

Portability employee guide

Understanding portability and successfully completing your application

ONEAMERICA® appreciates the opportunity to provide you with valuable insurance protection. Now that your employment status has changed and your insurance through your employer has ended, you must consider your alternatives. You may have options that will allow you to continue your current insurance and help maintain your family's financial health now and in the future.

What is Portability?

Portability allows you to continue your group insurance offered by your employer even after a change in employment status. Premiums for a portable insurance policy may increase and are subject to change at any time. Although portable policies do not accrue cash value and rates are not guaranteed, portability helps offer you peace of mind and the coverage you need to keep your family financially protected.

Coverage Considerations

If after reviewing your certificate of coverage, you have determined you are eligible for portability of coverage, there are additional requirements that must be taken into consideration:

- Portability for term life coverage is not available to individuals age 70 or older.
- You may port a lower amount of coverage than you had under the group policy.
- You must purchase portability coverage for yourself in order to cover any eligible dependents.
- To purchase Accidental Death & Dismemberment (AD&D) coverage, you must purchase the associated term life insurance.
- Portable Disability coverage is not available to individuals whom are disabled, on leave of absence, or are retired and will automatically terminate after 12 months.
- Portable term life insurance policies are subject to reductions in coverage amounts and automatically terminate at age 70.

For questions about the details of your coverage under the group policy, please contact your employer or call us directly at (800) 553-5318.

Application Deadline

To be considered for portability coverage, **AUL must receive your completed and signed application and required premium within 60 days of termination of coverage** under your employer's group policy. Incomplete application submissions or submissions that are received more than 60 days after the date of benefits termination will result in denial of the portability provision. **Mail completed application and required premium to:**

American United Life Insurance Company PO Box 6123 Indianapolis, IN 46206

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Rates and premium calculation

Rates

Premium rates are based on the current age of the individual to be covered under the portable policy per \$1,000 of coverage. As you and/or your eligible spouse advance to the next age classification, premiums will increase accordingly. Rates are not guaranteed and are subject to change at any time with written notice to the insured.

Age Classification	Employee Term Life Rates Per \$1,000	Employee AD&D Rates Per \$1,000	Spouse Term Life Rates Per \$1,000	Spouse AD&D Rates Per \$1,000
<25	\$0.16	\$0.03	\$0.45	\$0.05
25-29	\$0.19	\$0.03	\$0.45	\$0.05
30-34	\$0.22	\$0.03	\$0.48	\$0.05
35-39	\$0.25	\$0.03	\$0.61	\$0.05
40-44	\$0.37	\$0.03	\$0.89	\$0.05
45-49	\$0.56	\$0.03	\$1.34	\$0.05
50-54	\$0.88	\$0.03	\$2.06	\$0.05
55-59	\$1.38	\$0.03	\$3.19	\$0.06
60-64	\$2.04	\$0.05	\$4.85	\$0.09
65-69	\$3.48	\$0.08	\$8.21	\$0.17

Monthly premium rates for dependent child coverage are per \$1,000 of coverage regardless of the number of dependent children to be covered.

Child	Child
Term Life Rates	AD&D Rates
Per \$1,000	Per \$1,000
\$0.45	\$0.05

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Premium Calculation

To calculate your monthly premium, identify the amount of coverage you wish to continue, ensuring this amount falls within your eligibility range. Divide this coverage amount by 1,000 to determine the number of \$1,000 units you will be purchasing. Next, locate the appropriate premium rate according to your current age classification and multiply this rate by the number of units.

Example Calculation

To help you better understand the premium calculation process, please refer to the sample calculation below. This calculation is based on a 50-year-old individual interested in purchasing a portable employee term life insurance policy in the amount of \$25,000.

Monthly rate per \$1,000 (\$0.88) x Number of \$1,000 units (25) = Total Monthly Premium (\$22.00)

Note: The provided premium calculation example is provided for illustration purposes only. This example is not intended to represent the typical cost of life insurance. This policy has exclusions, limitations and terms under which it may be continued in force or discontinued at any time. The amount of death benefit provided is dependent upon the coverage selected and premiums will vary based on the amount of coverage selected. Actual premiums will be calculated by AUL.

Questions? We're here to help!

American United Life Insurance Company PO Box 6123 Indianapolis, IN 46206 (800) 553-5318 fax (317) 285-7542 www.employeebenefits.aul.com

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Guide to completing application

Section 1: Policyholder Information

This section is used to identify your employer and group policyholder information. If you are unsure where to locate this information, please contact your employer directly.

Section 2: Employee Information

Complete this section with your personal identification and contact information.

Section 3: Reason for Request

Indicate the reason for loss of coverage and provide the date that the change in eligibility occurred.

Section 4: Dependent Information

Only complete this section if you are applying for eligible dependent coverage in addition to your employee coverage.

Section 5: Amount of Insurance, Premium Calculation and Payment Options

Please refer to the detailed instructions on the application form for assistance in completing this section. You may elect a lower amount of coverage than you had under the group policy.

Section 6: Bank Draft Information

If you are selecting automatic premium deductions as your payment method, this section must be completed. When selecting the bank draft payment method, you are authorizing ongoing premium payments to be deducted directly from the account indicated on your application.

Section 7: Beneficiary Information

You must assign at least one primary beneficiary. Assigning a secondary beneficiary is optional. You cannot name yourself as beneficiary.

Employee Signature and Date

The completed application must be signed and dated before submission.

Application Deadline Reminder

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