

ADMINISTRATIVE GUIDE

FOR COVERAGES ADMINISTERED BY THE EMPLOYER OR ITS THIRD-PARTY ADMINISTRATOR



HOW TO CONTACT US

Group Customer Service

By Phone

Toll Free: 800-553-5318
Locally: 317-285-4283 (317-AUL-GATE)

By Fax

317-285-1565

By Mail

Group Customer Service
P.O. Box 6123
Indianapolis, IN 46206-6123

Life Claims

By Phone

Toll Free: 800-553-3522

By Fax

317-285-1033

By Mail

Group Life Claims Department
P.O. Box 368
Indianapolis, IN 46206

Disability Claims

Disability RMS Claims Office

By Phone

Toll Free: 866-258-8744

By Fax

207-591-3048

By Mail

American United Life Insurance Company
C/o Disability RMS
One Riverfront Plaza
Westbrook, ME 04092-9700

By Email

ClaimsEmails@disabilityrms.com

TABLE OF CONTENTS

How To Contact Us	1
About This Administrative Guide	1
Enrollment	2
NEW EMPLOYEES	2
EVIDENCE OF INSURABILITY	4
VOLUNTARY LIFE GUARANTEED INCREASE IN BENEFIT (GIB)	5
BENEFICIARY DESIGNATIONS	6
ABSOLUTE ASSIGNMENTS AND VIATICAL INQUIRIES	6
SCHEDULED ENROLLMENT PERIODS	7
REINSTATEMENTS	7
REHIRES	8
Changes	9
CONTRACT CHANGES	9
EMPLOYER ADDRESS OR CONTACTPERSON CHANGES	9
EMPLOYEE NAME CHANGES	9
LIFE BENEFICIARY CHANGES	10
CLASSIFICATION CHANGES	10
SALARY CHANGES	10
ADDING LIFE COVERAGE FOR DEPENDENTS	11
VOLUNTARY LIFE CHANGE OF COVERAGE	11
PREMIUM CHANGES	12
TERMINATIONS	12
Claims	13
DISABILITY	13
DEATH	15
DISMEMBERMENT, BLINDNESS OR LOSS OF SPEECH AND HEARING	16
ACCELERATED LIFE BENEFIT	16
WAIVER OF PREMIUM FOR DISABILITY	16
WAIVER OF PREMIUM BENEFIT FOR RETIREMENT	17
Premium Statements	18
SUMMARY-BILLED	18
AUL'S DESKTOP APPLICATION	19
Miscellaneous	21
SUPPLY ORDERS	21
CONTINUATION OF VOLUNTARY LIFE COVERAGE	21
CONVERSION	22
VOLUNTARY DISABILITY PORTABILITY	23
TAXATION OF LONG TERM AND VOLUNTARY DISABILITY BENEFITS	23
TAXATION OF SHORT TERM DISABILITY BENEFITS	25
SOCIAL SECURITY ASSISTANCE PROGRAM	27
REHABILITATION	28

ABOUT THIS ADMINISTRATIVE GUIDE

This Administrative Guide has been prepared to make the administration of your Group Insurance plan with American United Life Insurance Company® (AUL) as easy as possible. Some sections of this guide may not be applicable to your AUL group insurance plan. For details of your coverage, refer to your contract(s), including the Application(s)/Subscription Agreement(s) and any amendment(s).

As your coverages are self-billed, as administrator, you will retain all enrollment forms and change forms. You will be asked to submit the employee's original enrollment form or any change in the event of a claim. You will also be required to submit coverage information and related premium amounts on a monthly basis.

All forms referred to in these instructions are available by selecting the link titled Customer Service Forms & Tools on our Web site **www.employeebenefits.aul.com**. No login or password is required to access this area of the site.

Your group policy number can be found on the front of your AUL contract(s). The group number may also be referred to as a Participating Unit number on the contract. Including this number on all correspondence to our office will allow us to serve you more quickly and efficiently.

It is our desire to provide you with the best quality products and services. Please contact us with your questions. We also welcome your suggestions for improving our service to you.

