

What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica and may change upon reaching certain ages, according to contract terms, and are subject to change. Volumes and benefit amounts shown may be subject to reductions due to age.
- **Enroll timely for guaranteed issue coverage.** You may be eligible for coverage without having to answer any health questions if you enroll during the initial enrollment period when benefits are first offered by OneAmerica®, or if you enroll as a newly hired employee within 31 days after any applicable waiting period.
- **Enrolling later requires approval.** If you decline coverage now, you will lose your only chance to apply for group insurance coverage without having to first undergo medical underwriting. If you decide to enroll later, you will need to submit a Statement of Insurability form for review. OneAmerica will then decide to approve or deny your coverage based on your health history. You may not be approved for any type of coverage at a later date if you have any current or future medical conditions.

What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit www.employeebenefits.aul.com to find the Notices and Limitations, G-14320 (05 NonPrudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.
- **Submit your enrollment form.** Please return your completed enrollment form to your employer.

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica company. Not available in all states or may vary by state.



Protect Your Income with Disability Insurance

You probably have insurance for the things you depend on most. That could include protecting your home against fire or flood and protecting your vehicle in case of an accident.

You may even have life insurance to make sure that your loved ones are taken care of after you die. But have you ever considered insuring your income?

It's an important question. Your income is the cornerstone of your financial stability. It's how you afford that home's mortgage, your car's monthly payments and the food and other necessities your household needs. That stability is threatened, however, if you experience a severe injury or illness that leaves you unable to work.

Worker's Compensation Might Not Be Enough

Although worker's compensation does offer some protections, it only covers injuries that happen on the job. To qualify for coverage, you also must meet certain eligibility requirements. If you have medical insurance, that can help too, but only to cover your actual medical costs. It still won't replace your lost income while you're unable to work.

16%
of American workers had disability insurance coverage¹.

50%
of working Americans would have to tap into their savings if they couldn't work due to an injury or illness.²

Ready to learn more? Reach out to your human resources department today to get started.

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If You're Not Prepared, You're Not Alone

In 2020 only 16% of American workers had disability insurance coverage.¹ That's probably why half of those surveyed said they'd have to turn to savings if they were disabled and could no longer work.²

At a time when most Americans would drain their bank accounts in just 10 weeks³, that's not a good long-term solution. Yet it's still better than the 20% of workers who said they just didn't know how they would make up the lost income.²

Disability Insurance Protects Your Paycheck

Anyone can be affected by illness or injury, but it doesn't have to threaten your financial security. With disability insurance, a portion of your income is replaced, and you can have peace of mind knowing that your family is protected, and that you can focus on healing.

Did you know?

According to the Council for Disability Awareness⁴, some of the most common reasons for short-term disability claims include:

- Pregnancy
- Back, spine, knee and hip injuries
- Fractures, sprains and muscle strains
- Digestive disorders
- Mental health, including anxiety and depression

1. Source: <https://lifehappens.org/blog/is-life-insurance-tomorrows-problem-findings-from-the-2020-insurance-barometer-study/> June 16, 2020

2. Source: <https://www.limra.com/globalassets/limra/newsroom/industry-trends/2020-images/DIAM2020factsheet.pdf> Accessed September 9, 2020

3. Source: <https://www.magnifymoney.com/blog/news/paycheck-survey/> February 4, 2020

4. Source: <https://disabilitycanhappen.org/disability-statistic/> March 28, 2018

If you were to face serious illness or injury, would you be financially prepared?

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company. Not available in all states or may vary by state.

What you need to know about your Worksite Short Term Disability Benefits

- Elimination Period:** This is a period of consecutive days of disability before benefits may become payable under the contract.
- Maximum Benefit Duration:** This is the length of time that you may be paid benefits if continuously disabled as outlined in the contract.
- Pre-Existing Condition Period:** Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

Worksite Short Term Disability Coverage Option 1

Your benefit is 60% of your monthly pre-disability earnings, up to a maximum monthly benefit of \$5,000.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
14 days injury / 14 days sickness	11 weeks	3 months / 12 months

Worksite Short Term Disability Coverage Option 2

Your benefit is 60% of your monthly pre-disability earnings, up to a maximum monthly benefit of \$5,000.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
30 days injury / 30 days sickness	9 weeks	3 months / 12 months

Payroll Deduction Illustration: 2 Times Per Month

To estimate your payroll deduction amount:

	Example*	Option 1	Option 2
1. Maximum covered monthly earnings	\$8,333	\$8,333	\$8,333
2. Enter your monthly earnings	\$2,500		
3. Enter the lesser of Step 1 or Step 2	\$2,500		
4. Divide Step 3 by 100	\$25.		
5. Using your age as of 01/01, find the corresponding rate from the chart below	0.39		
6. Multiply Step 4 by your age rate	\$9.75		
7. Multiply Step 6 by 12 and divide by 24 to determine your estimated payroll deduction amount	\$4.88		

*Example based on a 35 year old electing option 1 earning \$2,500 per month.

