



Could your family meet its expenses if you or your spouse died unexpectedly?

24 million U.S. households (22 percent) have no life insurance protection at all.¹

44 percent of all U.S. households (48 million) either don't own life insurance and believe they should, or own life insurance and believe they need more. Among those that already own some life insurance, 40 percent believe they don't have enough.¹

Of households with insurance, approximately 12 percent would immediately have trouble meeting everyday living expenses, and another 15 percent would have difficulty keeping up with expenses after several months.¹

Here is your opportunity to apply for voluntary group term life insurance coverage for you and your family, under a group life insurance policy issued to your employer by American United Life Insurance Company® (AUL), a OneAmerica® company. AUL's contract offers² :

- Convenience of payroll deduction
- Affordable premium rates
- Guaranteed issue amount of coverage³
- Accidental death and dismemberment benefits
- Waiver of premium benefit
- Accelerated life benefit
- Continuation of Insurance options and portability
- Guaranteed increase in benefit
- Family status change
- Additional AD&D benefits: Seat Belt, Air Bag, Repatriation, Child Higher Education, Child Care, Paralysis/Loss of Use, Severe Burns

¹ LIMRA International (2005): Facts About Life 2005, (p.1)

² This invitation to inquire allows eligible employees an opportunity to inquire further about group insurance coverage and is limited in its description of the losses for which benefits may be payable. The contract has exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued. The contract may contain a waiting or elimination period between the effective date of the contract and the effective date of coverage, and between the date a loss occurs and the date benefits begin to be payable for the loss. Any payable benefit is based on a percentage of an insured's coverage earnings subject to AUL's approval, contract maximums, reduction by other income benefits and according to contract terms and conditions.

³ If an employee does not apply timely and/or applies for an amount greater than the guaranteed issue amount, coverage will not be available until after undergoing medical underwriting and receiving written approval from AUL.

Alexander Local Schools

Proposed Individual Effective Date: 1/1/2011

Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318



AUL's Group Voluntary Term Life and AD&D Insurance Coverage for Eligible Employees

| | |
|---|---|
| Guaranteed issue amount: \$150,000 | If you are eligible and you enroll timely, you will be able to apply for coverage up to the guaranteed issue amount without providing Evidence of Insurability. Any amount of coverage requested as a late enrollee or in excess of the guaranteed issue amount will first require medical underwriting and written approval by AUL. If approved, coverage will become effective on the date identified by AUL. |
| Flexible choices | You may apply for a flat benefit amount of group life insurance coverage in increments of \$1,000, in a minimum amount of \$10,000, and up to a maximum amount of \$300,000. |
| Accidental death and dismemberment (AD&D) benefits | If approved for this benefit, additional life insurance benefits may be payable for you or a dependent(s) who have an accident which results in death or dismemberment as defined in the contract. |
| Accidental death and dismemberment (AD&D) with seat belt and air bag benefit | If approved for this benefit, after the employee and or his dependent(s) suffers a loss under the contract as a result of an automobile accident while properly wearing a seat belt and an air bag deploys properly, an additional amount may be payable under the contract. |
| Guaranteed increase in benefit (GIB) | If eligible, you may apply for an additional amount of coverage offered by AUL at each AUL approved scheduled enrollment period without providing Evidence of Insurability. You can increase your coverage annually by the greater of 10% or \$10,000. |
| Family status change | If eligible and a qualifying event has occurred, you may apply for an additional amount of coverage for the event. |
| Waiver of premium benefit | If eligible under the insurance contract and approved for this benefit, AUL will waive premium payments for your coverage while you remain totally disabled. |
| Accelerated life benefit | If eligible for this benefit, you or your spouse may apply for payment of 25%, 50% or 75% of the amount of life insurance coverage. A benefit is also payable due to cognitive impairment or loss of ADL. |
| Portability | You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time. |
| Continuation of insurance | You may be eligible to request continuance of insurance should you take a temporary leave of absence or if you are on temporary layoff. |
| Eligible employees | An eligible employee is a full-time employee legally authorized to work and reside in the US. If you are not actively at work on the contract effective date, group insurance coverage will not exist until you return to full-time active work. |
| Evidence of insurability | If you do not enroll timely, or if amounts of coverage greater than the guaranteed issue amount are requested, you will be required to provide a statement or proof of medical history. AUL will then review that information to determine if coverage can be approved. |
| Suicide limitation | The certificate of insurance contract contains a Suicide Limitation. This limitation may vary by state. |