Thank you for choosing OneAmerica®!

ENROLLMENT

NEW EMPLOYEES

Determining Eligibility – Who Will Be Covered?

Before enrolling new employees, you must determine the eligibility of the employee for each coverage. Refer to each contract's Schedule of Benefits, or the section in each contract titled Eligibility.

For your voluntary life coverage: If dependent life coverage is offered by you (the employer), the employee's spouse must be under age 70 on the date of enrollment to be eligible.

Also, refer to each life contract in the section titled Dependent Insurance for the definition of an eligible dependent. If an employee's dependent child is incapacitated as defined in the contract, the employee may request coverage for that child by completing and submitting to AUL an Application for Continuation of Dependent Child's Group Life Insurance.

If contributions from the employee are not required, all eligible employees will be covered. If contributions are required, the eligible employee will become covered if he/she agrees to contribute the required amount and completes the enrollment form on a timely basis.

Determining An Enrollment Period –When Should Eligible Employees Enroll?

Each employee is given an initial enrollment period to enroll for coverage. Generally, that initial enrollment period begins on the day the waiting period is satisfied and is continued for the number of days stated in the contract(s).

If contributions are required for the coverage, any employee who enrolls for coverage after the expiration of his/her initial enrollment period may have to submit satisfactory evidence of insurability to be covered. See EVIDENCE OF INSURABILITY in this Administrative Guide. If the percentage of premium you (the employer) contribute for the employees' coverage is different than as indicated on the Application/Subscription Agreement or has changed since the effective date of the plan, please notify AUL in writing as soon as possible.

For your voluntary life or voluntary disability coverages: Employees should be permitted to enroll for the coverage ONLY during their initial enrollment period, not before.

Enrolling The Eligible Employee

After determining the eligibility of the employee and his/her initial enrollment period, you should discuss the plan with the employee and assist him/her in the completion of the Group Enrollment Form. A form titled Notices and Limitations for Group Products must also be given to every employee who is eligible for benefits. Product-specific enrollment forms and the Notices and Limitations are accessible on our Web site, www.employeebenefits.aul.com.

For your voluntary coverages: We also recommend that a Premium Illustration, Voluntary Life Needs Analysis brochure and a Voluntary Disability Needs Analysis brochure be given to the employee to help him/her assess the personal need for voluntary life and disability insurance.

The enrollment form must be completed even if the employee declines or waives coverage. If an employee declines insurance, the employee must check the decline box(es) in front of the coverage(s) being offered and sign and date the form. If the employee declines all insurance offered to him, you should then keep the enrollment form for your records. The form should be retained by you in the event an employee's election is ever questioned.

The employee electing the coverage should type or print in ink the information on the form, up to and including the employee signature and date. You should:

1. Type or print the group number in the employer section at the bottom.
2. Type or print the employee's annual salary and salary mode (e.g. monthly, annually, etc.) as defined in your contract(s). This is needed for all coverages in which the benefit is a function of the employee's salary as well as for any Voluntary Term Life elected.
3. Check to make sure each box is completed accurately. See BENEFICIARY DESIGNATIONS in this Administrative Guide.
4. Check the coverages chosen by the employee. Be sure the amount of coverage requested is within the parameters used to define your plan, and that all coverages desired by the employee are checked.

All enrollment forms should be kept on file by the administrator.

<p>Summary of Forms Required for Enrolling New Employees: Individualized Premium Illustration Sheets (for Voluntary coverages) Group Enrollment Form (G-13416*) Notices and Limitations for Group Products (G-14320*) Voluntary Disability Needs Analysis brochure (G-13287) Voluntary Life Needs Analysis brochure (G-13044) Statement of Insurability/Change of Coverage Request, if evidence is required (G-14113*) Application for Continuation of Dependent Child's Group Life Insurance, if applicable (G-14574)</p> <p>* this form number may vary</p>

Determining Effective Date of Coverage

For an employee who enrolls for coverage during his/her initial enrollment period, generally the effective date of coverage will be the first day of the coverage month or immediately following the date he/she signed the enrollment form, unless Evidence of Insurability is required. See EVIDENCE OF INSURABILITY in this Administrative Guide.

