

# Group Enrollment Form

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



Applicant's Full Legal Name:		Applicant's State of Residence:	Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired
Applicant's Social Security Number:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	<b>Employer: Hunterdon Radiological Associates, P. A.</b>	
Employer's City:	State:	Employed Full-Time: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours worked per week:
Have you used tobacco in any form in the last 12 months? <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	
Name of Primary Beneficiary		Relationship	DOB
Name of Contingent Beneficiary		Relationship	DOB

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

Request	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	Basic Life/AD&D
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Term Life/AD&D \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Term Dependent Life/AD&D Coverage Option # _____ for <input type="checkbox"/> Spouse only <input type="checkbox"/> Children only <input type="checkbox"/> Family

\*If spouse is included in dependent coverage: Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Spouse's Life/AD&D volume \_\_\_\_\_

- I hereby apply for the group 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 understands and agrees 1. any insurance coverage or benefits are contingent upon any statements made to AUL as being complete and correct and 2. benefits under any policy will be paid only if AUL decides in its discretion the applicant is entitled to them. The undersigned have read, understand, and retained the notices, limitations, and exclusions for his/her records.**
- **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

In MI only: Signature(s) of Dependent Spouse and Child(ren) over age 18 \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY THE EMPLOYER

Group Policy#: 610305	Class#:	Date Hired Full Time:	Occupation:
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			

## Notices and Limitations for Group Life and Disability Insurance Products

Products and financial services provided by  
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a ONEAMERICA® company  
One American Square, P.O. Box 6123  
Indianapolis, IN 46206-6123  
1-800-553-5318  
www.oneamerica.com



### Eligibility for Coverage<sup>1</sup>:

An eligible Employee is a full-time Employee legally authorized to work and reside in the United States. Eligible Employees 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. After the initial enrollment period, an Employee may apply for coverage under another available AUL coverage option during an AUL approved scheduled enrollment period. However, any amount of coverage requested will then require satisfactory Evidence of Insurability prior to approval.

### (The Following Paragraph Applies to Life Coverages Only.)

Any coverage for a spouse or children cannot become effective before the Employee's coverage is approved. If a spouse or child is confined in a medical facility, rehabilitation center, convalescent care facility, nursing home, or correctional facility on the date an Employee's coverage is approved, that Dependent coverage will not become effective until the spouse or child is released from such confinement and pursuant to the contract provisions. Before coverage for any incapacitated Dependent child older than the normal termination age can be considered, the Employee must apply in writing to AUL before or on the Employee's Effective Date of coverage.

### Community Property Notice:

The laws of some community property states may not allow an Employee to name a beneficiary other than his/her spouse without the spouse's written consent. Community property states currently include Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, and Wisconsin. If AUL has not previously received written notice of a community property interest, then AUL shall be entitled to rely upon its good faith that no such interest exists. AUL assumes no responsibility of inquiry regarding such interest and, in consideration of acknowledgement of this designation, the insured person, for himself/herself and his/her estate, heirs, successors and assigns, agrees to indemnify AUL and hold it harmless from the consequences of acknowledging this beneficiary designation.

### Effective Date and Claims Payment Notice:

No insurance coverage shall exist or become effective until approved in writing by American United Life Insurance Company® (AUL) at its Indianapolis, Indiana home office. Coverage continues while required premiums are paid and the Employer receives coverage under the AUL group contract. Premium rates do increase upon reaching certain age brackets, according to contract terms, and are subject to change. AUL shall not be liable or responsible for any loss incurred prior to the effective date of coverage for any insured. Any benefit payable under the contract is based on a percentage of an Employee's covered earnings subject to AUL's approval, contract maximums, contract reductions, and according to contract terms and conditions.

### Arbitration Notice, if Applicable<sup>2</sup>:

Coverage under the group insurance contract for which you have applied may include a binding or nonbinding arbitration agreement. The arbitration agreement requires that any disagreement related to this contract must first be resolved by arbitration and not in a court of law. The results of the arbitration can be final and binding on you and the insurance company. In an arbitration, an arbitrator, who is an independent, neutral party, gives a decision after hearing the positions of the parties. When you accept coverage under this insurance contract you agree to first resolve any disagreement related to the contract by arbitration instead of a trial in court including a trial by jury (note that some states may not allow mandatory arbitration). Arbitration takes the place of resolving disputes by a judge and jury and the decision of the arbitrator often cannot be reviewed in court by a judge and jury.

**Fraud Notice:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In Florida, 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. In New Jersey and Virginia, any person who includes any false or misleading information on any application for an insurance policy is subject to criminal and civil penalties. In Louisiana, Pennsylvania, and Tennessee, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. In Maine, any person who knowingly provides false, incomplete or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties may include imprisonment, fines or denial of insurance benefits. In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. In Washington DC it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by an applicant.

<sup>1</sup> Any coverage offered by AUL prior to and after the Effective Date of coverage is contingent upon information and documents received by AUL being accurate and reliable.

<sup>2</sup> Contracts covering insureds residing in KS, LA, MO, MT, NE, OK, and SD do not have arbitration provisions. Contracts covering insureds in AR, CA, CT, FL, ME, NJ, NM, VA, WA, WV, and WY do not have binding arbitration provisions. Contracts covering insureds residing in KY and NH do not allow any type of arbitration in Life Insurance and Annuity contracts. Contracts in TX do not include an arbitration provision.

## Required Notices Regarding Certain Contract Limitations<sup>3</sup> and Exclusions<sup>4</sup>

### Life Limitations/Exclusions:

#### **Suicide Limitation, if Applicable, Except for Washington Residents:**

If any insured approved for coverage, commits suicide, while sane or insane:<sup>5</sup> 1) within two years<sup>6</sup> from the effective date of this policy, the benefits payable will be limited to the premiums paid; or 2) two or more years after the effective date of this policy, 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.

#### **Accelerated Life Benefit, if applicable:**

Certain insured individuals diagnosed with a terminal condition may be eligible to request payment of an Accelerated Life Benefit under the group life insurance contract. A terminal condition is an injury or sickness that despite appropriate medical care is reasonably expected to result in the Person's death within a specified time frame following the date of the Accelerated Life Benefit payment, as determined by AUL. After payment of Accelerated Life Benefits, the amount of the Person's life insurance payable at death to the Person's beneficiary will equal the amount of the Person's life insurance if no Accelerated Life Benefit payment had been made minus the amount of the Accelerated Life Benefit payment minus an interest charge.

The Accelerated Life Benefit offered under the contract may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as the Person's life expectancy at the time benefits are accelerated or whether the Person uses the benefits to pay for necessary long-term care expenses, such as nursing home care. If the Accelerated Life Benefits qualify for favorable tax treatment, the benefits will be excludable from the Person's income and not subject to federal taxation. Tax laws relating to Accelerated Life Benefits are complex. The Person is advised to consult with a qualified tax advisor about circumstances under which he/she could receive Accelerated Life Benefits excludable from income under federal law.

Receipt of Accelerated Life Benefits may affect a Person's, his/her spouse's, or his/her family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. The Person is advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect a Person's, his/her spouse's, or his/her family's eligibility for public assistance.

### Disability Limitations/Exclusions:

#### **Pre-existing Condition Limitation:**

Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to the insured's effective date of coverage. A pre-existing condition is any condition for which an ordinarily prudent person would ordinarily have done any of the following at any time, during the period of time stated in the contract, whether or not that condition is diagnosed at all or is misdiagnosed during that period of time: a) received medical treatment or consultation; b) taken or were prescribed drugs or medicine; or c) received care or services, including diagnostic measures. Insureds must also be treatment-free for a time-frame specified in some contracts following the individual effective date of coverage.

**Other Income Benefits:** The benefits under the group disability insurance contract are subject to reduction due to other sources of income. Types of other sources of income that may result in a reduction of the benefits payable under the contract include but are not limited to: any amount received under any Worker's or Workmen's Compensation Law, any amount received under any Occupational Disease Law, any disability income benefits received under any Compulsory Benefit Act or Law, any disability income benefits received under any other group insurance plan of the employer, any disability or retirement benefits received under the employer's retirement plan, any amount of disability or retirement benefits received under the United States Social Security Act, any amount of disability or retirement benefits received under the Railroad Retirement Act, any earnings received from the employer after the contract's elimination period has been completed, any amounts received under the employer's salary continuance plan and/or sick-leave plan, and any earnings received from any other occupation or employment while disabled and entitled to benefits under the contract.

<sup>3</sup> Limitations may vary by state.

<sup>4</sup> The policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. The policy may contain a waiting or elimination period between the effective date of the policy and the effective date of coverage, and a time period between the date a loss occurs and the date benefits begin to be payable for the loss.

<sup>5</sup> In Colorado suicide/attempted suicide while insane does not apply.

<sup>6</sup> 1 year for insureds residing in Colorado and North Dakota; 1 year suicide for insureds in Missouri may apply.