Group Request for Change Form for State of Indiana Employees

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
1-800-673-3216
www.employeebenefits.aul.com

Applicant's Full Legal Name:	Social Security Number:	**Agency Number:**
Applicant's Mailing Address: ☐ Check if this is a new address		Phone Number:

Date of Birth:	Marital Status: ☐ Single ☐ Married	Gender: ☐ Male ☐ Female	Email Address:

Employed Full-Time: ☐ Yes ☐ No (Minimum 37½ hours weekly)	Gross Salary: ☐ Biweekly $ _____ ☐ Monthly $ _____

REQUEST TO DISCONTINUE LIFE INSURANCE

☐ I am requesting to discontinue my basic life insurance. I understand all supplemental and dependent life insurance currently in force will also be discontinued.

☐ I am requesting to discontinue my supplemental life insurance. I understand all dependent life insurance currently in force will also be discontinued.

☐ I am requesting to discontinue my dependent life insurance.

REQUEST CHANGE OF NAME

	Effective Date of Change	Reason for Change
Previous Name of Employee (Last, First, M.I.)		
Name of Employee Change to (Last, First, M.I.)		
Previous Name of Dependent (Last, First, M.I.)		
Name of Dependent Changed to (Last, First, M.I.)		

REQUEST TO ADD OR DELETE DEPENDENTS

I am requesting to add/delete the following dependents under my existing dependent life insurance.

Full Name of Dependent (Last, First Name, M.I.)	Relationship to You	Date of Birth	Date of Attainment	Full-Time Student
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

- I hereby apply for the group insurance coverage for which I and my dependents, listed above are eligible and available under the policies issued to the State of Indiana. I understand receipt of any coverage greater than the guaranteed issue amount or after the initial eligibility requires medical underwriting and written approval by American United Life Insurance Company® (AUL).
- I authorize the State of Indiana 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 the insurance policies.
- 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 the insurance carrier 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 has read, understands and has retained the notices, limitations, and exclusions for his/her records.**
- **The undersigned understands life insurance coverages contain a Suicide Limitation which states: If a person commits suicide, while sane or insane, 1) within two (2) years from the effective date of Personal Insurance with AUL, the amount of benefits payable will be limited to the premiums paid under AUL's policy for the Person; or 2) two (2) or more years after the effective date of Personal Insurance with AUL, but within two (2) years of the effective date of an increase in the amount of coverage, the amount of benefits payable will be limited to the coverage in effect under AUL's policy prior to the effective date of the increase, if any, plus the premiums paid for the increased coverage.**
- **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.**

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY AUL	Approval Date:	By:

Notices and Limitations for State of Indiana Employees

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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. However, any amount of coverage requested will then require satisfactory Evidence of Insurability prior to approval.

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 on the date an Employee's coverage is approved, that Dependent coverage will not become effective until the spouse or child is released from the medical facility 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 American United Life Insurance Company® (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 AUL at its Indianapolis, Indiana home office. Coverage continues while required premiums are paid and the Employer receives coverage under the AUL group 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:

Coverage under the group insurance contract for which you have applied includes a 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 prision.

[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.

G-14320 (SOI) 10/28/09

Required Notices Regarding Certain Contract Limitations[2] and Exclusions[3]

Life Limitations/Exclusions:

Suicide Limitation:

If a person commits suicide, while sane or insane: 1) within two (2) years from the effective date of Personal Insurance with AUL, the amount of benefits payable will be limited to the premiums paid under AUL's policy for the Person; or 2) two (2) or more years after the effective date of Personal Insurance with AUL, but within two (2) years of the effective date of an increase in the amount of coverage, the amount of benefits payable will be limited to the coverage in effect under AUL's policy prior to the effective date of the increase, if any, plus the premiums paid for the increased coverage.

Accelerated Life Benefit:

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.

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[2] Limitations may vary by state.

[3] 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.