Please refer to the section of your contract titled Effective Date.

What to Give the Enrolled Employee, Once Coverage is Effective

1. A certificate of insurance outlining the coverages for which he/she has been enrolled.
2. A copy of the employee's enrollment form (not the original).
3. Voluntary Term Life Certificate letter, if applicable.

EVIDENCE OF INSURABILITY

When Evidence of Insurability is Required

Evidence of Insurability is generally required in the following instances:

1. If the amount of life coverage or disability coverage applied for by the employee is greater than your plan's Guaranteed Issue (GI) limit, found in each contract's Schedule of Benefits.
2. If an employee requests to increase his Voluntary Life coverage, unless the increase is permitted under a Guaranteed Increase in Benefit (GIB).
3. If an employee requests to change the Voluntary Disability plan(s) in which he/she is enrolled.
4. If the employee or dependent is a late enrollee, meaning coverage was not requested during the employee's initial enrollment period, or if adding dependent coverage, the coverage was not requested within 31 days of acquiring the dependent.
5. If in the case of a dependent, the dependent life plan chosen requires Evidence of Insurability, as stated on the Voluntary Term Life Application/Subscription Agreement.
6. If the employee requests a life conversion policy after termination of insurance and does not terminate that coverage upon becoming insured again as an active employee.

For your Voluntary Life and Voluntary Disability coverages: Late enrollees are permitted to enroll for coverage only during a Scheduled Enrollment Period, as indicated in the contract(s).

For Voluntary Term Life: If Evidence of Insurability IS required, the employee may not receive the full amount of insurance requested. Therefore, in addition to attaching a copy of his/her completed enrollment form, you should also attach one of our certificate letters.

- Letter A should be attached when an employee requests an amount over the Guaranteed Issue amount.
- Letter B should be attached if an employee requests an amount of insurance which exceeds 5 times his/her Annual Base Salary rounded to the next \$10,000. This rule applies even if the requested amount is less than the plan's Guaranteed Issue amount.
- Letter C should be attached when an employee requests a Dependent Plan which requires Evidence of Insurability. When Evidence of Insurability is required, the employee's insurance will be effective on the date named by AUL. See EVIDENCE OF INSURABILITY in this Administrative Guide.

How to Submit Evidence of Insurability

Evidence of Insurability can be approved only by the Home Office of AUL. When Evidence is required, a Statement of Insurability/Change of Coverage Request must be completed by the employee, and submitted to AUL with the employee's completed Enrollment Form. These forms may be accessed from our Web site; please select the Statement of Insurability form based upon employee's state of residence.

Obtaining a complete and accurate form will enable AUL to process the request quickly. Forms not fully completed may be returned and may delay the effective date of insurance.

IMPORTANT NOTICES:

1. When Evidence of Insurability is required, the employee's and dependents' effective date of coverage, if approved, will be named by AUL. Therefore, do not make any payroll deductions for any benefit amounts that require Evidence of Insurability.
2. If your plan has a waiting period of 180 days or greater, please delay the completion and submission of the Enrollment Form and Statement of Insurability until 90 calendar days prior to the completion of the waiting period. This will prevent medical information on the form from becoming staledated as of the effective date.

What to Submit to AUL

Enrollment Forms and Statements of Insurability/Change of Coverage Requests need to be submitted to AUL only if Evidence of Insurability is required. Send the original enrollment form to AUL and keep a copy for your records.

How to Submit New Enrollments with Evidence of Insurability to AUL

You have the following options:

1. Mail to: American United Life Insurance Company
PO Box 6123
Indianapolis, IN 46206-6123
2. Fax to: Group Customer Service
317-285-1565

Summary of Employer's Responsibility in Enrolling Employees

- ✓ Present plan options to employee, including enrollment materials.
- ✓ Obtain completed enrollment form, even if waiving all coverages.
- ✓ Add the employee and corresponding premiums, according to your billing method chosen.
- ✓ Give the employee a certificate of insurance, copy of enrollment form and certificate letter, if applicable.
- ✓ Submit any Statement of Insurability forms to AUL, including enrollment form for any employee requiring Evidence of Insurability.

VOLUNTARY LIFE GUARANTEED INCREASE IN BENEFIT (GIB)

This benefit applies only when you (the employer) have elected a flat dollar amount benefit plan for the Voluntary Life. During a scheduled enrollment period approved by AUL, an employee may request an additional amount of coverage without having to provide Evidence of Insurability. Refer to the section in the contract titled Changes In Insurance Coverage. Please note the amount of coverage in force cannot exceed the maximum benefit allowed under the plan.

AUL will provide written notification to you (the employer) approximately 60 days prior to your anniversary, giving you a timeframe in which the GIB Offers should be completed. As a self-

administered policyholder, it will be your responsibility to complete the GIB Offer forms and make the necessary adjustments to your employee records.

BENEFICIARY DESIGNATIONS

It is important that the employee's beneficiary designation for his/her Life coverages be acceptable when the Group Enrollment Form is completed in order to avoid problems in the event of a death claim. The beneficiary wording should be absolutely clear and without question as to whom the proceeds are to be paid. The employee should not scratch out, put a line through or white out any wording in the beneficiary designation area on the enrollment form. If this happens, a new enrollment form should be completed.

If an employee wishes to make a designation that uses more than two typewritten lines, the form titled Beneficiary Designation - Group Life Insurance should be used instead of the beneficiary designation area of the enrollment form. Attach this form to the enrollment form.

It is not necessary for the employee to designate a beneficiary for dependent life coverage, as the employee is automatically considered the beneficiary.

For additional guidance on what designations are considered acceptable or unacceptable, please refer to the Beneficiary samples on our Web site under Customer Service Forms & Tools. The Employer should keep a copy of all designations on file.

Forms Required for Beneficiary Designation:
Group Enrollment Form (G-13416*) if for a new employee
Beneficiary Designation - Group Life Insurance (G-13117) if needed

* this form number may vary

ABSOLUTE ASSIGNMENTS AND VIATICAL INQUIRIES

Refer to the Life contract for instances in which coverage may be assigned to a party other than the insured. To assign the coverage, the employee must complete the form titled Absolute Assignment of Insurance Under Group Life Policy. The wording should be absolutely clear and without question as to whom the coverage is being assigned. The employee should not scratch out, put a line through or white out any wording on the form. If this happens, a new form should be completed. Likewise, if unacceptable assignments are submitted, a new form should be completed and submitted. The Employer should keep a copy of all assignments on file.

Unacceptable assignments/assignees include:

- 1) collateral assignment, such as for an outstanding loan
- 2) funeral homes
- 3) the Employer

Inquiries from any viatical companies regarding an employee's benefits should be submitted to the Customer Service Department at AUL for review and approval.

Form Required for Absolute Assignments:
Absolute Assignment of Insurance Under Group Life Policy (G-5601)

SCHEDULED ENROLLMENT PERIODS

THIS SECTION APPLIES ONLY TO VOLUNTARY TERM LIFE AND VOLUNTARY DISABILITY.

How This Applies To Late Enrollees

The only time an employee may enroll for coverage for the first time as a late enrollee is during the scheduled enrollment period approved by AUL. Evidence of insurability is required. The employee should fill out the Group Enrollment Form and the Statement of Insurability/Change of Coverage Request and submit both forms to AUL. Coverage is not effective until approved by AUL and an effective date is assigned.

How This Applies To Plan Changes

The only time an employee may change from one plan to another is during the scheduled enrollment period approved by AUL. Evidence of Insurability is required. The employee should fill out the Statement of Insurability/Change of Coverage Request and submit the form to AUL. Coverage is not effective until approved by AUL and an effective date is assigned.

How This May Apply To New Enrollees

If you (the employer) have chosen to have new employees' initial enrollment periods coincide with the next scheduled enrollment period, the new employees may enroll only during the Scheduled Enrollment Periods approved by AUL. Refer to the section in this Administrative Guide titled NEW EMPLOYEES.

Forms Required at Scheduled Enrollment:
Group Enrollment Form (G-13416*)
Notices and Limitations for Group Products (G-14320*)
Statement of Insurability/Change of Coverage Request (G-14113*)

* this form number may vary

REINSTATEMENTS

Reference your contract to determine if it includes a reinstatement provision and for the exact reinstatement period and effective date. Such a provision will be titled Individual Reinstatements. If an employee returns to work after termination of employment and re-enrolls

for coverage within the period of time stated in the contract, i.e. the reinstatement period, the employee's coverage becomes effective according to the effective date stated in the contract. If the return to work occurs prior to the date coverage would have terminated, coverage is reinstated without a lapse in coverage. Reinstated benefits will match previous benefits, unless adjusted for current class. Completion of a new enrollment form is not necessary.

If the reinstated employee converted his/her life coverage to an individual policy, that coverage should be terminated. If the employee chooses not to terminate that coverage, then Evidence of Insurability will be required prior to reinstatement. Any expense involved in obtaining Evidence of Insurability is the responsibility of the employee. See EVIDENCE OF INSURABILITY in this Administrative Guide.

If no reinstatement period exists or an employee returns to work after the specified reinstatement period, the person is considered a rehire. See REHIRES in this Administrative Guide. All provisions that apply to a new employee, including waiting period, will apply.

For your Voluntary Disability coverage: The Voluntary Disability contract does not offer the employee a reinstatement period. All employees wishing to reinstate coverage due to a return to full-time employment will be treated as new employees, and new Group Enrollment Forms must be completed.

If the employee terminates employment and then comes back in the same plan year requesting coverage as a new employee, he may apply for coverage under the same plan in which he/she was previously enrolled. The employee must remain in that plan for the remainder of the plan year.

REHIRES

See REINSTATEMENTS above to determine if the employee is eligible for reinstatement. If no reinstatement period exists or an employee returns to work after the specified reinstatement period, the person is considered a rehire and will be subject to all requirements for new employees, including waiting period. A new enrollment form must be completed by the employee. See NEW EMPLOYEES in this Administrative Guide.

Forms Required for Enrolling Rehired Employees:
Group Enrollment Form (G-13416*)
Statement of Insurability/Change of Coverage Request (G-14113*), if evidence of insurability is required
Notices and Limitations for Group Products (G-14320*)

* this form number may vary

CHANGES

As administrator, it is your responsibility to keep accurate records of all changes relating to your employees' coverage. The following items in this section are general guidelines. Also, Request For Change forms which may be useful in the administration of your plan are available on our Web site.

CONTRACT CHANGES

If any change to the contract(s) is requested, AUL must receive a written request from an authorized representative of the employer stating the change desired and the effective date. The request must be submitted on company letterhead. If necessary, the policy and/or certificates may be reissued.

How to Submit Contract Changes to AUL

You have the following options:

1. Mail to: American United Life Insurance Company
PO Box 6123
Indianapolis, IN 46206-6123
2. Fax to: Group Customer Service
317-285-1565

EMPLOYER ADDRESS OR CONTACTPERSON CHANGES

If your legal and/or billing address or the administrative contact person changes, please contact AUL immediately so records can be updated to reflect the change.

How to Submit Address or Contactperson Changes to AUL

You have the following options:

1. Mail to: American United Life Insurance Company
PO Box 6123
Indianapolis, IN 46206-6123
2. Fax to: Group Customer Service
317-285-1565
3. Call: Group Administration Call Center
800-553-5318

EMPLOYEE NAME CHANGES

When an employee's name changes, he/she may complete the Request for Change form, date it, sign it and return to you to be kept on file.

