Administrative Guide



OneAmerica® is the marketing name for the companies of OneAmerica

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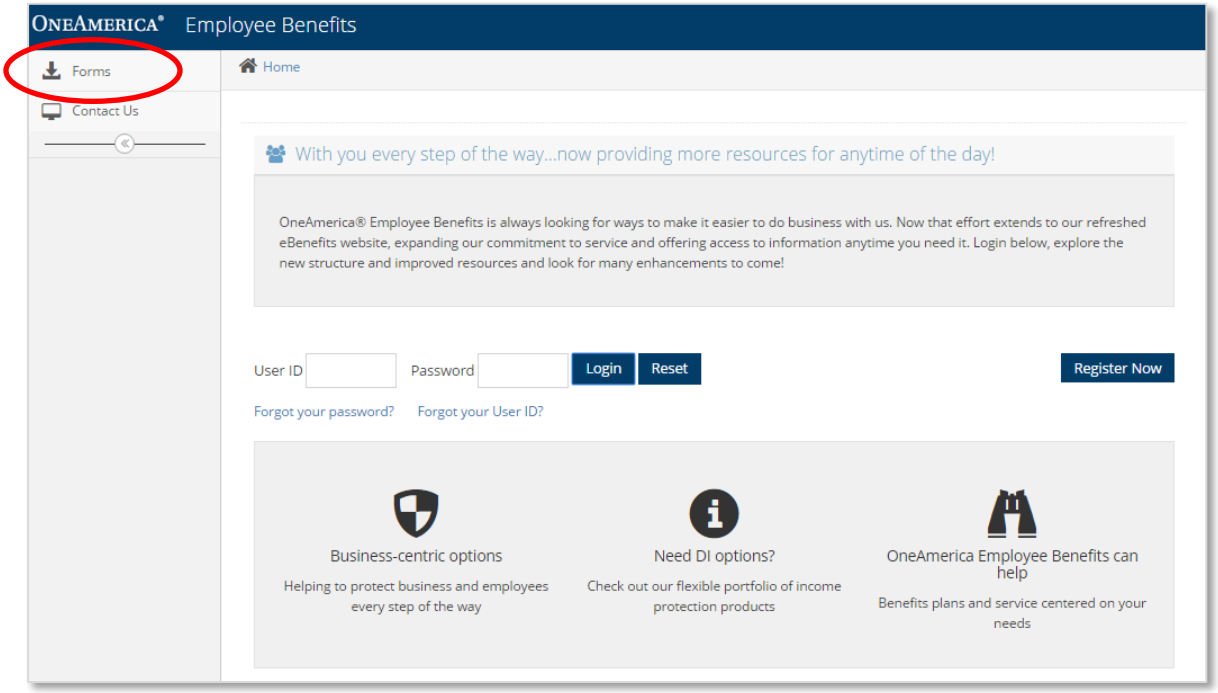
About this Administrative Guide

This Administrative Guide has been prepared to make the administration of your Group Insurance plan with American United Life Insurance Company® (AUL), a OneAmerica® company as easy as possible. Some sections of this guide may not be applicable to your AUL Group insurance plan. For details of your coverage, refer to your contract(s), including the **Application/Subscription Agreement** and any amendment(s).

Your group policy number can be found on the front of your contract(s). Including this number on all correspondence/forms to our office will allow us to serve you more quickly and efficiently.

Find and download forms

Most of the forms referred within this document are available by visiting our Web site **www.employeebenefits.aul.com**. On the Main page, select **Forms**. No login or password is required to access this area of the site.



To get a copy of our **Group Enrollment form**, call the Employee Benefits Contact Center.

It is our desire to provide you with the best quality products and services. Please contact us with your questions. We also welcome your suggestions for improving our service to you.

Thank you for choosing OneAmerica!

CONTACT US

Employee Benefits Contact Center	
Phone	*Toll-free:* (800) 553-5318 *Local:* (317) 285-4283
Fax	(317) 285-1565
Mail	Employee Benefits Administration P.O. Box 6123 Indianapolis, IN 46206-6123
E-mail	GroupContactCenter@oneamerica.com

Life Claims	
Phone *(Toll-free)*	(800) 553-3522
Fax	(317) 285-7666
Mail	Employee Benefits – Life Claims Department P.O Box 7106 Indianapolis, IN 46207-7106
E-mail	LifeClaims.employeebenefits@oneamerica.com **OR** WaiverClaims.employeebenefits@oneamerica.com

Disability Claims	
Phone *(Toll-free)*	(855) 517-6365
Fax	(844) 287-9499
Regular Mail	American United Life Insurance Company® Disability Claims P.O. Box 7003 Indianapolis, IN 46207
Overnight Mail	American United Life Insurance Company® Disability Claims 225 Gorham Road South Portland, ME 04106
E-mail	Disability.claims@oneamerica.com

ADMINISTRATIVE TYPES

There are two different administrative types: **AUL-administered** and **self-administered**. Depending on your administrative type, you may be required to submit forms to AUL.

AUL-ADMINISTERED

If you are an AUL-administered group, you will need to submit original forms to us in order to maintain your account. As part of our agreement, we will do the following for you:

- Add new employees to our system
- Make salary changes as indicated in your contract
- Remove terminated employees from our system
- Move employees from one class/location to another
- Send a Premium Statement
- Send the Guaranteed Increase in Benefit forms, if applicable, every year
- Send a report that indicates whose rates will change because of a new age bracket, if rates are based on Insured's age, and whose volume decreased due to an age change

Administration		
Form Name	**Form Number**	**When to submit to AUL**
Application for Continuation of Dependent Child's Group Life Insurance	G-14574	Always
Beneficiary Designation – Group Life Insurance	G-13117	Never. Completed employee forms should be kept on file in your office for reference.
Enrollment form	G-13416*	Always
Notices & Limitations for Group Products	G-14320	Never. Employees should keep this form.
Policyholder Request for Employee Changes	G-23999	• Employee terminates with your company • Reinstate an employee who only has employer-paid coverages • Salaries have changed • Moving from one location to another • Employees have changed classes
Employee Request for Changes	G-24000	• Add new dependents • Name or address change • Withdrawal from employee-paid coverages • Life event benefit
Statement of Insurability/Change of Coverage Request	G-24650* G-14113**	• Employee wishes to increase his or her coverage • Evidence of Insurability is needed
Notice of Insurance Information Practices	Attached to Statement of Insurability	Never. Employees should keep this form when completing the Statement of Insurability/Change of Coverage Request form.

**State specific forms exist. Please verify the correct state form is being used based on the employees' state of residence.*
***Specific to employees living in California*

SELF-ADMINISTERED

If you are self-administered using the iBill system or your own employer system (Summary-billed), you will maintain all employee information, forms and responsibility for premium administration. As part of our agreement, we will do the following for you:

- Process new employees for evidence of insurability
- Send your first summary bill, if elected.

Below is a list of our administration forms and when they need to be submitted to AUL. Refer to individual sections of the manual as to when the form should be completed and where to find information about benefits in your contract.

Administration		
Form Name	**Form Number**	**When to submit to AUL**
Application for Continuation of Dependent Child's Group Life Insurance	G-14574	Always
Beneficiary Designation – Group Life Insurance	G-13117	Never. Completed employee forms should be kept on file in your office for reference.
Enrollment form	G-13416*	When Evidence of Insurability is needed.
Notices & Limitations for Group Products	G-14320	Never. Employees should keep this form.
Policyholder Request for Employee Changes	G-23999	Never
Employee Request for Changes	G-24000	Never
Statement of Insurability/Change of Coverage Request	G-24650* G-14113**	When Evidence of Insurability is needed.
Notice of Insurance Information Practices	Attached to Statement of Insurability	Never. Employees should keep this form.

**State specific forms exist. Please verify the correct state form is being used based on the employees' state of residence.*
***Specific to employees living in California*

ALL ADMINISTRATIVE TYPES

These forms should always be sent to AUL (or AUL's disability claims administrator). Refer to individual sections of the manual as to when forms should be completed and where to find information about benefits in your contract.

Continuation of Coverage		
Form Name	**Form Number**	**When to submit to AUL**
Application to Continue/Port or Convert Group Insurance	G-21776	Always

Claims – Disability		
Form Name	**Form Number**	**When do you submit to AUL?**
Disability Claims Packet	G-28203	This form should be submitted to AUL's disability claims administrator for all short- or long-term disability claims.
Lump Sum Disability Claim Form	G-24238	This form should be submitted to AUL's disability claims administrator for lump sum disability claims.

Claims – Life		
Form Name	**Form Number**	**When to submit to AUL**
Group Life Insurance – Proof of Death Claim form	G-23774	Always
Group Life Accidental Dismemberment Claim form	G-23773	Always
Statement of Claim Accelerated Life Benefit (ALB)	G-23772	Always
Statement of Claim for Child Care Benefit	G-19124	Always
Statement of Claim for Higher Education Benefit	G-19072	Always
Statement of Claim for Waiver of Premium	G-23771	Always
Statement of Claim: Waiver of Premium for Retirement Group Term Life Insurance	G-17733	Always

**State specific forms exist. Please verify the correct state form is being used based on the employee's state of residence.*

NEW EMPLOYEES

This section discusses information regarding new employees and how to determine if they are eligible for coverage. It also addresses how to enroll them. New employees are defined as employees hired on or after the group/coverage effective date.

DETERMINING WHO IS ELIGIBLE FOR COVERAGE

Before enrolling a new employee, you must determine if he or she is eligible for each coverage. New hires must fit into the class description of each coverage and work the minimum number of full-time hours for each product. He or she must also be actively at work and have completed the new employee waiting period.

Refer to the **Schedule of Benefits** section for the coverage class description. You will also need to determine the minimum full-time hours required for each product. This information can be found in the **Schedule of Benefits** section for Traditional Life and all Disability products. Refer to the **Definitions** section for Voluntary Life product.

Also refer to the section titled **Dependent Insurance** or **Definitions** for each life contract for the definition of an eligible dependent. This section also addresses incapacitated children. If dependent life coverage is offered by you (the employer), the employee's spouse and children must be under the age specified in the contract on the date of enrollment to be eligible. We recommend a periodic review of dependent ages. If a dependent is over the eligible age, claims will be denied. The Employee must have coverage on himself or herself in order to apply for dependent coverage. Please review the paragraph regarding confinement in a medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility when determining eligibility.

DETERMINING THE ELIGIBILITY DATE

The eligibility date is determined using the waiting period and whether the coverage is effective immediately following the last day of the waiting period or on the first of the Policy month following the last day of the waiting period.

Voluntary Life, Voluntary Disability and Worksite Disability contracts have an additional option for new employees to be effective on the scheduled enrollment period or anniversary. This means that employees can only enroll, generally, one time per year. If an employee enrolls timely, he or she will be effective on the date specified in the contract after completing his or her waiting period.

The waiting period starts from the first day the employee begins working. However, if the employee is part-time, then becomes full-time, the waiting period will begin on the day he or she became full-time. If an employee recently became eligible due to a classification change, the waiting period will begin the day of the change.

- ***For employer-paid coverages***: Each employee becomes effective on his or her eligibility date. Therefore, it is not necessary to determine his or her initial enrollment period.
- ***For employee-paid coverages:*** If the employee did not sign his or her form on or before the eligibility date, it is necessary to determine the initial enrollment period.

DETERMINING THE NEW EMPLOYEE'S INITIAL ENROLLMENT PERIOD

After the eligibility date, employees may be given an initial enrollment period to enroll for coverage. Generally, that initial enrollment period begins on the eligibility date and is continued for the number of days stated in each contract.

An employee who enrolls for coverage after the expiration of his or her initial enrollment period will have to submit satisfactory evidence of insurability to be covered. See the **Evidence of Insurability** section of this Administrative Guide for additional information.

For Voluntary Life and Voluntary Disability coverages: An employee who do not enroll during his or her initial enrollment period must wait until the scheduled enrollment period as defined by the contract to enroll for coverages and provide evidence of insurability.

DETERMINING EFFECTIVE DATE OF COVERAGE

Employer-paid coverages

An employee will be effective on his or her eligibility date. Coverage will be effective immediately following the waiting period or first of the policy month following the waiting period. Please refer to the **Individual Effective Date** section of your contract.

Employee-paid coverages

An employee must enroll before the end of his or her initial enrollment period to be effective without evidence of insurability. If the employee signs his or her form before his or her eligibility date, he or she will be effective on his or her eligibility date.

If the employee enrolls after his or her eligibility date but before the end of his or her initial enrollment period, he or she will be effective as of his or her signature date (immediately) or first of the next policy month. Please refer to the **Individual Effective Date** section of your contract.

If the employee enrolls after the initial enrollment period, evidence of insurability must be submitted to AUL and coverage must be approved by AUL. If approved, the effective date will be determined by AUL.

To assist you in determining effective dates, we have a tool called **Effective Date Tool** available on our website.

ENROLLING ELIGIBLE EMPLOYEES

An employee can enroll for coverage at any time during his or her waiting period. However, his or her effective date will be determined by who pays the premium, when the coverage was requested, and if the coverage has an initial enrollment period. See the section titled **Determining Effective Dates** in this guide for details on eligibility dates, initial enrollment periods and effective dates.

After determining an employee's eligibility date, you should discuss the options he or she has available and assist them in completing the **Group Enrollment Form** (G-13416). The form titled **Notices and Limitations for Group Products** must also be given to each employee who is eligible for benefits. Enrollment forms and the Notices and Limitations are accessible by contacting our Employee Benefits Contact Center.

We also recommend that a Voluntary Life/Disability Premium Illustration or Worksite Disability Cost Illustration, Voluntary Life Needs Analysis brochure and/or Voluntary Disability Needs Analysis brochure be given to an employee to help them assess the personal need for life and disability insurance.

An enrollment form must be completed even if an employee declines or waives coverage. If an employee declines all insurance offered to him, you should then keep the enrollment form for your records in the event an employee's election is ever questioned.

To enroll employees, the following documents may be needed:

Form Name*	Form Number	When to Use	Who completes
Group Enrollment Form	G-13416	Always	Employee & employer
Beneficiary Designation – Group Life Insurance	G-13117	Employee wishes to name multiple beneficiaries.	Employee
Notices and Limitations for Group Products	G-14320	Always	N/A

Statement of Insurability/Change Request	G-24650**	Evidence of Insurability is needed.	Employee
Notice of Insurance	I-19080**	Evidence of Insurability is needed.	N/A

**Instructions for completing forms are available at the end of this document.*
***This form varies by state and should be selected based on Employee's state of residence.*

Once Coverage is Effective

Once the effective date is determined, an employee should be given:

1. A certificate of insurance outlining the coverages for which he or she has been enrolled
2. A copy (not the original) of the employee's **Group Enrollment Form** (G-13416)

Scheduled Enrollment Periods

*This section applies only to **Voluntary Term Life, Voluntary Disability, Worksite Disability and Lump Sum Disability** contracts, if elected.*

A scheduled enrollment period is a time each year designated for changes in insurance coverage. This period includes late enrollees wishing to enroll for coverage, changes in options or for new enrollees to enroll.

The timeframe for this is usually between 30 and 60 days prior to the contract anniversary. There are some instances where the employer elects additional scheduled enrollment periods.

Evidence of insurability is required for **late enrollees** and employees requesting an **increase in dependent or a change in disability options**. An increase in benefit (excluding a guaranteed increase in benefit, annual increase in benefit or a life event benefit) also requires evidence of insurability. A decrease in benefit can be done at any time during the year.

Coverage is not effective until approved by AUL and an effective date is assigned. See the section titled **evidence of insurability** of this manual for the information on when and how to submit evidence of insurability.

New Enrollees

In some instances, the employer will choose to have all new employees enroll and be effective during the scheduled enrollment period. Employees must still complete the appropriate forms and must sign all forms requesting coverage prior to the end of the scheduled enrollment period.

See the section title **eligibility, enrollment and individual effective date** of the contract for further details regarding new employees and when he or she will be effective.

Also, see the section titled **enrolling new employees** of this manual for details and information on what forms should be completed for New Enrollees.

Evidence of Insurability

This section explains evidence of insurability and what should be provided to AUL. Various sections of this guide discuss evidence of insurability. This section also provides details on when to submit evidence of insurability and why.

Evidence of insurability is the process of determining proof of good health. It is needed when an employee and/or dependent(s) requests an increase of volume. Or if he or she enrolled after his or her initial enrollment period; these employees are considered late enrollees. Evidence of insurability is **not required** for decreases in coverage or option.

Here are examples of when evidence of insurability is required:

1. The amount of coverage applied for is greater than the class/option's **Guaranteed Issue Amount** (GIA). See the contract section titled **Schedule of Benefits** for the Guaranteed Issue amount. This applies to both employees and dependents.
2. An employee requests to increase his or her **Voluntary Term Life** coverage, excluding the guaranteed increase in benefit (GIB).
3. Any increase over the last amount approved by AUL, including salary increases over 10 percent of the current salary.
4. An employee requests to change to a different **Voluntary Disability** option or a **dependent** option that has a higher volume amount.
5. An employee requests to change to a different **Worksite Disability** option/coverage that has a higher volume amount, excluding the annual increase in benefit (AIB).
6. The class/option selected has **no Guaranteed Issue Amount** and always requires evidence of insurability.
7. An employee and/or dependent did not request coverage during his or her initial enrollment period.
8. An employee requests to convert his or her life coverage to a whole life policy after termination of insurance and does not terminate that coverage upon becoming insured again as an active employee.

When evidence of insurability can/should be submitted to AUL
Evidence of insurability can be submitted at any time throughout the year for **traditional** coverages. For **voluntar**y coverages, employees must wait until the Scheduled Enrollment Period to apply for evidence of insurability. If your **voluntary** coverage(s) does not have a scheduled enrollment period, employees may apply at any time. Refer to the **Application/Subscription Agreement** to determine the scheduled enrollment period.

When evidence of insurability is required, the following forms may be required:

Form Name*	Form Number	When to submit	Who completes
Group Enrollment Form	G-13416	Enrolling for coverage outside of initial enrollment period	Employee & employer
Statement of Insurability/Change Request	G-24650** G-14113***	Always	Employee
Notice of Insurance Information Practices	Attached to Statement of Insurability	Never. This should be given to the employee to keep.	N/A
Employee Request for Changes	G-24000	Enrolling newly acquired dependents outside of the initial enrollment period	Employee
Group Insurance Change Report	G-10672	When salary increase is over 10% of current salary	Employer

**Instructions for completing forms are available at the end of this document.*
***State specific forms exist. Please verify the correct state form is being used.*
****Specific to employees living in California*

Employer responsibilities regarding evidence of insurability – PAPER PROCESS

1. Present all forms to the employee for completion.
2. Obtain all completed forms from the employee. Make sure the employee has retained the appropriate forms as indicated above.
3. Give the employee a certificate of insurance (if employee is timely) and a copy of enrollment form.
4. Submit all forms to AUL.

***Note**: If your plan has a waiting period of 180 days or greater, please delay the completion and submission of the forms until 90 calendar days prior to the completion of the waiting period. This will ensure the medical information is current.*

5. For **self-administered** coverages, add the employee/dependent to the billing system you are using for guaranteed issue amounts/options if he or she is timely (not enrolling outside of his or her initial enrollment period).

***Note**: When evidence of insurability is required, the effective date of coverage, if approved, will be named by AUL. Therefore, do not make any payroll deductions for any benefit amounts that require evidence of insurability until you receive approval from AUL.*

Employer responsibilities regarding evidence of insurability – ONLINE PROCESS

1. Provide "Navigation Online EOI flyer" which includes a specific client ID tied to your policyholder number, to all employees that may need evidence of insurability.

EMPLOYEE CHANGES

This section discusses various employee changes that you may need to administer and is broken down into two categories: **non-premium changes** and **premium changes**.

Non-premium changes are changes that will not affect the premium for the employee. These changes can be done at any time throughout the year.

Premium changes are changes that will affect the premium for the employee. These changes could be increases or decreases in premium. Depending on the type of change, evidence of insurability may be required.

NON-PREMIUM CHANGES

This section describes non-premium related changes. Not all possible changes may be included here.

Contract changes, withdrawal from coverage or beneficiary changes cannot be submitted via telephone, as written notification is required.

Absolute Assignments and Viatical Inquiries

Refer to the Life General Limitations contract for instances in which coverage may be assigned to a party other than the insured. To assign the coverage, the employee must complete the form titled **Insured's Absolute Assignment of Insurance under Group Life Policy** (G-5601 Insured). The wording should be absolutely clear and without question as to whom the coverage is being assigned. The employee should not mark out, line through or white out any wording on the form. If this happens, a new form should be completed and submitted. Likewise, if unacceptable assignments are submitted, a new form should be completed and submitted. The employer should submit a copy of this form to AUL and keep the original assignment on file.

Unacceptable beneficiaries include:

1. Collateral assignment, such as for an outstanding loan(s)
2. Funeral homes
3. The employer

Inquiries from any viatical companies regarding an employee's benefits should be submitted to our customer service department for review and approval.

Beneficiary Designations

It is important that an employee designates a beneficiary during enrollment for his or her Life coverages. This will help avoid problems in the event a death claim is filed. It is not necessary for the employee to designate a beneficiary for dependent life coverage, as the employee is automatically considered the beneficiary.

The beneficiary wording should be absolutely clear and without question as to whom proceeds are to be paid. The employee should not mark out, line through or white out any wording on form. If this happens, a new form should be completed and submitted. If two or more beneficiaries are designated, the employee should indicate the percentage of proceeds to each beneficiary, and the total must equal 100 percent. The employee must indicate what coverage associated with that beneficiary designation.

When an employee wishes to change beneficiary designation, he or she must complete the form titled **Beneficiary Designation - Group Life Insurance** (G-13117) and return it to you. Keep the original form and give the employee a copy to be kept with his or her certificate. You should make sure the designation satisfies the guidelines set forth by AUL.

For additional guidance on what designations are considered acceptable or unacceptable, please refer to the Beneficiary samples on our website. The employer should keep a copy of all designations on file.

Employee Name Changes

When an employee's name changes, he or she must complete the **Employee Request for Changes*** form (G-24000).

See the **Administrative Types section of this guide to determine when documents should be submitted to AUL.*

PREMIUM CHANGES

This section describes premium-related changes. Changes in amount of premium charged may occur in the following instances:

1. An employee attains an age that qualifies them to be in the next higher age bracket of the age-rated premium chart. The effective date of the rate increase will be either:
   a. the first of the coverage month corresponding with or next following the attainment of the age, or
   b. the next anniversary date corresponding with or next following the attainment of the age, Refer to section in your contract titled **Premium Payment**.
2. There is a benefit increase or decrease for the employee and/or dependents.
3. The premium rates are changed for your plan.
4. If a change in plan occurs.

Contract changes, beneficiary changes, withdrawal from coverage or any coverage changes cannot be submitted via telephone, as written notification is required.

Please refer to the section entitled **Premium Statements** in this Administrative Guide.

Adding New Dependents

This section discusses how to add dependent coverage when the employee already has Life coverage in force. All dependents should be reviewed for eligibility as defined in your contract (**Definitions** or **Dependent Insurance** sections) prior to being enrolled. Once you have determined the dependent(s) is eligible, you should notify the employee of his or her options.

Employees that wish to add newly-acquired dependents must complete the **Employee Request for Changes*** form (G-24000). This form must be completed within 31 days from the date the dependent(s) became eligible.

If the dependent coverage is **employer-paid**, the eligible dependent(s) will be effective either immediately or first of the month following his or her eligibility date.

If the dependent coverage is **employee-paid** and the **Employee Request for Changes*** form (G-24000) was not completed within 31 days, evidence of insurability will be required. If evidence of insurability is required, the **Statement of Insurability/Change of Coverage Request*** (G-24650) must be completed in lieu of the **Employee Request for Changes*** form (G-24000).

Eligibility of dependents must be monitored on an annual basis.

See the **Administrative Types section of this guide to determine when documents should be submitted to AUL.*

Age Bracket Changes: Monthly

If you have coverages and the premium is based on age (Employee and/or spouse), you will have age bracket changes. Refer to the **Application/Subscription Agreement** to determine if changes will occur monthly or annually.

- ***For self-billed coverages on the iBill system:*** You should print an Age Bracket Change/Volume Reduction Report every month prior to running your bill.
- ***For self-billed coverages on an employer system:*** You are responsible for ensuring that rates and premiums are accurately changed due to age-bracket changes.