Age Category:	Option 1	Option 2
0 - 19	\$.390	\$.320
20 - 24	\$.390	\$.320
25 - 29	\$.390	\$.320
30 - 34	\$.390	\$.320
35 - 39	\$.390	\$.320
40 - 44	\$.590	\$.450
45 - 49	\$.820	\$.600
50 - 54	\$1.200	\$.860
55 - 59	\$1.620	\$1.140
60 - 64	\$1.900	\$1.330
65 - 69	\$1.900	\$1.330
70 - 74	\$1.900	\$1.330
75 +	\$1.900	\$1.330

Note: Premiums are based on your monthly salary and your age as of 01/01.

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What you need to know about your Worksite Long Term Disability Benefits

- Elimination Period:** This is a period of consecutive days of disability before benefits may become payable under the contract.
- Maximum Benefit Duration:** This is the length of time that you may be paid benefits if continuously disabled as outlined in the contract.
- Pre-Existing Condition Period:** Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

Worksite Long Term Disability Coverage Option 1

Your benefit is 60% of your monthly pre-disability earnings, up to a maximum monthly benefit of \$5,000.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period	
90 days injury / 90 days sickness	Age When Total Disability Begins Less than age 61 61 62 63 64 65 66 67 68 69 and over	Maximum Duration 5 years Lesser of Social Security Full Retirement Age or 5 years Greater of Social Security Full Retirement Age or: 3.5 years 3 years 2.5 years 2 years 21 months 18 months 15 months 12 months	6 months / 12 months

Worksite Long Term Disability Coverage Option 2

Your benefit is 60% of your monthly pre-disability earnings, up to a maximum monthly benefit of \$5,000.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period	
90 days injury / 90 days sickness	Age When Total Disability Begins Less than age 60 60 61 62 63 64 65 66 67 68 69 and over	Maximum Duration Greater of Social Security Full Retirement Age or: To age 65 5 years 4 years 3.5 years 3 years 2.5 years 2 years 21 months 18 months 15 months 12 months	6 months / 12 months

Note: Premiums are based on your monthly salary and your age as of 01/01.

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Payroll Deduction Illustration: 2 Times Per Month

To estimate your payroll deduction amount:

	Example*	Option 1	Option 2
1. Maximum covered monthly earnings	\$8,333	\$8,333	\$8,333
2. Enter your monthly earnings	\$2,500		
3. Enter the lesser of Step 1 or Step 2	\$2,500		
4. Divide Step 3 by 100	\$25		
5. Using your age as of 01/01, find the corresponding rate from the chart below	0.29		
6. Multiply Step 4 by your age rate	\$7.25		
7. Multiply Step 6 by 12 and divide by 24 to determine your estimated payroll deduction amount	\$3.63		

*Example based on a 35 year old electing option 1 earning \$2,500 per month.

Age Category:	Option 1	Option 2
0 - 19	\$.290	\$.360
20 - 24	\$.290	\$.360
25 - 29	\$.290	\$.360
30 - 34	\$.290	\$.360
35 - 39	\$.290	\$.360
40 - 44	\$.440	\$.550
45 - 49	\$.600	\$.770
50 - 54	\$.860	\$1.150
55 - 59	\$1.150	\$1.730
60 - 64	\$1.340	\$1.790
65 - 69	\$1.340	\$1.790
70 - 74	\$1.340	\$1.790
75 +	\$1.340	\$1.790

Note: Premiums are based on your monthly salary and your age as of 01/01.

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Group Enrollment Form

American United Life Insurance Company®
 a ONEAMERICA® company
 One American Square, P.O. Box 6123
 Indianapolis, IN 46206-6123
 (800) 553-5318
 www.employeenefits.aul.com



Applicant's Full Legal Name:		Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired	
Applicant's Social Security Number:	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant's State of Residence:	Applicant's Residential Zip Code:	Employer: College of Central Florida	
Applicant's Telephone Number: (normal business hours): () - -	Applicant's E-mail Address:	Employed Full-Time: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work and reside in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			

COVERAGE BEING APPLIED FOR: Apply for or decline each coverage listed below. Not checking a box or boxes will be considered a declination of that coverage.

Benefit Amount / Option Requested

Worksite Short Term Disability	Option _____	<input type="checkbox"/> Elect	<input type="checkbox"/> Decline
Worksite Long Term Disability	Option _____	<input type="checkbox"/> Elect	<input type="checkbox"/> Decline

- I hereby apply for the requested group life and/or disability insurance coverage for which I and my dependents, if any, are eligible and available under AUL's policy. I understand receipt of any coverage greater than the guaranteed issue amount or application for coverage after the approved enrollment period first requires medical underwriting and written approval by AUL.
 - I authorize my employer 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 AUL's policy.
 - 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 have read, understand, and retained the notices, limitations, and exclusions for his/her records.**
- Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature of Applicant: _____ **Date:** _____

MUST BE COMPLETED BY THE EMPLOYER	Group Policy #: 00601730-0000-000	Class # :	Employer: College of Central Florida	Occupation:	Employer's State: FL
	Salary: F/T Requirements (hours, days, weeks, etc.):	Mode: [] Hourly [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] Annually			Date Hired Full Time: