

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.



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 on-site 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.
- Preexisting 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.

on-site Short Term Disability Coverage Option

Your benefit is 60% of your weekly pre-disability earnings, up to a maximum weekly benefit of \$750.

Elimination Period	Maximum Benefit Duration	Preexisting Condition Period
55 days injury / 55 days sickness	18 weeks	3 months / 12 months

Payroll Deduction Illustration Times Per Month

To estimate your payroll deduction amount:

	Example	Option
1. Benefit percentage	.600	.600
2. Maximum weekly benefit	\$750	\$750
3. Multiply your weekly salary by Step 1	\$346	
4. Enter the lesser of Step 2 or Step 3	\$346	
5. Divide Step 4 by 10	\$34.62	
6. Using your age as of 07/01, find the corresponding rate from the chart below	\$.122	
7. Multiply Step 5 by your age rate	\$4.22	
8. Multiply Step 7 by 12 and divide by 24 to determine your estimated payroll deduction amount	\$2.11	

*Example based on a 35 year old electing option 1 earning \$577 per week.

Age Category	Option
0 - 19	\$.114
20 - 24	\$.114
25 - 29	\$.114
30 - 34	\$.119
35 - 39	\$.122
40 - 44	\$.122
45 - 49	\$.130
50 - 54	\$.150
55 - 59	\$.191
60 - 64	\$.234
65 - 69	\$.262
70 - 74	\$.270
75 +	\$.270

Note Premiums are based on your weekly salary and your age as of 07/01.

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What you need to know about your Long Term Disability (LTD) Benefits - Core Plan

- 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.

Long Term Disability Coverage

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	
180 days injury / 180 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 Normal 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	3 months / 12 months

Coverage is provided at no cost to you. 100% of the total premium is paid for by your employer.

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What you need to know about your Long Term Disability (LTD) Benefits - Core Plus Plan

- 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.
- Preexisting 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.

Long Term Disability Coverage

Your benefit is 70% of your monthly pre-disability earnings, up to a maximum monthly benefit of \$5,000.

Elimination Period	Maximum Benefit Duration	Preexisting Condition Period	
180 days injury / 180 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 Normal 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	3 months / 12 months

Payroll Deduction Illustration - Times Per Month

To estimate your payroll deduction amount:

	Example	LTD
1. Maximum covered monthly earnings	\$7,143	\$7,143
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	\$25.00	
5. Multiply Step 4 by 0.15	\$3.75	
6. Multiply Step 5 by 1	\$3.75	
7. Multiply Step 6 by 12 and divide by 24 to determine your estimated payroll deduction amount	\$1.88	

*Example based on earnings of \$2,500 per month

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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.

46%
of U.S. adult consumers
don’t own life insurance.

44%
state that their families
would begin to feel the financial
effects within six months of
a primary wage earner
passing away.

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.

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What you need to know about your Basic Life and AD&D Benefits

Guaranteed Issue Employee: \$500,000

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.

Age:	65	70
Reduces To:	65%	50%

Basic Employee Life and AD&D Coverage

Your Life and AD&D insurance coverage amount is 1 times your salary to a maximum of \$500,000.

Coverage is provided at no cost to you.

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What you need to know about your Voluntary Term Life and AD&D Benefits

Life Options Employee: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 5 times your annual salary
 Spouse: \$5,000 to \$100,000, in \$500 increments, not to exceed 50% of the employee's amount

Guaranteed Issue Employee: \$200,000 Spouse: \$50,000 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.

Guaranteed Increase in Benefit You may be eligible to increase your coverage annually until you reach your maximum amount without providing evidence of insurability.

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	75	80	85	90
Reduces To:	65%	45%	30%	20%	15%

Payroll Deduction Illustration - Times Per Month

Employee Options

Life AD&D	\$350,000	\$500,000	\$750,000	\$1,000,000	\$1,500,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000	\$7,500,000	\$10,000,000	\$15,000,000	\$20,000,000
\$350,000	\$0.35	\$0.35	\$0.35	\$0.45	\$0.50	\$0.60	\$0.90	\$1.45	\$2.25	\$2.95	\$4.35	\$7.85	\$11.75
\$500,000	\$0.70	\$0.70	\$0.70	\$0.90	\$1.00	\$1.20	\$1.80	\$2.90	\$4.50	\$5.90	\$8.70	\$15.70	\$23.50
\$750,000	\$1.05	\$1.05	\$1.05	\$1.35	\$1.50	\$1.80	\$2.70	\$4.35	\$6.75	\$8.85	\$13.05	\$23.55	\$35.25
\$1,000,000	\$1.40	\$1.40	\$1.40	\$1.80	\$2.00	\$2.40	\$3.60	\$5.80	\$9.00	\$11.80	\$17.40	\$31.40	\$47.00
\$1,500,000	\$1.75	\$1.75	\$1.75	\$2.25	\$2.50	\$3.00	\$4.50	\$7.25	\$11.25	\$14.75	\$21.75	\$39.25	\$58.75
\$2,000,000	\$2.10	\$2.10	\$2.10	\$2.70	\$3.00	\$3.60	\$5.40	\$8.70	\$13.50	\$17.70	\$26.10	\$47.10	\$70.50
\$3,000,000	\$2.45	\$2.45	\$2.45	\$3.15	\$3.50	\$4.20	\$6.30	\$10.15	\$15.75	\$20.65	\$30.45	\$54.95	\$82.25
\$4,000,000	\$3.50	\$3.50	\$3.50	\$4.50	\$5.00	\$6.00	\$9.00	\$14.50	\$22.50	\$29.50	\$43.50	\$78.50	\$117.50
\$5,000,000	\$5.25	\$5.25	\$5.25	\$6.75	\$7.50	\$9.00	\$13.50	\$21.75	\$33.75	\$44.25	\$65.25	\$117.75	\$176.25
\$7,500,000	\$7.00	\$7.00	\$7.00	\$9.00	\$10.00	\$12.00	\$18.00	\$29.00	\$45.00	\$59.00	\$87.00	\$157.00	\$235.00

