



Portability and Conversion Notification Process offered by OneAmerica:

Policyholder Name: PRIME Inc.

It is the responsibility of the Employer to provide employees who are eligible, with information regarding their rights to Port or Convert their Life insurance and/or Disability insurance, as provided by OneAmerica. Each employer's contract provides the rights for each employee class. The contract outlines what options are available for employees and in some cases, their dependents.

OneAmerica will provide this notification on behalf of the Policyholder stated above. This process includes and is limited to the notification to Employees of their right to 'port' or 'convert' their Life insurance benefits and/or their Disability insurance benefits due to termination of employment. OneAmerica is not accepting any liability for bad data which could lead to our decision to decline the request.

OneAmerica will provide the following services:

- Customized Portability and Conversion Forms and instructions, to be placed on Employer's website accessible by terminated employees
- Customized letter to be delivered via US Mail to Employees on a weekly basis at the expense of OneAmerica
- Creation of a secure file transfer process (FTP) for receipt of the weekly termination file

In order for OneAmerica to provide this service, the Employer will be required to provide us with:

- Termination File: A list of terminated employees that includes the data per the specifications, which will include the following information:
 - Employee Name (First and Last)
 - Employee Address (City, State and Zip)
- Test resources to ensure the FTP process is functioning and the data is acceptable
 - Term File will be sent via FTP with a file name of: Term_621679_MMDDYY
- Employer company 'logo' will be required on the letter
- Employer Return address will be required on the letter
 - This is required for return mail (if an invalid address is provided, the letter will be returned to the Employer to address)
- Prime URL for their benefit website will be on the letter to direct Employees to for accessing the forms and guides: www.primeincbenefits.com
- OneAmerica Call Center 800 number will also be on the letter for assistance if needed
- Employee mailing information will be merged onto the letter from the Excel file by OA



Disclosure Notification to Prime, Inc. as Policyholder:

As an authorized representative, you are directed to visit employeebenefits@aul.com at the beginning of each policy year, for electronic notification regarding Fraud Warnings and Discretionary Authority.

By signing this agreement:

The undersigned represents and warrants that all documents presented and described above accurately represent the services provided by OneAmerica; and that the information provided to American United Life Insurance Company® (AUL) by the undersigned prior to and after the date signed below and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.

Signature of Authorized Representative for Policyholder:

Printed Name:

Title of Authorized Representative:

Date Signed:

Signature of Authorized Representative for OneAmerica:

Printed Name:

Title of Authorized Representative:

Date Signed:
