

***Worksite Disability Short Term Insurance Coverage for Eligible Employees
Bi-Weekly Payroll Deduction Illustration***

About your benefit options:

- Short Term Disability (STD) benefits are illustrated weekly and are paid on a weekly basis.
- Amounts not requested timely will require Evidence of Insurability.
- Benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

	Benefit Percentage	Maximum Weekly Benefit	Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
Option 1 - WDS	60%	\$1,000	30/30	22 weeks	None

To Determine Your Estimated Weekly Benefit:

1. Enter your Weekly Salary: _____
2. Multiply Step 1 by 60%: _____. If this number is less than \$1,000, this is your estimated Monthly Benefit. If this number is \$1,000 or greater, your estimated Monthly Benefit is \$1,000.

About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.

This invitation to inquire allows eligible employees an opportunity to inquire further about AUL's group insurance and is limited to a brief description of any losses for which benefits are payable. The contract has exclusions, limitations reduction of benefits, and terms under which the contract may be continued in force or discontinued.

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Steps to Calculate Bi-weekly Deduction (Class 1)

*Example Opt 1
 WDS

Note: Please use the following formula to calculate the cost for this benefit. You can only elect one WDS plan option.

1A: Enter your Weekly Salary	<u>\$288</u>	_____
1B: Multiply Step 1A by 0.6	<u>\$173</u>	_____
1C: Maximum Covered Weekly Benefit	<u>\$1,000</u>	<u>\$1,000</u>
1D: Enter the lesser amount of 1B or 1C	<u>\$173</u>	_____
2. Divide Step 1D by 10	<u>\$17.28</u>	_____
3. Enter Rate from chart below	<u>X \$0.47</u>	<u>X _____</u>
4. Multiply Step 2 by Step 3 (Mo Prem)	<u>= \$8.12</u>	<u>= _____</u>
5. Multiply Step 4 by 12 and divide by 26	<u>= \$3.75</u>	<u>= _____</u>

to get Bi-weekly Deduction Amount

*Example: Based on an Employee Age 36 with an annual salary of \$25,000 choosing Opt 1

Monthly Premium Rates per \$10 of Covered Weekly Benefit
(Based on Age as of 7/1)

Age Brackets:	Opt 1 WDS
0 - 19	\$.585
20 - 24	\$.585
25 - 29	\$.585
30 - 34	\$.648
35 - 39	\$.470
40 - 44	\$.406
45 - 49	\$.471
50 - 54	\$.533
55 - 59	\$.718
60 - 64	\$.887
65 - 69	\$.887
70 - 74	\$.887
75 +	\$.887

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Products and financial services provided by American United Life Insurance Company® a ONEAMERICA® company. Visit us at www.oneamerica.com for more information.

Worksite Short Term Disability Terms and Definitions

Eligible Employees:	This benefit is available for employees who are actively at work on the effective date and working a minimum of 32 hours per week.
Flexible Choices:	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget.
Guaranteed Issue:	If you enroll timely, you may be eligible for coverage without having to answer any health questions. If you decline insurance coverage now and decide to enroll later, you will need to provide Evidence of Insurability.
Timely Enrollment:	Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.
Evidence of Insurability:	If you do not enroll timely, you will need to submit a Statement of Insurability form for review. Based on health history, you will be approved or declined by AUL.
Portability:	Should your coverage terminate, you may be eligible to take this disability insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.
Waiver of Premium:	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
Elimination Period:	This is a period of calendar days of disability before benefits may become payable under the contract.
Total Disability:	You are considered disabled if, because of injury or sickness, you cannot perform 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.
Partial Disability:	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness. Partial Disability is applicable to option 1.
Residual:	The elimination period can be satisfied by total disability, partial disability, or a combination of both. Residual is applicable to option 1.
Integration:	The method by which your benefit may be reduced by Other Income Benefits. Integration is applicable to option 1.
Pre-Existing Condition Limitations:	The pre-existing period is None. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person would have received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage.

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