

## American United Life Insurance Company Group Enrollment Form

Employee's Full Name:		Status: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Retired
Employee's Social Security Number:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employer: <b>Global Commerce &amp; Information</b>	Occupation:	Date of Birth:
Employed Full-Time: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours worked per week:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Employee's Beneficiary Designation (If none, given death benefits will be paid according to state statues and contract language)"		
First Name	Last Name	Relationship to You
If percentages don't total 100%, death benefits will be paid on a pro-rata basis, according to the percentages shown. If no percentages are shown, death benefits will be distributed equally. A separate form is available, if necessary, for more complex beneficiary designations, including naming a secondary beneficiary.		

**COVERAGE BEING APPLIED FOR\*: You must request or decline all coverages listed below.**

<u>Request</u>	<u>Decline</u>
<input type="checkbox"/>	<input type="checkbox"/> <b>Life and AD&amp;D</b>
<input type="checkbox"/>	<input type="checkbox"/> <b>Short Term Disability</b>
<input type="checkbox"/>	<input type="checkbox"/> <b>Long Term Disability</b>

*I have read the Notices, Limitations and Exclusions G-14320, prior to the completion of this statement. I understand them and have retained a copy. I hereby apply for the benefit for which I and my dependents, if any, are eligible. I authorize my employer to take deductions for this insurance from my earnings, including any premium increases due to age bracket or salary changes, if applicable. I understand I have the right to revoke this deduction authorization at any time on written notice. I understand if I or my dependents, if any, request an amount that exceeds my employer's guaranteed issue amount, the excess amount will be subject to Evidence of Insurability and approval by AUL.*

**I understand if I decline any of the above coverages, enrollment of the coverage at a later date will require Evidence of Insurability at my own expense.**

**Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of the crime of insurance fraud as determined by a court of competent jurisdiction.**

Date: \_\_\_\_\_ Signature of Employee \_\_\_\_\_

### To be completed by the Employer

Group Policy #:	Class by Coverage:	Date Hired Full-Time:
Salary: \$ _____ Mode: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
Reported salary must match definition for employee's class.		

## **Notices:**

### **Actively at Work Notice:**

If an Employee is not Actively at Work, as defined in the policy, on the date personal insurance would otherwise become effective, the Individual Effective Date of Insurance is the date the Employee returns to full-time Active Work. However, an Employee not Actively at Work may have limited coverage if Continuity of Coverage is provided. If Dependent coverage is elected and a Dependent is confined in a hospital, convalescent care facility, or nursing home on the date Dependent Insurance would otherwise become effective for that Dependent, the Individual Effective Date of Insurance for that Dependent is the date following the Dependent's final discharge from the hospital, convalescent care facility, or nursing home. On the Effective Date of Coverage, the Employee must make written request to AUL for coverage to be considered for any incapacitated Child beyond normal termination age.

### **Community Property Notice:**

If you reside in a community property state, it may be unlawful to name someone other than your spouse as your beneficiary, without your spouse's consent. Community property states include but may not be limited to: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

### **Effective Date and Claims Payment Notice:**

No coverage shall become effective until approved by the Home Office of American United Life which is located in Indianapolis, Indiana. In addition, the company shall not be liable for any claim prior to the effective date of the employee's or his dependents' coverage, if any.

## **Limitations/Exclusions:**

### **Term Life except Missouri residents:**

If the employee or his dependent(s), if Dependent coverage is in force, commits suicide, while sane or insane: 1) within two years\* from the effective date of Personal Insurance or Dependent Insurance, the benefits payable will be limited to the premiums paid; or 2) two or more years\* after the effective date of Personal Insurance or Dependent Insurance, but within two years\* of the effective date of an increase in the amount of coverage previously obtained, the benefits payable will be limited to the coverage obtained prior to the effective date of the increase, if any, plus the premiums paid for the increased coverage.

\*1 year for residents of Colorado and North Dakota

### **Accidental Death and Dismemberment \*\*:**

The insurance does not cover any loss resulting directly or indirectly from: 1) suicide or attempted suicide, whether sane or insane; 2) air travel as a crew member; 3) participation in a riot or from war or any act of war, whether declared or undeclared; 4) commission of an assault or felony; 5) the voluntary taking of: a) a prescription drug in a manner other than as prescribed by a physician; b) any other federally- or state-controlled substance in an unlawful manner; c) non-prescription medicine, in a manner other than as indicated in the printed instructions; or d) poison; 6) the voluntary inhaling of gas (unless due to occupational accident); 7) sickness other than infection occurring as a result of accidental injury; and for Voluntary ADD coverage only 8) participation in hang gliding, bungee jumping, automobile racing, motorcycle racing, skydiving, rock climbing or mountain climbing.

### **Seat Belt Benefit \*\*:**

The Seat Belt Benefit is not payable unless the Accidental Death and Dismemberment Insurance is payable. In addition, the Seat Belt Benefit does not cover any loss if, while operating the Automobile, you, or your dependent if dependent coverage is elected, were legally intoxicated as defined by applicable laws, violating traffic laws, racing, stunt driving, or engaging in other similar activity during the accident.

### **Disability\*\*:**

If your employer elects a pre-existing condition exclusion for your class of employees, and you receive medical treatment, service or incur expenses as a result of an Injury or Sickness prior to your Individual Effective Date of Insurance, then Disability which is caused by, contributed to by, or results from that Injury or Sickness beginning after the Individual Effective Date of Insurance will not be considered eligible for benefits unless the provisions of the pre-existing condition exclusion as stated in your Certificate are met. For Maryland residents, any conditions disclosed on an application or statement of insurability form will not be considered pre-existing unless such conditions are named in an exclusion rider signed by you.

\*\* Wording may vary by state.