$10.13	\$11.73	\$12.67	\$13.73	\$13.73
\$26,000	\$300	\$21.20	\$21.20	\$24.00	\$21.00	\$13.80	\$10.00	\$10.20	\$12.00	\$15.20	\$17.60	\$19.00	\$20.60	\$20.60
\$34,667	\$400	\$28.27	\$28.27	\$32.00	\$28.00	\$18.40	\$13.33	\$13.60	\$16.00	\$20.27	\$23.47	\$25.33	\$27.47	\$27.47
\$43,333	\$500	\$35.33	\$35.33	\$40.00	\$35.00	\$23.00	\$16.67	\$17.00	\$20.00	\$25.33	\$29.33	\$31.67	\$34.33	\$34.33
\$52,000	\$600	\$42.40	\$42.40	\$48.00	\$42.00	\$27.60	\$20.00	\$20.40	\$24.00	\$30.40	\$35.20	\$38.00	\$41.20	\$41.20
\$60,667	\$700	\$49.47	\$49.47	\$56.00	\$49.00	\$32.20	\$23.33	\$23.80	\$28.00	\$35.47	\$41.07	\$44.33	\$48.07	\$48.07
\$69,333	\$800	\$56.53	\$56.53	\$64.00	\$56.00	\$36.80	\$26.67	\$27.20	\$32.00	\$40.53	\$46.93	\$50.67	\$54.93	\$54.93
\$78,000	\$900	\$63.60	\$63.60	\$72.00	\$63.00	\$41.40	\$30.00	\$30.60	\$36.00	\$45.60	\$52.80	\$57.00	\$61.80	\$61.80
\$86,667	\$1,000	\$70.67	\$70.67	\$80.00	\$70.00	\$46.00	\$33.34	\$34.00	\$40.00	\$50.67	\$58.67	\$63.34	\$68.67	\$68.67

Worksite Short Term Disability Coverage Option 2

You may select a minimum weekly benefit of \$200 up to a maximum Weekly benefit of \$1,000, in increments of \$100, not to exceed 60% of your weekly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
30 days injury / 30 days sickness	1 year	3 months / 12 months

Option 2 Payroll Deduction Illustration: 18 Deductions Per Year

If your annual salary is at least:	You may select a Weekly benefit of:	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+
\$17,333	\$200	\$7.33	\$7.33	\$8.27	\$7.60	\$5.47	\$4.40	\$4.53	\$5.33	\$6.67	\$7.87	\$8.27	\$9.07	\$9.07
\$26,000	\$300	\$11.00	\$11.00	\$12.40	\$11.40	\$8.20	\$6.60	\$6.80	\$8.00	\$10.00	\$11.80	\$12.40	\$13.60	\$13.60
\$34,667	\$400	\$14.67	\$14.67	\$16.53	\$15.20	\$10.93	\$8.80	\$9.07	\$10.67	\$13.33	\$15.73	\$16.53	\$18.13	\$18.13
\$43,333	\$500	\$18.33	\$18.33	\$20.67	\$19.00	\$13.67	\$11.00	\$11.33	\$13.33	\$16.67	\$19.67	\$20.67	\$22.67	\$22.67
\$52,000	\$600	\$22.00	\$22.00	\$24.80	\$22.80	\$16.40	\$13.20	\$13.60	\$16.00	\$20.00	\$23.60	\$24.80	\$27.20	\$27.20
\$60,667	\$700	\$25.67	\$25.67	\$28.93	\$26.60	\$19.13	\$15.40	\$15.87	\$18.67	\$23.33	\$27.53	\$28.93	\$31.73	\$31.73
\$69,333	\$800	\$29.33	\$29.33	\$33.07	\$30.40	\$21.87	\$17.60	\$18.13	\$21.33	\$26.67	\$31.47	\$33.07	\$36.27	\$36.27
\$78,000	\$900	\$33.00	\$33.00	\$37.20	\$34.20	\$24.60	\$19.80	\$20.40	\$24.00	\$30.00	\$35.40	\$37.20	\$40.80	\$40.80
\$86,667	\$1,000	\$36.67	\$36.67	\$41.34	\$38.00	\$27.34	\$22.00	\$22.67	\$26.67	\$33.34	\$39.34	\$41.34	\$45.34	\$45.34

Note: Premiums are based on your weekly salary and your age as of 10/01.

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

What you need to know about your Worksite Long Term 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.
Pre-Existing Condition Period:	Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

Worksite Long Term Disability Coverage Option 1

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$2,500, in increments of \$100, not to exceed 60% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration		Pre-Existing Condition Period
365 days injury / 365 days sickness	Age When Total Disability Begins	Maximum Duration	6 months / 12 months
	Less than age 68	2 years	
	68	To age 70	
	69 and over	1 year	

Option 1 Payroll Deduction Illustration: 18 Deductions Per Year

If your annual salary is at least:	You may select a Monthly benefit of:	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+
\$4,000	\$200	\$.03	\$.04	\$.07	\$.11	\$.13	\$.17	\$.25	\$.35	\$.57	\$1.05	\$1.03	\$.41	\$.41
\$6,000	\$300	\$.04	\$.06	\$.10	\$.16	\$.20	\$.26	\$.38	\$.52	\$.86	\$1.58	\$1.54	\$.62	\$.62
\$8,000	\$400	\$.05	\$.08	\$.13	\$.21	\$.27	\$.35	\$.51	\$.69	\$1.15	\$2.11	\$2.05	\$.83	\$.83
\$10,000	\$500	\$.07	\$.10	\$.17	\$.27	\$.33	\$.43	\$.63	\$.87	\$1.43	\$2.63	\$2.57	\$1.03	\$1.03
\$20,000	\$1,000	\$.13	\$.20	\$.33	\$.53	\$.67	\$.87	\$1.27	\$1.73	\$2.87	\$5.27	\$5.13	\$2.07	\$2.07
\$26,000	\$1,300	\$.17	\$.26	\$.43	\$.69	\$.87	\$1.13	\$1.65	\$2.25	\$3.73	\$6.85	\$6.67	\$2.69	\$2.69
\$30,000	\$1,500	\$.20	\$.30	\$.50	\$.80	\$1.00	\$1.30	\$1.90	\$2.60	\$4.30	\$7.90	\$7.70	\$3.10	\$3.10
\$40,000	\$2,000	\$.27	\$.40	\$.67	\$1.07	\$1.33	\$1.73	\$2.53	\$3.47	\$5.73	\$10.53	\$10.27	\$4.13	\$4.13
\$46,000	\$2,300	\$.31	\$.46	\$.77	\$1.23	\$1.53	\$1.99	\$2.91	\$3.99	\$6.59	\$12.11	\$11.81	\$4.75	\$4.75
\$50,000	\$2,500	\$.33	\$.50	\$.83	\$1.33	\$1.67	\$2.17	\$3.17	\$4.33	\$7.17	\$13.17	\$12.83	\$5.17	\$5.17

Note: Premiums are based on your monthly salary and your age as of 10/01.

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Worksite Long Term Disability Coverage Option 2

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$2,500, in increments of \$100, not to exceed 60% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
365 days injury / 365 days sickness	Age When Total Disability Begins Less than age 61 61 62 63 64 65 66 67 68 69 and over	Maximum Duration 5 years Lesser of Social Security Full Retirement Age or 5 years Greater of Social Security Full Retirement Age or: 3.5 years 3 years 2.5 years 2 years 21 months 18 months 15 months 12 months
		6 months / 12 months

Option 2 Payroll Deduction Illustration: 18 Deductions Per Year

If your annual salary is at least:	You may select a Monthly benefit of:	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+
\$4,000	\$200	\$.03	\$.04	\$.09	\$.16	\$.19	\$.24	\$.37	\$.49	\$.75	\$.95	\$.51	\$.39	\$.39
\$6,000	\$300	\$.04	\$.06	\$.14	\$.24	\$.28	\$.36	\$.56	\$.74	\$1.12	\$1.42	\$.76	\$.58	\$.58
\$8,000	\$400	\$.05	\$.08	\$.19	\$.32	\$.37	\$.48	\$.75	\$.99	\$1.49	\$1.89	\$1.01	\$.77	\$.77
\$10,000	\$500	\$.07	\$.10	\$.23	\$.40	\$.47	\$.60	\$.93	\$1.23	\$1.87	\$2.37	\$1.27	\$.97	\$.97
\$20,000	\$1,000	\$.13	\$.20	\$.47	\$.80	\$.93	\$1.20	\$1.87	\$2.47	\$3.73	\$4.73	\$2.53	\$1.93	\$1.93
\$26,000	\$1,300	\$.17	\$.26	\$.61	\$1.04	\$1.21	\$1.56	\$2.43	\$3.21	\$4.85	\$6.15	\$3.29	\$2.51	\$2.51
\$30,000	\$1,500	\$.20	\$.30	\$.70	\$1.20	\$1.40	\$1.80	\$2.80	\$3.70	\$5.60	\$7.10	\$3.80	\$2.90	\$2.90
\$40,000	\$2,000	\$.27	\$.40	\$.93	\$1.60	\$1.87	\$2.40	\$3.73	\$4.93	\$7.47	\$9.47	\$5.07	\$3.87	\$3.87
\$46,000	\$2,300	\$.31	\$.46	\$1.07	\$1.84	\$2.15	\$2.76	\$4.29	\$5.67	\$8.59	\$10.89	\$5.83	\$4.45	\$4.45
\$50,000	\$2,500	\$.33	\$.50	\$1.17	\$2.00	\$2.33	\$3.00	\$4.67	\$6.17	\$9.33	\$11.83	\$6.33	\$4.83	\$4.83

Note: Premiums are based on your monthly salary and your age as of 10/01.

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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 Options: Employee: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 5 times your annual salary
Spouse under age 70: \$5,000 to \$250,000, in \$5,000 increments, not to exceed 50% of the employee's amount

Guaranteed Issue: Employee: \$100,000 Spouse: \$25,000 Child: \$10,000

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

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

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

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

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

Age:	70
Reduces To:	50%

Payroll Deduction Illustration: 18 Deductions Per Year Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$.41	\$.41	\$.41	\$.54	\$.68	\$.94	\$1.48	\$2.28	\$3.21	\$3.81	\$5.94	\$13.14	\$13.14
\$20,000	\$.80	\$.80	\$.80	\$1.07	\$1.34	\$1.87	\$2.94	\$4.54	\$6.40	\$7.60	\$11.87	\$26.27	\$26.27
\$30,000	\$1.21	\$1.21	\$1.21	\$1.61	\$2.02	\$2.81	\$4.42	\$6.82	\$9.61	\$11.41	\$17.81	\$39.41	\$39.41
\$40,000	\$1.60	\$1.60	\$1.60	\$2.14	\$2.68	\$3.74	\$5.88	\$9.08	\$12.80	\$15.20	\$23.74	\$52.54	\$52.54
\$50,000	\$2.01	\$2.01	\$2.01	\$2.68	\$3.36	\$4.68	\$7.36	\$11.36	\$16.01	\$19.01	\$29.68	\$65.68	\$65.68
\$60,000	\$2.40	\$2.40	\$2.40	\$3.21	\$4.02	\$5.61	\$8.82	\$13.62	\$19.20	\$22.80	\$35.61	\$78.81	\$78.81
\$70,000	\$2.81	\$2.81	\$2.81	\$3.75	\$4.70	\$6.55	\$10.30	\$15.90	\$22.41	\$26.61	\$41.55	\$91.95	\$91.95
\$80,000	\$3.20	\$3.20	\$3.20	\$4.28	\$5.36	\$7.48	\$11.76	\$18.16	\$25.60	\$30.40	\$47.48	\$105.08	\$105.08
\$90,000	\$3.61	\$3.61	\$3.61	\$4.82	\$6.04	\$8.42	\$13.24	\$20.44	\$28.81	\$34.21	\$53.42	\$118.22	\$118.22
\$100,000	\$4.00	\$4.00	\$4.00	\$5.35	\$6.70	\$9.35	\$14.70	\$22.70	\$32.00	\$38.00	\$59.35	\$131.35	\$131.35

Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$.21	\$.21	\$.21	\$.27	\$.34	\$.47	\$.74	\$1.14	\$1.61	\$1.91	\$2.97
\$10,000	\$.41	\$.41	\$.41	\$.54	\$.68	\$.94	\$1.48	\$2.28	\$3.21	\$3.81	\$5.94
\$15,000	\$.61	\$.61	\$.61	\$.81	\$1.02	\$1.41	\$2.22	\$3.42	\$4.81	\$5.71	\$8.91
\$20,000	\$.80	\$.80	\$.80	\$1.07	\$1.34	\$1.87	\$2.94	\$4.54	\$6.40	\$7.60	\$11.87
\$25,000	\$1.01	\$1.01	\$1.01	\$1.34	\$1.68	\$2.34	\$3.68	\$5.68	\$8.01	\$9.51	\$14.84

Child Options

Life & AD&D	Child(ren) 6 months to age 19, or 25 if full-time student	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$5,000	\$1,000	\$0.67
Option 2:	\$7,500	\$1,000	\$1.00
Option 3:	\$10,000	\$1,000	\$1.33

Note: Employee premiums are based on your age as of 10/01. Spouse premiums are based on your spouse's age as of 10/01. Child premiums are for all eligible children combined.

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

What you need to know about your Voluntary Term Life Dependents Only Option

Guaranteed Issue: Spouse: \$2,000 Child: \$2,000

Dependent Life Coverage: Optional dependent life coverage is available to eligible employees. You do not have to select employee coverage in order to cover your spouse and/or child(ren).

Dependents Only Option - 18 Deductions Per Year				
Life	Spouse under age 70	Child(ren) 6 months to age 19, or 25 if full-time student	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$2,000	\$2,000	\$2,000	\$0.99

Note: Employee and Spouse premiums are based on your age as of 10/01 and amount of coverage chosen. Child premiums are for all eligible children 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.employeebenefits.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: Standish-Sterling Community Schools		
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

Worksite Short Term Disability	Option _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Worksite Long Term Disability	Option _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Employee Voluntary Term Life & AD&D	<input type="checkbox"/> \$ _____		<input type="checkbox"/> Decline
Spouse Voluntary Term Life & AD&D	<input type="checkbox"/> \$ _____		<input type="checkbox"/> Decline
Child Voluntary Term Life & AD&D	Option _____	<input type="checkbox"/> Elect	<input type="checkbox"/> Decline
Dependents Only Voluntary Term Life		<input type="checkbox"/> Elect	<input type="checkbox"/> Decline

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

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

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

- 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 Michigan only: Signature(s) of Dependent Spouse and Child(ren) over age 18: _____

Date: _____

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.employeebenefits.aul.com



MUST BE COMPLETED BY THE EMPLOYER	Group Policy #: 00619206-0000-000	Class # :	Employer: Standish-Sterling Community Schools	Occupation:	Employer's State: MI
	Salary: _____ Mode: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually F/T Requirements (hours, days, weeks, etc.): _____				Date Hired Full Time:

Group Enrollment Form

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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: Standish-Sterling Community Schools			
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

Worksite Short Term Disability	Option_____	<input type="checkbox"/> \$_____	<input type="checkbox"/> Decline
Worksite Long Term Disability	Option_____	<input type="checkbox"/> \$_____	<input type="checkbox"/> Decline
Employee Voluntary Term Life & AD&D	<input type="checkbox"/> \$_____		<input type="checkbox"/> Decline
Spouse Voluntary Term Life & AD&D	<input type="checkbox"/> \$_____		<input type="checkbox"/> Decline
Child Voluntary Term Life & AD&D	Option_____	<input type="checkbox"/> Elect	<input type="checkbox"/> Decline

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

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:

- 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 Michigan only: Signature(s) of Dependent Spouse and Child(ren) over age 18: _____

Date: _____

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	00619206-0000-000		Standish-Sterling Community Sch		MI
	Salary:	Mode: [] Hourly [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] Annually			Date Hired
	F/T Requirements (hours, days, weeks, etc.):				Full Time: