

**Voluntary Disability - Long Term Benefit Summary**  
**All Eligible Full-Time Employees - Electing Option 2**  
**(5 year/SSFRA)**

<b>Full-time Employee Requirement</b>	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
<b>Benefit Amount</b>	60% of an Employee's Covered Monthly Earnings to a maximum of \$6,000, then reduced by Other Income Benefits as outlined in the certificate. The minimum monthly benefit is \$100.
<b>Elimination Period</b>	90 days for injury or 90 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
<b>Maximum Benefit Duration</b>	5 years/SSFRA. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
<b>Maternity Coverage</b>	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
<b>Total Disability</b>	You are considered disabled if, because of injury or sickness, you cannot perform the the material and substantial duties of your regular occupation; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness. After benefits have been paid for 24 months, the definition of disability changes to mean you cannot perform the material and substantial duties of any Gainful Occupation for which you are reasonably fitted for by training, education or experience.
<b>Residual Disability</b>	The elimination period can be met using total disability, partial disability, or a combination of both.
<b>Recurrent Disability</b>	A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 6 consecutive months of return to active work.

<b>Pre-Existing Condition Exclusions</b>	The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.
<b>Portability</b>	You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.
<b>Mental &amp; Nervous/Drug &amp; Alcohol</b>	The duration of benefit payments due to drug and alcohol abuse and / or mental illness may not be payable beyond the maximum benefit duration and may be limited as outlined in the contract.
<b>Special Conditions</b>	Benefits for Disability due to Special Conditions, whether or not benefits were sought because of the condition, will not be payable beyond 24 months as outlined in the contract. Benefit payments for Disabilities due to Special Conditions are cumulative for the lifetime of the contract.
<b>Cost of Living Freeze</b>	Any inflationary increases in other benefit payment(s) (i.e., Social Security) that an Employee may be receiving will not further reduce monthly disability benefits paid under the contract.
<b>Continuation of Coverage During:</b>	FMLA Temporary Lay Off or LOA LOA for Military Service
<b>Additional Benefits:</b>	Return to Work Benefit Survivor Benefit Workplace Modification
<b>Exclusions</b>	This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.