Spouse Options

Life AD&D	\$350,000	\$500,000	\$750,000	\$1,000,000	\$1,500,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000	\$7,500,000	\$10,000,000	\$15,000,000	\$20,000,000
\$350,000	\$0.35	\$0.35	\$0.35	\$0.45	\$0.50	\$0.60	\$0.90	\$1.45	\$2.25	\$2.95	\$4.35	\$7.85	\$11.75
\$500,000	\$0.70	\$0.70	\$0.70	\$0.90	\$1.00	\$1.20	\$1.80	\$2.90	\$4.50	\$5.90	\$8.70	\$15.70	\$23.50
\$750,000	\$1.05	\$1.05	\$1.05	\$1.35	\$1.50	\$1.80	\$2.70	\$4.35	\$6.75	\$8.85	\$13.05	\$23.55	\$35.25
\$1,000,000	\$1.40	\$1.40	\$1.40	\$1.80	\$2.00	\$2.40	\$3.60	\$5.80	\$9.00	\$11.80	\$17.40	\$31.40	\$47.00
\$1,500,000	\$1.75	\$1.75	\$1.75	\$2.25	\$2.50	\$3.00	\$4.50	\$7.25	\$11.25	\$14.75	\$21.75	\$39.25	\$58.75

Child Options

Life	Child(ren) months to age	Child(ren) life birth to months	Deduction amount Child(ren)
Option	\$10,000	\$1,000	\$1.10

Note Employee and Spouse premiums are based on your age as of 07/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

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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: Spalding University	
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

CorePLUS Long Term Disability (Base Only)	<input checked="" type="checkbox"/> Elect	
CorePLUS Long Term Disability (Supplemental)	<input type="checkbox"/> Elect	<input type="checkbox"/> Decline
<input type="checkbox"/> or-site Short Term Disability	Option _____ <input type="checkbox"/> Elect	<input type="checkbox"/> Decline
Basic Term Life	<input checked="" type="checkbox"/> Elect	
<input type="checkbox"/> Employee Voluntary Term Life	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
<input type="checkbox"/> Spouse Voluntary Term Life	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
<input type="checkbox"/> Child Voluntary Term Life	Option _____ <input type="checkbox"/> Elect	<input type="checkbox"/> Decline

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

or **UL 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 understands and agrees any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct. The undersigned has read, understood and retained the notices, limitations and exclusions or insurer 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** _____

MUST BE COMPLETED BY THE EMPLOYER	Group Policy #: 00625154-0000-000	Class # :	Employer: Spalding University	Occupation:	Employer's State: KY
	Salary: F/T Requirements (hours, days, weeks, etc.):	Mode: [] Hourly [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] Annually			Date Hired Full Time:

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Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



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Our financial experts can assist with a wide range of issues. Talk to us about:

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- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



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GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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- On-demand trainings
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- Provide funeral and burial instructions
- Choose a guardian for your children

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Peace of Mind When Traveling

Travel assistance

Emergencies happen, but help is now only a phone call or email away. On Call International® offers a suite of services to help you in your time of need — from small inconveniences like losing your luggage to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home for business or leisure. The Travel Assistance benefit protects you when covered under a OneAmerica® company group life insurance policy. It also extends coverage to your spouse, domestic partner and children (under 21 or 25 and living at home as a full-time student) even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical assistance and transportation services

Pre-trip plan to provide up-to-date information regarding required vaccinations, health risks, travel restrictions and weather conditions.

Medical monitoring and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

24-hour nurse help line to provide clinical assessment, education and general health information.

Replacement of prescriptions and eyeglasses that have been lost or stolen by consulting with the prescribing provider to transfer prescription to or arranging an appointment with a local provider.

Medical, behavioral or mental health, dental and pharmacy referrals to assist in finding care providers and medical facilities.

Coordination of benefits by requesting health information from the participant and attempting to coordinate benefits during an active travel assistance case.

Emergency medical evacuation to arrange and coordinate air and/or ground transportation and medical care during transportation to the nearest hospital where appropriate care is available.

Medical repatriation to arrange the transport of the participant with a qualified medical attendant, if medically necessary, to their residence or home hospital.

Return of remains to arrange the transportation of a participant's remains to their home in the event of their death while traveling.





24-hour travel assistance
Travel Assistance is made available through
OneAmerica® by an agreement with **On Call International®**
1-866-816-2103 (US/Canada)
1-603-328-1754 (call collect from other locations)
Email: mail@oncallinternational.com

Travel assistance services

- Pre-trip information
- 24/7 emergency travel arrangements
- Translator and interpreter referral
- Emergency travel funds assistance
- Legal consultation and referral
- Lost or stolen travel documents assistance
- Emergency messaging
- Lost luggage assistance

Note: Group life products are 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. Travel assistance provided by On Call International®, On Call International is not an affiliate of AUL, and is not a OneAmerica company. On Call International provides noted services for covered individuals and approved dependents. Services may be unavailable in countries currently under U.S. economic or trade sanctions. Please refer to your policy for covered limits and eligibility details.

This is a brief summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to OneAmerica®. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with OneAmerica. If there is a difference between this program description and the certificate wording, the certificate controls.



When contacting On Call International, be prepared to provide:

- First and last name
- The name of your employer
- A phone number where you can be reached