Age Bracket Changes: Annually

If you have coverages and the premium is based on age (employee and/or spouse), then you will have age bracket changes. Refer to the **Application/Subscription Agreement** to determine if changes will occur monthly or annually.

- ***For AUL-billed coverages:*** You will receive an Age Bracket Change/Volume Reduction Report from AUL approximately 60 days prior to your anniversary.

- ***For self-billed coverages on the iBill system:*** You should print an Age Bracket Change/Volume Reduction Report approximately 60 days prior to your anniversary.
- ***For self-billed coverages on an employer system:*** You are responsible for ensuring that rates and premiums are accurately changed due to age-bracket changes.

Classification Changes

If an employee changes classes, a new certificate must be issued to him or her and the must be premium adjusted, if appropriate. Refer to each contract's **Schedule of Benefits** for class descriptions. You should also refer to the section in each contract titled **Changes in Insurance Coverage** or **Changes in Insurance** to determine the effective date of the change.

- ***For AUL-administered coverages:*** Any employee who changes classes should be listed on the **Policyholder Request for Employee Changes** form (G-23999) and submitted to AUL.

Decreases in Coverage Amount

If an employee wishes to decrease his or her coverage, he or she must complete the **Change of Coverage** section of the **Statement of Insurability/Change of Coverage Request*** form (G-24650). If an employee wishes to move to another Voluntary Disability option, then the form must be submitted to AUL even if it appears to be a decrease.

See the **Administrative Types section of this guide to determine when documents should be submitted to AUL.*

Guaranteed Increase in Benefit (GIB) for Voluntary Term Life

This benefit applies only when the employer has elected an incremental benefit plan for the Voluntary Term Life. Incremental means employees can chose the volume he or she wishes from a set range determined by the employer.

During a scheduled enrollment period approved by AUL, an employee may request an increase in coverage without providing evidence of insurability. The increase is 10 percent of the current volume or $10,000 whichever is greater. Refer to the **Changes in Insurance Coverage** section in the contract for details and exclusions of this benefit.

AUL will provide written notification to you approximately 60 days prior to your contract anniversary, including a timeframe in which the GIB offer forms should be completed.

- ***For AUL-administered coverages:*** You will receive your guaranteed increase in benefit offers from AUL approximately 60 days prior to your anniversary.
- ***For Self-administered coverages on the iBill system:*** You should print your guaranteed increase in benefit offers approximately 60 days prior to your anniversary.
- ***For Self-administered coverages on an employer system:*** You should copy and complete the guaranteed increase in benefit offers AUL sent to you approximately 60 days prior to your anniversary.

Guaranteed Increase in Benefit (GIB) for Lump Sum Disability

This benefit applies only when the employer has elected an incremental benefit plan for the Lump Sum Disability. Incremental means employees can chose the volume he or she wish from a set range determined by the employer.

During a scheduled enrollment period approved by AUL, an employee may request an increase in coverage without providing evidence of insurability. The increase is the amount indicated on the **Schedule of**

Benefits page of your contract. Refer to the **Changes in Insurance Coverage** section in the contract for details and exclusions of this benefit.

AUL will provide written notification to you approximately 60 days prior to your contract anniversary, including a timeframe in which the GIB offer forms should be completed.

Annual Increase in Benefit (AIB) for Worksite Disability

This benefit applies only when the employer has elected an incremental benefit plan for Worksite Disability. Incremental means employees can choose the volume he or she wish from a set range determined by the employer.

During an enrollment period approved by AUL, an employee may request an increase in coverage without providing evidence of insurability. The increase is the amount indicated on the **Scheduled of Benefits** page of your contract. Refer to the **Changes in Insurance** section in the contract for details and exclusions of this benefit.

Increases in Coverage Amount for Term Life

This section discusses how an employee can request an increase in his or her Life and/or Accidental Death & Dismemberment (AD&D) amounts. It only applies to plans that have multiple options or plans that are incremental (a selected volume range). An employee cannot increase his or her salary-based coverages unless a salary increase has occurred.

If an employee wishes to increase the amount of his or her existing coverage, he or she must complete the **Statement of Insurability/Change of Coverage Request** form (G-24650). Evidence of insurability will be required for any increase benefits.

However, if an increase is requested under the guaranteed increase in benefit (GIB) provision, evidence may not be required. See **Guaranteed Increase In Benefit** in this Administrative Guide.

Increases in Coverage Amount for Worksite Disability

This section discusses how an employee can request an increase in his or her Worksite Disability amounts. It only applies to plans that are incremental (a selected volume range). Employees cannot increase his or her salary-based coverages unless a salary increase has occurred.

If an employee wishes to increase the amount of his or her existing coverage, he or she must complete the **Statement of Insurability/Change of Coverage Request** form (G-24650).

However, if an increase is requested under the annual increase in benefit (AIB) provision, evidence may not be required. See **Annual Increase In Benefit** in this Administrative Guide.

Life Event Benefit (LEB) for Voluntary Term Life

This benefit applies only when the employer has elected an incremental benefit plan for the Voluntary Term Life. Incremental means an employee can chose the volume he or she wishes from a set range determined by the employer.

If an employee has a life-changing event as identified in the contract, he or she may request an increase in coverage without providing evidence of insurability. The increase is 10 percent of the current volume or $10,000 whichever is less. Refer to the **Changes in Insurance Coverage** section in the contract for details and exclusions of this benefit.

Life Event Benefit (LEB) for Lump Sum Disability

This benefit applies only when the employer has elected an incremental benefit plan for the Lump Sum Disability. Incremental means an employee can chose the volume he or she wish from a set range determined by the employer.

If an employee has a life-changing event, as identified in the contract, he or she may request Lump Sum Coverage or an increase in coverage without providing evidence of insurability. The increase is the amount indicated on the **Schedule of Benefits** page of your contract. Refer to the **Changes in Insurance** section in the contract for details and exclusions of this benefit.

Family Status Change for Worksite Disability

This benefit applies only when the employer has elected an incremental benefit plan for the Worksite Disability. Incremental means an employee can chose the volume he or she wish from a set range determined by the employer.

If an employee has a life-changing event, as identified in the contract, he or she may request Worksite Coverage or an increase in coverage without providing evidence of insurability. The increase is the amount indicated on the **Schedule of Benefits** page of your contract. Refer to the **Changes in Insurance** section in the contract for details and exclusions of this benefit.

Reinstatements

This section discusses how to reinstate employees that have terminated employment but returned to work at your organization within a specified time frame. In order for an employee to reinstate, your contract(s) must have a reinstatement provision. Reference your contract(s) for a section titled **Individual Reinstatements** to determine if it includes a reinstatement provision.

If no reinstatement provision exists or the employee did not return to work within the specified timeframe, he or she is considered a rehire. See the **Rehires** section of this guide for details on how to handle those employees.

Reinstated benefits will match the previous benefits unless the employee came back to work with a higher salary and/or a new classification. If this happens, the new information will be required for reinstatement.

Employees should complete the **Employee Request for Changes*** form (G-24000) to reinstate his or her **employee**-paid coverages. If the employee was enrolled in both **employee-** and **employer**-paid coverages, this form could be used to reinstate both types of coverages. It is not necessary to use multiple forms. If the employee is enrolled only in employer-paid coverages and AUL administers your coverages, then you can reinstate him or her using the **Policyholder Request for Employee Changes** form (G-23999).

Reinstated coverages will be effective either immediately or first of the next coverage month according to your contract. Reference your contract(s) for the section titled **Individual Reinstatements** for details on when coverage(s) reinstates and the length of the reinstatement period.

If the reinstated employee converted his or her life coverage to an individual whole life policy, that coverage should be terminated. However, if the employee chooses not to terminate that coverage, then evidence of insurability will be required prior to reinstatement. Any expense involved in obtaining evidence of insurability is the responsibility of the employee. See the **Evidence of Insurability** section of this guide for information.

If the employee terminates employment and then returns in the same plan year requesting coverage as a new employee, he or she may apply for coverage under the same plan in which he or she was previously enrolled. The employee must remain in that plan for the remainder of the plan year.

See the **Administrative Types section of this guide to determine when documents should be submitted to AUL.*

Rehires

See the **Reinstatements** section above to determine if the employee is eligible for reinstatement before proceeding.

If no reinstatement period exists or an employee returns to work after the specified reinstatement period, the person is considered a rehire. He or she will be subject to all requirements for new employees, including the

waiting period. However, if an employee was previously declined for coverage by AUL, he or she may not enroll in that coverage without providing evidence of insurability. He or she also cannot enroll for coverages that he or she didn't have previously without providing evidence of insurability.

The employee must complete a new enrollment form. The new hire date and salary information (if applicable) should be provided in the employer section of the form. See the section titled **Enrolling New Employees** for details and information on what forms should be completed for new enrollees.

Salary Changes

It is important that employee salaries be updated to ensure the correct premium is being paid and to enable employees to receive the correct benefit. Refer to the **Application/Subscription Agreement** to determine when salaries should be updated. You should also refer to the **Definitions** (Life coverages) or **Schedule of Benefits** (Disability coverages) section of your contract to determine what salary should be used.

- ***For AUL-administered coverages:*** Salary changes should be reported on the **Policyholder Request for Employee Changes** form (G-23999) every month and submitted to AUL. If you have coverages with different salary definitions, you need to indicate what coverage the salary change is for.

If your salaries are only updated **annually**, you should submit the salary changes at least 60 days prior to the salary effective date. If AUL has requested a census due to a renewal, you do not have to submit an additional census if the salaries did not change since the renewal census was submitted to AUL.

You can also submit a census as long as it contains the same information as the **Policyholder Request for Employee Changes** form (G-23999). If multiple salaries are included on the census, please make sure to indicate which salary should be used for which coverage.

For Short-term Disability, if an employee's annual salary is paid in less than 52 weeks, the salary information provided to AUL should reflect 1/52 of the employee's annual salary. For Long-term Disability, if an employee's annual salary is paid in less than 12 months, the salary information provided to AUL should reflect 1/12 of the employee's annual salary.

Terminations

Refer to the section in the contracts titled **Terminations** or **Individual Terminations** for the conditions and date an employee's coverage terminates. Also refer to the section(s) in the contract(s) titled **Continuation of Insurance**, **Conversion Privilege** or **Portability Privilege**.

If an employee contributes premium for any of his or her coverages and chooses to terminate them, he or she must complete the "Request to Terminate Employee Paid Coverage" section of the **Employee Request for Changes*** form (G-24000).

- ***For AUL-administered coverages:*** Each employee whose coverage is terminating for reasons other than a withdrawal from contributory coverage needs to be listed on the **Policyholder Request for Employee Changes** form (G-23999).

See the **Administrative Types section of this guide to determine when documents should be submitted to AUL.*

Notes: *You have an obligation to inform a terminating employee of his or her right to continue or convert coverage and provide the necessary forms to the employee.*

Generally, when an employee terminates employment, he or she may convert the amount of Life and/or LTD coverage that has terminated to a conversion policy without providing evidence of insurability. See the **Conversion Privilege** section of your contract to verify if the benefit is available for your employees.

EMPLOYEE PREMIUMS

You may access the Employer Deduction Tool on our website to assist you in calculating employee payroll deduction amounts for AUL coverages. The tool calculates standard, weekly or bi-weekly deductions. To access the tool, go to **www.employeebenefits.aul.com** and view under **FAQs & Resources > Guides & Tools**.

PRORATING OF EMPLOYEE PREMIUMS

If you have chosen on the **Application/Subscription Agreement** to have employees' coverage be effective immediately following the request for coverage (rather than first of the month), the monthly premium for that employee will be pro-rated on a daily basis and reflected on the next premium statement. Likewise, if employment terminates on a date other than the last day of the policy month, the premium will be pro-rated on a daily basis and reflected on the next premium statement.

BILLING AND PAYMENT

This section has different subsections based on the different bill types that AUL offers. These bill types are:

- **AUL List-billed**
- **iBill Policyholder-administered, AUL-billed**
- **iBill Policyholder-administered, Self-billed**
- **Summary-billed**.

AUL LIST-BILLED (AUL-ADMINISTERED)

Your premium statement will be prepared by AUL and will list each insured employee's name, coverage amount and corresponding premium. The statements will be mailed to you approximately 14 days prior to the premium due date. If you have any questions about your statement, call the Employee Benefits Contact Center.

It is important that any employee changes be reported to AUL as soon as possible so premium statements are accurate. See the **Employee Changes** section in this Administrative Guide for details on what forms are required.

If changes are not reflected on the premium statement, do not adjust the amount of premium on the statement. Please pay premium statements as billed. Once the appropriate completed form is received by AUL, adjustments will be made to the premium and reflected on the next statement.

Submission of Premium

(This paragraph is not applicable to employers who have chosen the automated withdrawal billing option.) Mail your premium check and the original premium statement remittance stub to AUL in the pre-addressed envelope received with your billing. Please do not submit a photocopy of the premium statement as this can cause a delay in crediting your account. To ensure timely processing, enrollment forms or change reports should be submitted separately.

IBILL POLICYHOLDER-ADMINISTERED, AUL-BILLED (SELF-ADMINISTERED)

Your premium statement will be prepared by AUL and will list each insured employee's name, coverage amount and corresponding premium. The statements will be mailed to you approximately 14 days prior to the premium due date. If you have any questions about your statement, call the Employee Benefits Contact Center.

Please pay premium statements as billed. Any adjustments to the premium due will be made when changes have been processed on the system.

Submission of Premium

(This paragraph is not applicable to employers who have chosen the automated withdrawal billing option.) Mail your premium check and the coupon on the bottom of the first page of your premium statement to AUL. The address is indicated on the payment coupon. To ensure timely processing,

enrollment forms or change reports should be faxed or mailed separately in a pre-addressed envelope provided to you.

iBill Policyholder-administered, Self-billed (Self-administered)

You are responsible for generating your premium statement each month. Please reference your iBill User Guide for detailed instructions on how to complete this process.

Submission of Premium

(This paragraph is not applicable to employers who have chosen the Automated Withdrawal billing option.) Mail your premium check and the coupon on the bottom of the first page of your premium statement to AUL. The address is indicated on the payment coupon. To ensure timely processing, enrollment forms or change reports should be faxed or mailed separately in a pre-addressed envelope provided to you.

Summary-billed (Self-administered)

As your coverages are summary-billed, you will not receive a statement from AUL. However, you should receive an initial summary bill from AUL when your coverages have been approved.

You are responsible for submitting a summary bill for all coverages every month thereafter, including any necessary supporting information.

The summary bill contains the total number of lives, total volume and total premium due for all coverages. You should retain a copy of this bill for your records along with all information that substantiates your premium remittance.

Submission of Premium

(This paragraph is not applicable to employers who have chosen the automated withdrawal billing option.) Mail your premium check and the summary bill to AUL. The address is located at the top of the form.

CONTINUATION OF COVERAGE

This section contains information for continuing coverage for employee's who have terminated employment. Not every option is available for every contract. It's important you review your contract before presenting options to your employees.

CONVERSION

If an employee loses all or a portion of his or her Life coverage, he or she may convert the amount of coverage that has terminated to an Individual Whole Life policy without providing evidence of insurability. If dependent life coverage was elected, that coverage may also be converted. Refer to the sections in the contracts titled **Conversion Privilege** or **Dependent Insurance** for the conditions under which an employee and/or his or her dependents may elect conversion. If an employee terminates employment, he or she may convert his or her full long-term disability amount without providing evidence of insurability, if this option is available under your insurance policy.

Important Note: You have an obligation to inform the employee of his or her conversion rights as the policy has time limits for applying.

- ***For Long-term Disability (LTD):*** Refer to the sections in the contracts titled **Conversion Privilege** for the conditions under which an employee may elect conversion. LTD Conversion is available only if you (the employer) have elected to offer that benefit under the plan. The employee should complete the **Application to Continue/Port or Convert Group Insurance** form (G-21776) if he or she wishes to convert his or her LTD coverage. Neither Short-Term Disability nor Voluntary Disability may be converted.

- ***For Life and Voluntary Term Life:*** The employee should complete the **Application to Continue/Port or Convert Group Insurance** (G-21776) OR the **Application to Convert Group Life Insurance** (G-22365) if he or she wishes to convert his or her life coverage and/or his or her dependents' life coverage. Generally, conversion will not include the Waiver of Premium benefit, Accidental Death and Dismemberment benefits or the Continuation of Coverage Privilege.

The above application(s) must be submitted to AUL within 31 days* after the date of termination or conversion notification along with the applicable premium.

