

Proposal for: St Moritz Group
 Prepared: 10/24/2014 6:26 AM

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



Proposed Effective Date: 01/01/2015

Group Worksite Disability Insurance Options

Class Description:	All Eligible Full-Time Employees ¹
Required Minimum Number of Hours Worked:	20 hours weekly
Employer Contribution Percentage:	0%
Participation Requirement:	Greater of 10 insured employees or 25% of all eligible employees.

Features	STD Option 1	STD Option 2	STD Option 3
Benefit Percentage:	60%	60%	60%
Maximum Monthly Benefit:	\$6,000	\$6,000	\$6,000
Elimination Period:	30 Days - Injury & Sickness	14 Days- Injury & Sickness	7 Days- Injury & Sickness
Maximum Benefit Duration²:	9 weeks	11 weeks	12 weeks
Pre-Existing Condition Exclusion:	3/12	3/12	3/12
Partial Disability Benefit:	Yes	Yes	Yes
Residual Benefit:	Yes	Yes	Yes
Return To Work Benefit:	None	None	None

Benefit Features Offered for Group Worksite Disability Insurance:

Continuation of Personal Insurance under Family Medical Leave Act (FMLA)
 Continuation of Personal Insurance during Leave of Absence
 Continuation of Personal Insurance during a Temporary Lay Off
 Continuation of Personal Insurance during Leave of Absence for Active Military Service
 Individual Reinstatement - 90 days
 Social Security Integration - Family
 Normal pregnancy and certain complications included in definition of sickness
 Minimum Monthly Benefit - \$100
 Portability Privilege (12-month continuation of coverage)
 Non-Occupational Coverage
 Total Disability Definition – Regular Job

¹ Use of the term “Employee” includes employees, owners, members, partners, shareholders, or participants eligible to apply for coverage under American United Life Insurance Company® (AUL) contract.

² Disability benefits payable under the contract for Short Term Disability (durations less than 1 year) will be paid weekly instead of monthly. To estimate the potential weekly benefit payable under the contract, multiply the monthly benefit by 12, then divide by 52.

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Recurrent Disability Provision - 30 days
Waiver of Premium
Workplace Modification Benefit
Tax Reporting Services - pertaining to Employee FICA, Employer FICA, IRS Form W2 & 941

An eligible employee is a full-time employee authorized to work and reside in the United States. Eligible employees must work the required minimum number of hours and 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.