Alexander Local Schools

Effective Date: 01/01/2011

AMERICAN UNITED LIFE INSURANCE COMPANY
a ONEAMERICA financial partner



Premiums for Voluntary Term Life and matching ADD Coverage

Employee Coverage

Guarantee Issue: \$150,000

Use age as of : 01/01/2011

Premiums will be deducted **TWICE A MONTH** for employees

| | 0 - 29 | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70+ |
|-----------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|
| \$10,000 | \$0.38 | \$0.38 | \$0.48 | \$0.68 | \$0.98 | \$1.63 | \$2.63 | \$3.48 | \$5.23 | \$12.08 |
| \$20,000 | \$0.75 | \$0.75 | \$0.95 | \$1.35 | \$1.95 | \$3.25 | \$5.25 | \$6.95 | \$10.45 | \$24.15 |
| \$25,000 | \$0.94 | \$0.94 | \$1.19 | \$1.69 | \$2.44 | \$4.07 | \$6.57 | \$8.69 | \$13.07 | \$30.19 |
| \$30,000 | \$1.13 | \$1.13 | \$1.43 | \$2.03 | \$2.93 | \$4.88 | \$7.88 | \$10.43 | \$15.68 | \$36.23 |
| \$40,000 | \$1.50 | \$1.50 | \$1.90 | \$2.70 | \$3.90 | \$6.50 | \$10.50 | \$13.90 | \$20.90 | \$48.30 |
| \$50,000 | \$1.88 | \$1.88 | \$2.38 | \$3.38 | \$4.88 | \$8.13 | \$13.13 | \$17.38 | \$26.13 | \$60.38 |
| \$60,000 | \$2.25 | \$2.25 | \$2.85 | \$4.05 | \$5.85 | \$9.75 | \$15.75 | \$20.85 | \$31.35 | \$72.45 |
| \$70,000 | \$2.63 | \$2.63 | \$3.33 | \$4.73 | \$6.83 | \$11.38 | \$18.38 | \$24.33 | \$36.58 | \$84.53 |
| \$75,000 | \$2.81 | \$2.81 | \$3.56 | \$5.06 | \$7.31 | \$12.19 | \$19.69 | \$26.06 | \$39.19 | \$90.56 |
| \$80,000 | \$3.00 | \$3.00 | \$3.80 | \$5.40 | \$7.80 | \$13.00 | \$21.00 | \$27.80 | \$41.80 | \$96.60 |
| \$90,000 | \$3.38 | \$3.38 | \$4.28 | \$6.08 | \$8.78 | \$14.63 | \$23.63 | \$31.28 | \$47.03 | \$108.68 |
| \$100,000 | \$3.75 | \$3.75 | \$4.75 | \$6.75 | \$9.75 | \$16.25 | \$26.25 | \$34.75 | \$52.25 | \$120.75 |
| \$110,000 | \$4.13 | \$4.13 | \$5.23 | \$7.43 | \$10.73 | \$17.88 | \$28.88 | \$38.23 | \$57.48 | \$132.83 |
| \$120,000 | \$4.50 | \$4.50 | \$5.70 | \$8.10 | \$11.70 | \$19.50 | \$31.50 | \$41.70 | \$62.70 | \$144.90 |
| \$125,000 | \$4.69 | \$4.69 | \$5.94 | \$8.44 | \$12.19 | \$20.32 | \$32.82 | \$43.44 | \$65.32 | \$150.94 |
| \$130,000 | \$4.88 | \$4.88 | \$6.18 | \$8.78 | \$12.68 | \$21.13 | \$34.13 | \$45.18 | \$67.93 | \$156.98 |
| \$140,000 | \$5.25 | \$5.25 | \$6.65 | \$9.45 | \$13.65 | \$22.75 | \$36.75 | \$48.65 | \$73.15 | \$169.05 |
| \$150,000 | \$5.63 | \$5.63 | \$7.13 | \$10.13 | \$14.63 | \$24.38 | \$39.38 | \$52.13 | \$78.38 | \$181.13 |
| \$175,000 | \$6.56 | \$6.56 | \$8.31 | \$11.81 | \$17.06 | \$28.44 | \$45.94 | \$60.81 | \$91.44 | \$211.31 |
| \$200,000 | \$7.50 | \$7.50 | \$9.50 | \$13.50 | \$19.50 | \$32.50 | \$52.50 | \$69.50 | \$104.50 | \$241.50 |
| \$250,000 | \$9.38 | \$9.38 | \$11.88 | \$16.88 | \$24.38 | \$40.63 | \$65.63 | \$86.88 | \$130.63 | \$301.88 |
| \$300,000 | \$11.25 | \$11.25 | \$14.25 | \$20.25 | \$29.25 | \$48.75 | \$78.75 | \$104.25 | \$156.75 | \$362.25 |

Proposed Individual Effective Date: 1/1/2011

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One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318



AUL's Group Voluntary Term Life Insurance Coverage Available to Eligible Dependents

Amount of Coverage Offered

The amount of coverage for eligible dependents cannot exceed 100% of the employee's amount of coverage. Spouse and child(ren) coverage must be from the same option. Coverage is only offered and available to eligible Dependents who are authorized to reside in the United States.

Accelerated Life Benefit for Spouse

Suicide Limitation

Portability Option (If Employee continues coverage under this option)

Conversion Options

Eligible Dependents

Any coverage for a spouse or child(ren) cannot become effective before the employee's coverage is approved. If a spouse or child is confined in any medical facility, rehabilitation center, convalescent care facility, nursing home, or correctional facility on the date an employee's coverage is approved, that dependent coverage will not become effective until the spouse or child is released from such confinement and pursuant to the contract provisions.

Dependent Voluntary Term Life Insurance Options¹

| Dependent Type | Option 1 | Option 2 | Option 3 | Option 4 |
|--|----------|----------|----------|----------|
| Spouse | \$5,000 | \$10,000 | \$15,000 | \$20,000 |
| Dependent Child(ren) - live birth to age 26 | \$2,500 | \$5,000 | \$7,500 | \$10,000 |
| SEMI-MONTHLY Dependent Group Voluntary Term Life Insurance Premiums¹ | | | | |
| Family | \$1.00 | \$2.00 | \$3.00 | \$4.00 |

* Age and Definition of Child(ren) may vary by state.

¹Coverage for child(ren) and spouses does terminate when they are no longer classified as dependents.

Rev. 04/07

Stop and consider



If you are a newly-eligible employee and you decide not to apply for coverage now:

- You will lose your only chance to apply for coverage without first undergoing medical underwriting.
- If you have ANY current or future medical conditions, you **MAY NOT BE** approved for coverage at a later date.
- If you decide in the future that you want to apply for group insurance coverage, you will have to **WAIT** until the next enrollment period to apply.

Products and financial services provided by
AMERICAN UNITED LIFE INSURANCE COMPANY® | a ONEAMERICA® company
One American Square, P.O. Box 368 | Indianapolis, IN 46206-0368 | (317) 285-1877 | www.oneamerica.com



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a ONEAMERICA® company
One American Square, P.O. Box 368
Indianapolis, IN 46206-0368
www.aul.com



Employee assistance program (EAP)

Assessment and Referral Services

Personal Concerns

- Stress
- Crisis
- Psychiatric disorders
- Medical problems
- Work-related difficulties
- Marital & family issues
- Emotional concerns
- Relationship issues
- Life adjustments
- Alcohol & drug problems

Online Services

- Online stress management course
- Online legal/financial library
 - Legal/financial articles
 - Sample legal documents
- Smoking cessation program
- Online behavioral health library
 - Information on numerous life issues

To access these online services, visit the Member Access page at www.eapconsultants.com. The password is OneAmerica.

Child Care

- Assess child care needs and explore care options
- Referrals for an array of child care arrangements, camps and schools
- Adoption resources

Elder Care

- Resources and referral for both public and private elder care facilities
- Consultation on evaluation of facilities

Legal

- Consultation provided for an array of legal issues, including family law, housing and real estate, and estate planning
- Simple will prepared at no cost

Financial

- Financial planning
- Retirement planning
- Investment strategies
- Money management

Academic Resources

- SAT and other testing resources
- Sources of financial assistance
- College planning guides
- Tutors

Pet Services

- Referrals for breeders, groomers, kennels, veterinarians, etc.
- Pet services guide

What is an EAP?

An EAP is a confidential worksite-based program designed to assist both employees and employers. As such, an EAP provides assessment and referral — both in person and over the phone — for personal problems. The program also offers employers consultation on issues such as workplace violence, organizational change, substance abuse and conflict resolution. Each covered employee under an American United Life Insurance Company® (AUL) insurance plan, along with each of his or her dependents, is entitled to one visit (or session) per calendar year. EAP services are provided free of charge through the employer, AUL and EAP Consultants, Inc. (EAPC).

Who is EAPC?

EAPC is a private company with licensed professionals, including clinical providers, who are available 24 hours a day, seven days a week. All EAP services are totally confidential within the bounds of the law.

EAPC's clinical providers are highly experienced, licensed psychologists, clinical social workers, professional counselors, marriage and family therapists, and alcohol and drug counselors. Consultants include attorneys, financial advisors, and elder care and child care specialists. All providers meet stringent criteria for professionalism and experience.

EAP professionals will help employees identify and clarify concerns and develop a plan of action to create solutions that work. If additional assistance is needed, EAPC will assist employees in finding resources that are covered by their insurance and that meet their financial capabilities.

For more information or assistance, contact EAP Consultants, Inc., at 1-800-869-0276. You can also confidentially request EAP services by secure e-mail on the Member Access page of our Web site at www.eapconsultants.com.



Travel Assistance Services

provided by Europ Assistance USA

Emergencies can happen away from home – now there are certain services available when you travel.

When an emergency occurs, especially when traveling, you need help that is fast and simple. With a phone call to Europ Assistance USA (EA-USA), you, your spouse, domestic partner and dependent children¹ can get access to the programs and services offered by EA-USA.

The travel assistance services are being offered to covered persons under American United Life Insurance Company's (AUL) group life insurance contracts under a program provided by EA-USA. EA-USA provides access to worldwide 24-hour medical and transportation services to covered persons who are traveling, business or personal, 100 or more miles away from home during a covered trip.² EA-USA can also provide Pre-Trip Assistance services to help prepare and plan for a covered person's trip.

The program and services provided by EA-USA are being offered to covered persons under most AUL group life insurance policyholders at no additional premium cost to the covered policyholder.³

Covered persons have access to numerous travel assistance services offered by EA-USA and these services are further outlined in EA-USA's brochure.⁴ (Refer to the EA-USA brochure located at www.europassistance-usa.com for a complete listing of services.)

Should a covered person desire to utilize the travel assistance services of EA-USA, the covered person will first need to do the following:

1. Call an EA-USA representative at the dedicated toll-free line at **1-866-294-2469**.
2. Provide contact name and phone number of the covered policyholder.
3. Allow EA-USA to verify the covered person's eligibility.

For more information on the services offered under EA-USA's Travel Assistance program, an EA-USA representative can be contacted at **1-866-294-2469** or online at www.europassistance-usa.com.⁵

Please see back of document for footnotes.

Group Enrollment Form



Products and financial services provided by
 American United Life Insurance Company®
 a ONEAMERICA® company
 One American Square, P.O. Box 6123
 Indianapolis, IN 46206-6123
 (800) 553-5318



| | | | |
|---|--|--|---|
| Applicant's Full Legal Name: | | Employment Status: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Retired | |
| Applicant's State of Residence: | | Applicant's Residential Zip Code: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth: | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married | Employer: Alexander Local Schools | |
| Employed Full-Time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Hours worked per week: | Employer's City: | State: |
| Are you authorized to work and reside in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of Primary Beneficiary | | Relationship | SSN/Date of Birth |
| Name of Contingent Beneficiary | | Relationship | SSN/Date of Birth |

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

Request Decline

- Basic Term Life/AD&D
- Voluntary Term Life/AD&D \$_____
- *Voluntary Term Dependent Life Coverage
 - Option 1 Option 2 Option 3 Option 4
 - Spouse \$5,000 \$10,000 \$15,000 \$20,000
 - Child \$2,500 \$ 5,000 \$ 7,500 \$10,000

*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.

- I hereby apply for the group 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 1. Any insurance coverage or benefits are contingent upon any statements made to AUL as being complete and correct and 2. Benefits under any policy will be paid only if AUL decides in its discretion the applicant is entitled to them. 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.

Date: _____ Signature of Applicant: _____

MUST BE COMPLETED BY THE EMPLOYER

| | | | |
|--|-----------|----------------|-------------|
| Group Policy #: 00610712 | Class # : | FT Hired Date: | Occupation: |
| 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 checked="" type="checkbox"/> Annually | | | |

Notices and Limitations for Group Life and Disability Insurance Products

Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318



Eligibility for Coverage ¹:

An eligible Employee is a full-time Employee legally authorized to work and reside in the United States. Eligible Employees cannot be considered a part-time, temporary or seasonal Employee. If any eligible Employee is not Actively at Work on the contract Effective Date, group insurance coverage for that Employee will not exist until he/she returns to full-time active work. After the initial enrollment period, an Employee may apply for coverage under another available AUL coverage option during an AUL approved scheduled enrollment period. However, any amount of coverage requested will then require satisfactory Evidence of Insurability prior to approval.

(The Following Paragraph Applies to Life Coverages Only.)

Any coverage for a spouse or children cannot become effective before the Employee's coverage is approved. If a spouse or child is confined in a medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility on the date an employee's coverage is approved, that dependent coverage will not become effective until the spouse or child is released from such confinement and pursuant to the contract provisions. Before coverage for any incapacitated Dependent child older than the normal termination age can be considered, the Employee must apply in writing to AUL before or on the Employee's Effective Date of coverage.

Community Property Notice:

The laws of some community property states may not allow an Employee to name a beneficiary other than his/her spouse without the spouse's written consent. Community property states currently include Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, and Wisconsin. If AUL has not previously received written notice of a community property interest, then AUL shall be entitled to rely upon its good faith that no such interest exists. AUL assumes no responsibility of inquiry regarding such interest and, in consideration of acknowledgement of this designation, the insured person, for himself/herself and his/her estate, heirs, successors and assigns, agrees to indemnify AUL and hold it harmless from the consequences of acknowledging this beneficiary designation.

Effective Date and Claims Payment Notice:

No insurance coverage shall exist or become effective until approved in writing by American United Life Insurance Company® (AUL) at its Indianapolis, Indiana home office. Coverage continues while required premiums are paid and the Employer receives coverage under the AUL group insurance contract. Premium rates do increase upon reaching certain age brackets, according to contract terms, and are subject to change. AUL shall not be liable or responsible for any loss incurred prior to the effective date of coverage for any insured. Any benefit payable under the contract is based on a percentage of an Employee's covered earnings subject to AUL's approval, contract maximums, contract reductions, and according to contract terms and conditions.

Arbitration Notice, if Applicable ²:

Coverage under the group insurance contract for which you have applied may include a binding or nonbinding arbitration agreement. The arbitration agreement requires that any disagreement related to this contract must first be resolved by arbitration and not in a court of law. The results of the arbitration can be final and binding on you and the insurance company. In an arbitration, an arbitrator, who is an independent, neutral party, gives a decision after hearing the positions of the parties. When you accept coverage under this insurance contract you agree to first resolve any disagreement related to the contract by arbitration instead of a trial in court including a trial by jury (note that some states may not allow mandatory arbitration). Arbitration takes the place of resolving disputes by a judge and jury and the decision of the arbitrator often cannot be reviewed in court by a judge and jury.

Fraud Notice:

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. Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of the crime of insurance fraud as determined by a court of competent jurisdiction. In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. In New Jersey and Virginia, any person who includes any false or misleading information on any application for an insurance policy is subject to criminal and civil penalties. In Louisiana, Pennsylvania, and Tennessee, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. In Maine, any person who knowingly provides false, incomplete or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties may include imprisonment, fines or denial of insurance benefits. In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. In Washington DC it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

¹ Any coverage offered by AUL prior to and after the Effective Date of coverage is contingent upon information and documents received by AUL being accurate and reliable.

² Contracts covering insureds residing in KS, LA, MO, MT, NE, OK and SD do not have arbitration provisions. Contracts covering insureds residing in AR, CA, CT, FL, ME, NJ, NM, VA, WA, WV and WY do not have binding arbitration provisions. Contracts covering insureds in KY and NH do not allow any type of arbitration in Life Insurance and Annuity contracts. Contracts in TX do not include an arbitration provision.

Required Notices Regarding Certain Contract Limitations³ and Exclusions⁴

Life Limitations/Exclusions:

Suicide Limitation, if Applicable, Except for Washington Residents:

If any insured approved for coverage, commits suicide, while sane or insane:⁵ 1) within two years⁶ from the effective date of this policy, the benefits payable will be limited to the premiums paid; or 2) two or more years after the effective date of this policy, but within two years of the effective date of an increase in the amount of coverage previously obtained, the benefits payable will be limited to the coverage obtained prior to the effective date of the increase, if any, plus the premiums paid for the increased coverage.

Accelerated Life Benefit, if Applicable:

Certain insured individuals diagnosed with a terminal condition may be eligible to request payment of an Accelerated Life Benefit under the group life insurance contract. A terminal condition is an injury or sickness that despite appropriate medical care is reasonably expected to result in the Person's death within a specified time frame following the date of the Accelerated Life Benefit payment, as determined by AUL. After payment of Accelerated Life Benefits, the amount of the Person's life insurance payable at death to the Person's beneficiary will equal the amount of the Person's life insurance if no Accelerated Life Benefit payment had been made minus the amount of the Accelerated Life Benefit payment minus an interest charge.

The Accelerated Life Benefit offered under the contract may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as the Person's life expectancy at the time benefits are accelerated or whether the Person uses the benefits to pay for necessary long-term care expenses, such as nursing home care. If the Accelerated Life Benefits qualify for favorable tax treatment, the benefits will be excludable from the Person's income and not subject to federal taxation. Tax laws relating to Accelerated Life Benefits are complex. The Person is advised to consult with a qualified tax advisor about circumstances under which he/she could receive Accelerated Life Benefits excludable from income under federal law.

Receipt of Accelerated Life Benefits may affect a Person's, his/her spouse's, or his/her family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. The Person is advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect a Person's, his/her spouse's, or his/her family's eligibility for public assistance.

Disability Limitations/Exclusions:

Pre-existing Condition Limitation:

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 an ordinarily prudent person would ordinarily have 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. PA, MO and other states do not include a prudent person standard and incurred expenses are not applicable in MO contracts. You must also be treatment-free for a time-frame specified in some contracts following the individual's effective date of coverage. The prudent person standard may be removed with a premium rate adjustment.

Other Income Benefits:

The benefits under the group disability insurance contract are subject to reduction due to other sources of income. Types of other sources of income that may result in a reduction of the benefits payable under the contract include but are not limited to: any amount received under any Worker's or Workmen's Compensation Law, any amount received under any Occupational Disease Law, any disability income benefits received under any Compulsory Benefit Act or Law, any disability income benefits received under any other group insurance plan of the employer, any disability or retirement benefits received under the employer's retirement plan, any amount of disability or retirement benefits received under the United States Social Security Act, any amount of disability or retirement benefits received under the Railroad Retirement Act, any earnings received from the employer after the contract's elimination period has been completed, any amounts received under the employer's salary continuance plan and/or sick-leave plan, and any earnings received from any other occupation or employment while disabled and entitled to benefits under the contract.

³ Limitations may vary by state.

⁴ The policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. The policy may contain a waiting or elimination period between the effective date of the policy and the effective date of coverage, and a time period between the date a loss occurs and the date benefits begin to be payable for the loss.

⁵ In Colorado suicide/attempted suicide while insane does not apply.

⁶ 1 year for insureds residing in Colorado and North Dakota; 1 year suicide for insureds in Missouri may apply.

Beneficiary Designation Under Group Life Insurance Policy

American United Life Insurance Company®
 a ONEAMERICA® financial partner
 One American Square, P.O. Box 6123
 Indianapolis, IN 46206-6123
 (800) 553-5318



IMPORTANT: PLEASE READ INSTRUCTIONS AND SAMPLE DESIGNATIONS ON REVERSE SIDE BEFORE COMPLETING FORM.

CHECK IF BENEFICIARY FOR: All Policies or Basic Life Supplemental Voluntary Term Life AD&D
 List Other _____

| | | | |
|---|--------------------------------|--------------------------------|--|
| Group Policy/Participating Unit Number | G610712 | | |
| Name of Group Policyholder/Participating Unit | Alexander Local Schools | | |
| Name of Insured Person | | | |
| Insured Person's SSN | | Insured Person's Date of Birth | |

Subject to the provisions of the policy, applicable laws, and the rights of any valid assignee of record with American United Life Insurance Company® (AUL), it is requested the beneficiary of any policy proceeds payable at the death of the Insured Person be as follows:

PRIMARY BENEFICIARY(S)

| Name | Relationship | Address | DOB | SSN | Percentage |
|--------------------------|--------------|---------|-----|-----|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total¹ | | | | | 0.00 |

CONTINGENT BENEFICIARY(S) IF THE PRIMARY BENEFICIARY(S) PREDECEASES YOU

| Name | Relationship | Address | DOB | SSN | Percentage |
|--------------------------|--------------|---------|-----|-----|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total¹ | | | | | 0.00 |

It is understood and agreed upon receipt of this beneficiary designation by AUL at its principal office, such beneficiary designation will become effective and shall relate back to the date this beneficiary designation is signed, but without prejudice to AUL on account of any payment made prior to the receipt of and acknowledgement of the validity of the beneficiary designation by AUL. AUL shall not be obligated to honor this beneficiary designation unless and until it has been received by AUL, acknowledged by the appropriate officer of AUL, and determined by AUL to comply with applicable law at the time a claim is made. This beneficiary designation supersedes and cancels all prior beneficiary designations by the Insured person for the policy(s) indicated.

The undersigned hereby declares that he/she has not been declared incompetent and no court order or laws prevent naming the above designee(s). It is agreed that AUL assumes no responsibility for the validity or effect of any purported beneficiary designation or transfer of rights under the policy. **The undersigned represents and warrants 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 1. any insurance coverage or benefits is contingent upon any statements made to AUL as being complete and correct and 2. benefits under any policy will be paid only if AUL decides in its discretion the applicant is entitled to them.

| | |
|-----------------------------|-----------------------------|
| <i>Signature of Insured</i> | <i>Signature of Witness</i> |
| <i>Printed Name</i> | <i>Printed Name</i> |
| <i>Date</i> | <i>Date</i> |

Lack of Notice of Community Property Interest: If AUL has not previously received written notice of a community property interest and if the space for consent below is not signed by a person having such an interest, then AUL shall be entitled to rely upon its good faith that no such interest exists. AUL assumes no responsibility of inquiry regarding such interest and, in consideration of acknowledgement of this designation, the insured person listed above, for himself/herself and his/her estate, heirs, successors and assigns, agrees to indemnify AUL and hold it harmless from the consequences of acknowledging this beneficiary designation.

Spouse's signature and consent (if applicable): _____ Date _____

1 Total percentage must equal 100%. If percentages do not equal 100%, then benefits will be paid on a pro-rata basis, according to the percentages shown. If no percentages are shown, benefits will be distributed equally.
 2 Total percentage must equal 100%. If percentages do not equal 100%, then benefits will be paid on a pro-rata basis, according to the percentages shown. If no percentages are shown, benefits will be distributed equally.
 3 Spouse's signature is needed only if Insured/Beneficiary lives in a community property state which currently include AZ, CA, ID, LA, NM, NV, TX, WA and WI.

SAMPLE BENEFICIARY DESIGNATIONS

The beneficiary wording should be absolutely clear and without question as to whom the proceeds are to be paid. Listed below are sample beneficiary designations. Please note state laws may prohibit naming certain entities and individuals as a beneficiary. If you live in a community property state, you should 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, NM, NV, TX, WA and WI.

To ensure the correct individual or entity receives the benefits and the intended benefit amount, please provide the following:

- The beneficiary's social security number, tax identification number and date of birth.
- Distribution of proceeds should be shown in fractions or percentages if multiple beneficiaries are designated. Do not list dollar amounts as the amount of the insured's life benefit may change. If no distribution is shown, benefits will be divided equally among the living beneficiaries.

ACCEPTABLE BENEFICIARY DESIGNATIONS

- 1) **One Beneficiary** – State the full name and relationship to the insured.
Sample: John Doe, husband
- 2) **Two Beneficiaries in Equal Shares** –
Sample: Jane Doe and Mary Doe, cousins, in equal shares, or their survivors.
- 3) **Three or More Beneficiaries in Equal Shares** –
Sample: Jane Doe, Mary Doe, and Richard Doe, cousins, in equal shares, or their survivors.
- 4) **Two Beneficiaries in Succession** – If the primary beneficiary dies, the second person named will receive the proceeds and is known as the contingent beneficiary.
Sample: Martha Doe, wife, or, in the event of her death, Richard Doe, cousin.
- 5) **Three or More Beneficiaries in succession** – If the primary and secondary beneficiaries die, the third person named will receive the proceeds.
Sample: Martha Doe, wife, or, in the event of her death, Richard Doe, cousin, or in the event of his death, Jane Doe, niece.
- 6) **One Beneficiary Followed by Two Beneficiaries in Equal Shares** –
Sample: Martha Doe, wife, or, in the event of her death, Jane Doe and Mary Doe, cousins, in equal shares, or their survivors.
- 7) **One Beneficiary Followed by Three or More Beneficiaries in Equal Shares** –
Sample: John Doe, husband, or, in the event of his death, Jane Doe, Mary Doe, and Richard Doe, cousins, in equal shares, or their survivors.
- 8) **Two Beneficiaries Shown in Percentages** –
Sample: John Smith, cousin 40%, Sally Smith, aunt 60%.
- 9) **Two or More Beneficiaries Shown in Percentages** –
Sample: Mary Doe, wife 50%, Jane Doe, cousin 25%, John Doe, cousin 25%.
- 10) **Estate** – Do not identify the name of the executor of executrix since this name may change as wills are updated.
Sample: Estate of John Doe
- 11) **Custodian for Minor Children** – Please note any minor child beneficiary designation should nominate a custodian (i.e. bank, adult, trustee) followed by the words "as custodian for (*minor child's name*) under the (*child's residential state*) uniform transfers to minors act." This designation may avoid a court appointed guardianship for the payment of the death benefit.
Sample: John Doe as custodian for Jimmy Smith under the Indiana Uniform Transfers to Minors act.
- 12) **Trust Agreement** – State the name of the trust and the date of the trust agreement.
Sample: John Doe Trust dated_____. Payment to trustee shall discharge the company.
- 13) **Wife or Unnamed Children** –
Sample: Martha Doe, wife, or in the event of her death, our children, if any, or their survivors.
- 14) **Unnamed Children** –
Sample: Children, if any, in equal shares, or their survivors.
- 15) **Beneficiary - No Relationship** –
Sample: Mary Doe, friend
- 16) **To a Church or Organization** – It is preferable to indicate both the name and address and the wording "or its successors or assigns."
Sample: Christ Lutheran Church or its successors or assigns
- 17) **Irrevocable Beneficiary** – This is acceptable, but not preferable, as the beneficiary must then approve any future beneficiary change.
Sample: John Smith, husband, irrevocable beneficiary.
- 18) **Employee Unable to Sign** – This designation must contain the person's mark and be signed by two disinterested witnesses.

UNACCEPTABLE BENEFICIARY DESIGNATIONS

- 1) **Collateral assignments**, e.e. to banks, finance companies, etc. as creditors on a loan.
- 2) **The Employer**
- 3) **Funeral Homes**