

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 Prudent) 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.



Protecting Your Loved Ones — No Matter What

“Will my loved ones be OK when I’m gone?” It’s a difficult question to ask yourself, but an important one all the same.

If you were to pass away unexpectedly, how would your loved ones cope financially? Would they be taken care of? Or would they find themselves struggling to make ends meet while still in the midst of their grief?

A Growing Gap for Families

Across the country, American families face a growing insurance gap. In early 2020, 46% of U.S. adult consumers didn’t own life insurance.¹ Yet, 44% also stated that their families would begin to feel the financial effects within six months of a primary wage earner passing away — and 28% would do so within just a month.¹

But life insurance isn’t just about protecting your loved ones in the short term. It can also be a way of providing for them for decades to come, by keeping them on track for their long-term goals, whether they be college education, home ownership or even retirement.

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

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44%

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To learn more, or if you have questions about the life insurance options available through your employer, contact your human resources department today.

Why Purchase Term Life Insurance?

- Group rates provide affordable coverage
- Premium payments are easily made through payroll deduction
- In some cases, you can purchase coverage for your spouse and/or dependent children
- You may be able to take your coverage with you in the event you leave your employer

How Much Do You Need?

Everyone's circumstances are different. The amount of life insurance that's appropriate for yours will depend on factors such as age, current finances and the financial needs of your loved ones. That's why it's important to start the conversation now, both with the people closest to you and with a financial professional who can help guide you down a positive path.

*Nobody knows what the future holds.
That's why preparation is so critical.
By taking steps now to secure term
life insurance coverage, you and those
who mean the most to you will have
the peace of mind that comes with
knowing that yes, they will be OK, no
matter what tomorrow brings.*

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 Voluntary Term Life and AD&D Benefits

- Flexible Options:** Employee: \$10,000 to \$250,000, in \$10,000 increments, not to exceed 8 times your annual salary
Spouse under age 70: \$10,000 to \$125,000, in \$5,000 increments, not to exceed 50% of the employee's amount
- Guaranteed Issue:** Employee: \$60,000 Spouse: \$10,000 Child: \$10,000
- Dependent Life Coverage:** Optional dependent life coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren).
- Accidental Death and Dismemberment (AD&D):** Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract. Additional AD&D benefits include seat belt, air bag, repatriation, child higher education, child care, paralysis/loss of use, severe burns, disappearance, and exposure.
- Accelerated Life Benefit:** If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.
- Reductions:** Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. The amounts of dependent life insurance and dependent AD&D principal sum will reduce according to the employee's reduction schedule.

Age:	70
Reduces To:	50%

Payroll Deduction Illustration: Monthly Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$1.00	\$1.00	\$1.00	\$1.10	\$1.30	\$1.80	\$2.80	\$4.20	\$6.10	\$7.20	\$11.20	\$24.10	\$24.10
\$20,000	\$2.00	\$2.00	\$2.00	\$2.20	\$2.60	\$3.60	\$5.60	\$8.40	\$12.20	\$14.40	\$22.40	\$48.20	\$48.20
\$30,000	\$3.00	\$3.00	\$3.00	\$3.30	\$3.90	\$5.40	\$8.40	\$12.60	\$18.30	\$21.60	\$33.60	\$72.30	\$72.30
\$40,000	\$4.00	\$4.00	\$4.00	\$4.40	\$5.20	\$7.20	\$11.20	\$16.80	\$24.40	\$28.80	\$44.80	\$96.40	\$96.40
\$50,000	\$5.00	\$5.00	\$5.00	\$5.50	\$6.50	\$9.00	\$14.00	\$21.00	\$30.50	\$36.00	\$56.00	\$120.50	\$120.50
\$60,000	\$6.00	\$6.00	\$6.00	\$6.60	\$7.80	\$10.80	\$16.80	\$25.20	\$36.60	\$43.20	\$67.20	\$144.60	\$144.60

Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$1.00	\$1.00	\$1.00	\$1.10	\$1.30	\$1.80	\$2.80	\$4.20	\$6.10	\$7.20	\$11.20	\$24.10	\$24.10
\$20,000	\$2.00	\$2.00	\$2.00	\$2.20	\$2.60	\$3.60	\$5.60	\$8.40	\$12.20	\$14.40	\$22.40	\$48.20	\$48.20
\$30,000	\$3.00	\$3.00	\$3.00	\$3.30	\$3.90	\$5.40	\$8.40	\$12.60	\$18.30	\$21.60	\$33.60	\$72.30	\$72.30
\$40,000	\$4.00	\$4.00	\$4.00	\$4.40	\$5.20	\$7.20	\$11.20	\$16.80	\$24.40	\$28.80	\$44.80	\$96.40	\$96.40
\$50,000	\$5.00	\$5.00	\$5.00	\$5.50	\$6.50	\$9.00	\$14.00	\$21.00	\$30.50	\$36.00	\$56.00	\$120.50	\$120.50

Child Options

Life & AD&D	Child(ren) 6 months to age 26	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$10,000	\$1,000	\$2.40

Note: Employee premiums are based on your age as of 01/01. Spouse premiums are based on your spouse's age as of 01/01. Child premiums are for all eligible children combined.

OneAmerica® is the marketing name for the companies of OneAmerica.

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.employeebenefits.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: Steelworkers Health & Welfare Fund	
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

Employee Voluntary Term Life & AD&D	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Spouse Voluntary Term Life & AD&D	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Child Voluntary Term Life & AD&D	Option _____ <input type="checkbox"/> Elect	<input type="checkbox"/> Decline

*If spouse is included in dependent coverage: Name _____ Date of birth _____.

NOTE: Coverage is only offered and available to eligible Dependents who are authorized to reside in the United States.

For AUL Term Life Coverages, identify your Beneficiary Designation to ensure proceeds can be paid according to your wishes.

Name of Primary Beneficiary:	Percentage:	Relationship:	SSN/Date of Birth:
Name of Contingent Beneficiary:	Percentage:	Relationship:	SSN/Date of Birth:

- 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 #: 00619129-0000-000	Class # :	Employer: Steelworkers Health & Welfare Fund	Occupation:	Employer's State: FL
	Salary: _____ Mode: [] Hourly [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] Annually F/T Requirements (hours, days, weeks, etc.): _____				Date Hired Full Time: _____