Some states have special requirements. Please see the section of your contract titled **Conversion Privilege of your contract for details and restrictions.*

INCAPACITATED CHILDREN

If an employee's dependent child is incapacitated as defined in the contract, the employee may request coverage for that child by completing and submitting to AUL an **Application for Continuation of Dependent Child's Group Life Insurance** (G-14574).

PORTABILITY OR CONTINUATION OF VOLUNTARY LIFE COVERAGE

If an employee's coverage ceases due to termination of employment and the employee is under the age requirement stated in your contract, he or she may continue the insurance without interruption. The application to continue or port coverage must be received by AUL within 31 days* of the coverage termination date along with required premium annual premium.

Some states have special requirements. Please see the section of your contract titled **Portability Privilege or **Conversion Privilege** of your contract for details and restrictions.*

To request a continuation of coverage, complete either the **Application to Continue/Port or Convert Group Insurance** form (G-21776) and submit to AUL along with the require premium.

Billing will be on an annual basis. Semi-annual billing is available with a minimum premium of $100 per billing. Premiums rate are subject to change.

These billings will be sent directly to the applicant's address. Payment of the required premium must be made directly to AUL. Failure to pay such premium will terminate the insurance under the group policy at the end of the period for which the premium has been paid.

The continuation of group insurance may cover the applicant and any dependent(s) whose insurance ceases. Dependent coverages and the applicant's AD&D coverage may also be continued, subject to the provisions of the policy. If any coverages are added at the time of continuation, evidence of insurability will be required.

The amount of coverage under this provision may be increased or decreased on or after the continuation election. If coverage is increased, evidence of insurability will be required on the increased amount.

Premium must be received subject to the grace period provision contained in the policy.

Generally, if coverages have not terminated for any other reason, all continued coverages, including dependent coverage, will terminate when the employee reaches age 70. Please refer to your contract for age requirements.

The continuation coverage does not include a waiver of premium option.

PORTABILITY OF VOLUNTARY DISABILITY

An employee who terminates employment may be eligible to continue coverage without providing evidence of insurability. The portability privilege generally provides the same coverage that the employee had immediately prior to the date of his termination. However, please refer to the section in the contract titled **Conversion Privilege** or **Portability Privilege** to determine eligibility requirements and benefit duration. The application to convert or port coverage must be received by AUL within 31 days* of the coverage termination date along with the required premium.

Some states have special requirements. Please see the section of your contract titled **Conversion Privilege or **Portability Privilege** of your contract for details and restrictions.*

To request a continuation of coverage, complete the **Application to Continue/Port or Convert Group Insurance** form (G-21776) and submit to AUL along with the required premium.

PORTABILITY OF LUMP SUM DISABILITY

An employee who terminates employment may continue coverage without providing evidence of insurability. The portability privilege generally provides the same coverage that the employee had immediately prior to the date of his termination. However, please refer to the section in the contract titled **Conversion Privilege** or **Portability Privilege** to determine eligibility requirements and benefit duration. The request must be received by AUL within 31 days* of the coverage termination date.

Some states have special requirements. Please see the section of your contract titled **Conversion Privilege or **Portability Privilege** of your contract for details and restrictions.*

To request a continuation of coverage, complete the **Application to Continue/Port or Convert Group Insurance** form (G-21776) and submit to AUL along with the required premium.

PORTABILITY OF WORKSITE DISABILITY

An employee who terminates employment may be eligible to continue coverage without providing evidence of insurability. The portability privilege generally provides the same coverage that the employee had immediately prior to the date of his termination. However, please refer to the section in the contract titled **Conversion Privilege** or **Portability Privilege** to determine eligibility requirements and benefit duration. The application to convert or port coverage must be received by AUL within 31 days* of the coverage termination date along with the required premium.

Some states have special requirements. Please see the section of your contract titled **Conversion Privilege or **Portability Privilege** for details and restrictions.*

To request a continuation of coverage, complete the **Application to Continue/Port or Convert Group Insurance** form (G-21776) and submit to AUL along with the required premium.

CLAIMS

This section references the different types of claims that can be filed for Life and/or Disability. Please refer to the appropriate section to ensure timely payments to the claimant or his or her beneficiary.

SHORT-TERM DISABILITY

Claim payments are mailed directly to the employee or if authorized by the employee, direct deposited. Claim payments cannot be mailed to the employer for delivery to the employee. Employees should submit the claim form as soon as they know they will be absent from work longer than the elimination period indicated in the contract's **Schedule of Benefits section**. If benefits are approved, the weekly claim payments will be paid when proof of disability is received and will be paid to the maximum number of weeks stated in the Schedule of Benefits section and limited to the limitations, exclusions and provisions of the contract.

When to Submit a Claim and Payment Frequency

All claims can be reported via the toll free telephonic intake number on **page 4** of this guide or can be submitted via paper claim form via e-mail, fax or mail.

Telephonic claim submission: All claims can be taken via the toll-free telephone intake number between the house of 8 am and 6 pm ET, Monday through Friday. Once the complete claim is received, the claim department will facilitate the short-term disability claim. The employee will be asked to complete a HIPAA compliant Authorization for Release of Information. The claims department will reach out to the employer and attending physician to obtain additional information needed. It is the employee's ultimate responsibility to ensure his physician submits requested information. After the claim has been approved, claim payments will be made according to contract provisions, limitations, and restrictions.

Paper claim submission: To file a claim for disability benefits, all sections of the appropriate claim form should be **completed in full** and sent to AUL's disability claims administrator. It is important to complete all sections of the claim form to avoid delays in claim payments. In the event there is missing information or discrepancies in information, additional inquiries to you, the employee, or the attending physician(s) may be made.

Who completes the form?

1. **Employee:** Complete the **Employee's Statement** and **Authorization for Release or Information** section in full.
2. **Employer**: Complete the **Policyholder's Statement** section in full.
3. **Physician:** Complete **Attending Physician's Statement** section in full. If more than one physician is treating the employee, each physician should complete an **Attending Physician's Statement**.

What to Submit

1. The completed **Disability Claims Packet** (G-28203).
2. Include the following with the submission of the Claim packet:

Item	Completed by
A detailed job description It should describe the exact duties which the employee was performing immediately prior to the last day worked. All physical duties should be listed, such as bending, lifting, sitting, standing, as well as any mental stress.	Employer
A copy of Employee's signed Group Enrollment Form Required only if the employee contributes toward the cost of the coverage.	Employer
A copy of the employee's Evidence of Insurability approval, if applicable Someone who requested over the Guaranteed Issue or was a Late enrollee.	Employer
Documentation of all earnings (excludes Lump Sum claims) (i.e. commissions, bonuses, prior year W-2s)	Employer
Details of any benefits from workers' compensation, sick leave, salary continuance, pension, short-term disability, etc. (excludes Lump Sum claims) Provide dates and amounts the benefit(s) is/are being paid from and through (or is to be paid).	Employer or Employee
A copy of all Social Security award notices (excludes Lump Sum claims)	Employee

If family integration is involved, a copy of the award notice(s) for all dependents who are awarded benefits should also be sent. The names, dates of birth and employment or student status for all dependents should be included. This information will be used to aid our estimation of social security offset should we not receive copies of the award(s) when the insured is eligible for such benefits.	

Premium Payment during Disability
Premium must continue to be paid throughout the period of disability, unless otherwise stated in the contract. Please reference **Premium Payment**, Section 6 of your contract.

STAND-ALONE LONG-TERM DISABILITY

Claim payments are mailed to the employee.

When to Submit a Claim and Payment Frequency
Submit the claim before the end of the elimination period stated in the contract's Schedule of Benefits.

This will generally allow adequate time for processing the claim including any additional inquiries necessary. As a result, there will be less chance for delay in issuing any benefits due the claimant. Claimants should be advised to apply for Social Security Benefits or Civil Service Retirement Benefits, if applicable, immediately upon commencement of total disability if the employee will be unable to return to any type of gainful employment in the future.

After the claim has been approved, claim payments will be made once each month, according to contract provisions, limitations, and restrictions.

All claims can be reported via the toll free telephonic intake number on page 4 of this guide or can be submitted via paper claim form via e-mail, fax or mail.

Telephonic claim submission: All claims can be taken via the toll-free telephone intake number between the house of 8 am and 6 pm ET, Monday through Friday. Once the claim is received, the claim department will facilitate the long-term disability claim. The employee will be asked to complete a HIPAA compliant Authorization for Release of Information, the Employee's Statement, and have the Attending Physician's Statement completed and returned. The claims department will reach out to the employer to obtain additional information needed upon receipt of the Employee's Statement. It is the employee's ultimate responsibility to ensure his physician submits requested information. After the claim has been approved, claim payments will be made weekly and according to contract provisions, limitations, and restrictions.

Paper claim submission: To file a claim for disability benefits, all sections of the claim form should be completed in full and sent to AUL's disability claims administrator. It is important to complete all sections of the claim form to avoid delays in claim payments. In the event there is missing information or discrepancies in information, additional inquiries to you, the employee, or the attending physician(s) may be made.

Who completes the form?
1. **Employee:** Complete the **Employee's Statement** and **Authorization for Release or Information** section in full.
2. **Employer**: Complete the **Policyholder's Statement** section in full.
3. **Physician:** Complete **Attending Physician's Statement** section in full (not required for uncomplicated maternity claims). If more than one physician is treating the employee, each physician should complete an **Attending Physician's Statement**.

What to Submit
1. The completed **Disability Claims Packet** (G-28203)
2. Include the following with the submission of the Claim packet:

Item	Completed by
A detailed job description It should describe the exact duties which the employee was performing immediately prior to the last day worked. All physical duties should be listed, such as bending, lifting, sitting, standing, as well as any mental stress.	Employer
A copy of Employee's signed Group Enrollment Form Required only if the employee contributes toward the cost of the coverage.	Employer
A copy of the employee's Evidence of Insurability approval, if applicable Someone who requested over the Guaranteed Issue or was a Late enrollee.	Employer
Documentation of all earnings (excludes Lump Sum claims) (i.e. commissions, bonuses, prior year W-2s)	Employer
Details of any benefits from workers' compensation, sick leave, salary continuance, pension, short-term disability, etc. (excludes Lump Sum claims) Provide dates and amounts the benefit(s) is/are being paid from and through (or is to be paid).	Employer or Employee
A copy of all Social Security award notices (excludes Lump Sum claims) If family integration is involved, a copy of the award notice(s) for all dependents who are awarded benefits should also be sent. The names, dates of birth and employment or student status for all dependents should be included. This information will be used to aid our estimation of social security offset should we not receive copies of the award(s) when the insured is eligible for such benefits.	Employee

Proof of continued disability will be required periodically. Unless otherwise indicated, the **Supplemental Statement of Claim for Disability** will be mailed to the employee when needed. This statement should be completed by the employee and returned to AUL's disability claims administrator to allow the claim analyst to determine if the employee is eligible for future benefits.

When an employee has both short-term and long-term disability coverage, and a short-term disability claim has been approved, the claims department will facilitate the long-term disability claim. The employee will not be required to submit a new claim form for the long-term disability claim. AUL will contact the employee and employer for information needed.

Premium Payment during Disability
Please continue to pay premium until you receive notice of claim approval. Reference Premium Payment, Section 6, in your contract.

VOLUNTARY DISABILITY

Claim payments are mailed to the employee.

When to Submit Claim and Payment Frequency
Submit the claim as soon as you know the employee will not return to work during the elimination period (if it's 30 days or less) or approximately one month before the end of the elimination period (if it's more than 30 days) stated in the contract's Schedule of Benefits.

This will generally allow adequate time for processing the claim including any additional inquiries necessary. As a result, there will be less chance for delay in issuing any benefits due the claimant. Claimants should be advised to apply for Social Security Benefits or Civil Service Retirement Benefits, if applicable, immediately upon commencement of total disability if the employee will be unable to return to any type of gainful employment in the future.

The claim submission processes for short term disability and long term disability listed above should be followed for voluntary disability claims.

When an employee has both short-term and long-term disability coverage, and the short-term disability claim has been approved, the claims department will facilitate the long-term disability claim. The employee will not be required to submit a new claim form for the long-term disability claim. AUL will contact the employee and employer for information needed.

Premium Payment during Disability
Please continue to pay premium until you receive notice of claim approval. Reference Premium Payment, Section 6, in your contract.

WORKSITE DISABILITY

Claim payments are mailed to the employee.

When to Submit a Claim and Payment Frequency
Submit the claim as soon as you know the employee will not return to work during the elimination period (if it's 30 days or less) or approximately one month before the end of the elimination period (if it's more than 30 days) stated in the contract's **Schedule of Benefits**.

This will generally allow adequate time for processing the claim including any additional inquiries necessary. As a result, there will be less chance for delay in issuing any benefits due the claimant. Claimants should be advised to apply for Social Security Benefits or Civil Service Retirement Benefits, if applicable, immediately upon commencement of total disability if the employee will be unable to return to any type of gainful employment in the future.

The claim submission processes for short term disability and long term disability listed above should be followed for voluntary disability claims.

When an employee has both short-term and long-term disability coverage, and the short-term disability claim has been approved, the claims department will facilitate the long-term disability claim. The employee will not be required to submit a new claim form for the long-term disability claim. AUL will contact the employee and employer for information needed.

Premium Payment during Disability
Please continue to pay premium until you receive notice of claim approval. Reference Premium Payment, Section 6, in your contract.

LUMP SUM DISABILITY

Claim payments are mailed to the employee.

When to Submit Claim and Benefit Frequency
Submit the claim within 90 days of the end of the elimination period stated in the contract's **Schedule of Benefits** by completing the Lump Sum Disability Notice of Claim form (G-24112).

This will generally allow adequate time for processing the claim, including any additional inquiries necessary. As a result, there will be less chance for delay in issuing any benefits due the claimant.

The claim submission processes for Stand-alone Long-term Disability listed above should be followed for Lump Sum Disability.

After the claim has been approved, a one-time payment will be made.

If a long-term disability claim has been approved, the claims department will facilitate the lump sum disability claim. The employee will not be required to submit a new claim form to file for the lump sum disability claim. AUL will contact the employee and employer for information needed for the lump sum disability claim. The employee may be asked to complete an abbreviated statement to gain an understanding of his/her activities of daily living.

Premium Payment during Disability
Premium is waived from first date of disability as defined by the policy.

When the person returns to work or dies, you should call AUL's disability claims administrator immediately.

LIFE CLAIMS

This section discusses the various types of claims that can be filed under the life contract(s). Before filing a claim, you should verify this benefit is included in your contract(s). Each section below indicates the section name of the contract for your reference.

Accelerated Life Benefit

Refer to the section in the life contract titled **Accelerated Life Benefit** for eligibility requirements, details of the coverage, and limitations. To file an Accelerated Life Benefit claim, the form titled ***Statement of Claim – Accelerated Life Benefit (ALB)** (G-23772) should be completed by the insured, the employer and the attending physician. This form should be submitted to AUL as soon as possible for prompt review and processing.

Important Notes:

- If applicable, premium for the original amount of coverage will continue to be due and payable following the payment of a claim for the Accelerated Life Benefit, unless the employee has been approved under the Waiver of Premium for Total Disability Benefit.
- Please visit our web site for state specific forms.

Accidental Dismemberment or Loss

To file a claim for accidental dismemberment or loss (i.e. sight, speech, and/or hearing), the form titled **Group Life Accidental Dismemberment Claim** (G-23773) should be completed. The form should be submitted to AUL as soon as possible for prompt review and processing.

Child Care Benefit

To file a claim for the Child Care Benefit, the form titled **Statement of Claim for Child Care Benefit** (G-19124) should be completed. Refer to the section in the Life contract titled **Accidental Death and Dismemberment-Child Care Benefit** (or **Dependent Insurance-Spouse Child Care Benefit**) for details on eligibility and requirements for this benefit.

Higher Education Benefit

To file a claim for the Higher Education Benefit, the form titled **Statement of Claim for Higher Education Benefit** (G-19072) should be completed. Refer to the section in the Life contract titled **Accidental Death and Dismemberment-Child Higher Education Benefit** (or **Dependent Insurance-Spouse Child Higher Education Benefit**) for details on eligibility and requirements for this benefit.

Life and/or Accidental Death

To file a claim for Life and/or Accidental Death Benefits, the following items should be forwarded to AUL as soon as possible for prompt settlement of the claim:

Item	Comments	Completed by
Group Life Insurance – Proof of Death claim form	An Employee or Dependent has died and a death claim should be filed.	Employer
A copy of Employee's signed Group Enrollment Form		Employer
A copy of all Beneficiary forms		Employer
A copy of the Employee's Evidence of Insurability approval		Employer
A certified copy of the death certificate	Every effort should be made to obtain the death certificate. In the event it's not immediately available, the attending physician responsible for signing the death certificate may complete.	Employer

A newspaper report or other substantiating material of the accidental nature of death	In case of accidental death. If the plan has a seat belt benefit, attach a copy of the police accident report, if available.	Employer

Life Waiver of Premium Benefit for Disability

Life insurance may be continued without premium payment during the period of total disability. Refer to the section in the contract titled **Waiver of Premium** or **Waiver of Premium for Total Disability** for details of the coverage.

To file a claim for Waiver of Premium, the form titled **Statement of Claim for Waiver of Premium – Group Life Insurance** (G-23771) should be completed. The form should be:

- submitted if an employee becomes totally disabled, as defined in the contract
- meets the age requirement indicated in the contract
- submitted within the time period indicated in the contract, regardless of whether the employee is receiving salary, workers' compensation, or any type of disability benefits, including Social Security. Supplemental claim forms will be sent to the employee for completion when needed.

For your Voluntary Term Life coverages: Premium payments for the disabled employees' coverage are not required during the period of disability, including the elimination period for which claim benefits have been approved. It is important that you submit written notice of the employee's disability leave as soon as it begins so any necessary adjustments can be made to the premium statement. If the waiver claim is declined, the employee may be able to continue or convert his or her coverage. It is important to continue to remit premium until notice of approval or denial. See **Continuation of Coverage** and **Life Conversion** in this Administrative Guide.

For your other Life coverages: You should continue paying premium for the employee during the elimination period and if the claim is approved, any premium paid beyond the elimination period will be refunded. If the claim is declined, the employee may be able to convert his or her coverage. See **Life Conversion** in this Administrative Guide.

Life Waiver of Premium Benefit for Retirement

To file a claim for Waiver of Premium for Retirement, the form titled **Statement of Claim: Waiver of Premium for Retirement Group Life Insurance** (G-17733) should be completed. Refer to the section in the life contract titled **Waiver of Premium Benefit for Retirement** for the eligibility and age requirements for this benefit.

When an employee is eligible, you must complete the employer's section of the form **Statement of Claim: Waiver of Premium for Retirement Group Life Insurance** (G-17733). The retiree must also complete the employee's section of the form.

After the retired employee's eligibility has been verified by AUL, we will send the retiree a letter telling them of his or her approval and his or her amount of life insurance. A letter will be sent to you notifying you of the claim approval. The life insurance will then be continued in force without premium payment until the retiree's death.

POLICYHOLDER CHANGES

This section addresses information on how to make changes at the policyholder level. If you wish to make changes to individual Employees, see the **Employee Changes** section of this guide.

AGENT OF RECORD CHANGES

If your agent of record has changed, you should complete the form titled **Agent of Record Change Request Form for AUL Group Insurance Policyholders** (G-20120). Please submit a request to AUL immediately so records can be updated.

BILLING CHANGES

If the request is to change an administrative option (deduction frequency, billing contact, etc.), you can submit these changes on the **Administrative Options Election form** (G-17577). You may obtain a copy of this from by calling the Contact Center.

CONTRACT CHANGES

If a change to the contract(s) is requested (other than Billing), AUL must receive a written request from an authorized representative of the employer stating the change desired and the effective date. The request must be submitted on company letterhead. If necessary, the policy and/or certificates may be reissued.

EMPLOYER ADDRESS OR CONTACT PERSON CHANGES

If your legal and/or billing address changes, please contact AUL immediately so our records can be updated to reflect the change.

If your administrative and/or billing contact person changes, please contact our Customer Contact Center to obtain a copy of the **Administrative Options Election form** (G-17577).

MISCELLANEOUS

This section addresses items that do not fit into any other category but are important to you as an administrator.

REHABILITATION

AUL focuses on the importance of work and income in peoples' lives. We are committed to approaching every eligible claim with the goal of helping claimants return to work.

Return to work begins with early identification and intervention.

- The screening process begins during the short-term disability claim phase to identify claims with potential for extended duration
- Field and telephone contacts are made with the employee, attending physician(s), and the employer in order to:
  - Understand claim dynamics
  - Coordinate with employee assistance programs
  - Establish expectations
  - Coordinate a rapid return to work through workplace modifications or alternative occupations if medically appropriate

Return to work management is coordinated by the claim analyst with the assistance of a vocational expert when needed. Services are provided in close consultation with the employer to help return an employee to his or her own occupation or to another occupation for which he or she is qualified. If there are no opportunities with the employer, AUL will focus on outplacement in either the individual's own or another occupation.

AUL take steps to ensure that vocational rehabilitation services are geared toward accommodation, assisting with ergonomic strategies and workplace modifications. If it is requested that modifications to a workplace be made to return an employee to work, AUL will evaluate reimbursement for reasonable and medically appropriate expenses related to the modification.

SOCIAL SECURITY ASSISTANCE PROGRAM

Upon approval of a long-term disability claim, a letter is sent to the employee. The letter explains the definition of disability, general offsets and if appropriate, assistance with Social Security Disability Insurance is offered. AUL's disability claims administrator educates the employee on the advantages of receiving Social Security Disability and assists with the application process. AUL's disability claims administrator will discuss:

1. When and where to apply
2. Documentation that is needed
3. The advantages of filing, such as
   a. Cost of living increases
   b. Early Medicare eligibility
   c. Vocational rehabilitation services
   d. Protection of retirement benefits
4. What happens when a claim is approved
5. What happens when a claim is initially denied, and how to appeal the decision

During the Social Security process, AUL's disability claims administrator will monitor the claim status with the employee by telephone or mail. AUL continues to inform the employee of what to expect as many applicants are denied in the first and/or second filing and may only receive approval at the hearing level.

AUL's Social Security Assistance Program may also provide services of a professional Social Security representative. This representative may assist in the filing of a claim or appeals, or personally represent the employee at the Social Security administrative hearing. This assistance is provided at no direct cost to the employee.

SUPPLY ORDERS

When you need an additional supply of any AUL form, you may either:

1. Obtain the form from AUL's website **www.employeebenefits.aul.com** by selecting the link titled **Forms**, or
2. Call the Employee Benefits Contact Center. Please refer to the **How to Contact Us** page for contact information.

TAXATION OF SHORT-TERM, LONG-TERM, VOLUNTARY, WORKSITE AND LUMP SUM DISABILITY BENEFITS

The following can be used as a reference for taxation of disability benefits. It is intended to be general knowledge and is not to be considered tax and/or legal advice. State laws may also regulate this benefit, and American United Life Insurance Company®, a OneAmerica company ("AUL") and our disability claims administrator, will comply with all state laws not preempted by federal law. We suggest you consult the IRS Publication 15-A "Employer's Supplemental Tax Guide", the IRS "Instructions for Form 941", the IRS "Instructions for Forms W-2 and W-3" and your legal counsel for further clarification of filing procedures and tax legislation.

Refer to the documents titled **Sick Pay Tax Reporting Services for Traditional Group Short Term Disability** (G-22819), **Sick Pay Tax Reporting Services for Traditional Group Long Term Disability** (G-26679), **Sick Pay Tax Reporting Services for Group Voluntary Disability** (G-26674), **Sick Pay Tax Reporting Services for Lump Sum Disability** (G-24082), **Sick Pay Tax Reporting Services for Group Worksite Short Term Disability** (G-26190), and **Sick Pay Tax Reporting Services for Group Worksite Long Term Disability** (G-26675) for AUL's disability claims administrator responsibilities as well as the employer responsibilities.

The Online Disability Tax Reporting Website Registration and User Guide is available at employeebenefits.aul.com under FAQs & Resources.

Important Note: Any change in the employer premium contribution must be reported to AUL in writing as soon as possible to ensure correct benefit processing, tax withholding and reporting.

If you have questions regarding the taxation of Short-term, Long-term, Voluntary, Worksite or Lump Sum Disability benefits, please contact the appropriate administrator at AUL's disability claims administrator or AUL. Please refer to the **Contact Us** page for appropriate contact information.

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