Form Suggested for Employee Name Changes: Request for Change (G-13049)

LIFE BENEFICIARY CHANGES

When an employee wishes to change his/her beneficiary, he/she may complete the form titled Beneficiary Designation - Group Life Insurance. You should make sure the designation fits the guidelines set forth by AUL. Keep the original form for your records and return a copy to the employee to be kept with his/her certificate.

Form Required for Beneficiary Changes: Beneficiary Designation - Group Life Insurance (G-13117)

CLASSIFICATION CHANGES

Refer to each contract's Schedule of Benefits for class descriptions. If an employee changes classes, a new certificate must be issued to him/her and the premium adjusted, if appropriate. Refer to the section in each contract titled Changes in Insurance Coverage or Changes in Insurance to determine the effective date of the change.

SALARY CHANGES

AUL will request a full employee census including salaries on an annual basis. Salary changes must be reported to AUL for employees with Disability coverage, Voluntary Term Life coverage and other Life coverage if the benefit is a function of an employee's salary. It is extremely important to report salary changes on a timely basis as the employee's benefit will be based upon the last salary reported to and approved by AUL for that employee.

Refer to each contract's Schedule of Benefits so appropriate salary information is provided to AUL. For example, if you (the employer) have chosen to include commissions but not bonuses in defining the employees' earnings, it is important that the employees' salaries reported to AUL include commission pay but exclude bonus pay.

For STD, if an employee's annual salary is paid in less than 52 weeks, the salary information provided to AUL should reflect 1/52 of the employee's annual salary. For LTD, if an employee's annual salary is paid in less than 12 months, the salary information provided to AUL should reflect 1/12 of the employee's annual salary.

Your coverages may include a definition of earnings not specified above. Please refer to your Application/Subscription Agreement or an administrative agreement changing the definition.

ADDING LIFE COVERAGE FOR DEPENDENTS

If the employee acquires a dependent or dependents after the time of enrollment, and is eligible for dependent life coverage, he/she must request coverage for the dependent(s). The Request For Change Form should be completed, dated and signed by the employee, and kept on file for your records. Generally, notification is not required if the employee already has dependent life coverage in force. A new certificate, if appropriate, should be given to the employee.

If contributions from the employee are not required for dependents, all eligible dependents will be covered. If contributions are required, the dependent will become covered if the employee agrees to contribute the required amount and completes the Request For Change form within 31 days of becoming eligible for the coverage. Also, if contributions are required and the employee does not elect dependent coverage within 31 days, Evidence of Insurability will be required and the Statement of Insurability/Change of Coverage Request must be completed in lieu of the Request For Change form, and submitted to AUL for approval.

Forms Required for Adding Life Coverage for Dependents:
Request For Change (G-13049), if requested on a timely basis
Statement of Insurability/Change of Coverage Request (G-14113*), if evidence is required

* this form number may vary

VOLUNTARY LIFE CHANGE OF COVERAGE

If an employee wishes to decrease the amount of his/her existing Life/AD&D coverage, he/she must complete the Statement of Insurability/Change of Coverage Request, sign it, date it and return it to you. You (the employer) should make any necessary payroll deduction changes and keep the request for your records.

If an employee wishes to add available coverage to existing coverage, he/she must complete the Statement of Insurability/Change of Coverage Request, and submit the form to AUL for approval.

An employee may also request an increase in coverage, not to exceed the maximum benefit, at a time other than an approved re-enrollment, by providing satisfactory Evidence of Insurability. If an employee wishes to increase the amount of his/her existing coverage, he/she must complete the Statement of Insurability/Change of Coverage Request, sign it, date it, and send it to AUL. Evidence of Insurability will be required for any increase in Life and/or AD&D benefits. However, if an increase is requested under the Guaranteed Increase in Benefit (GIB) provision, evidence may not be required. See **GUARANTEED INCREASE IN BENEFIT** in this Administrative Guide.

Form Required for Voluntary Life Changes of Coverage:
Statement of Insurability/Change of Coverage Request (G-14113*)

* this form number may vary

PREMIUM CHANGES

Changes in amount of premium charged may occur in the following instances:

1. An employee attains an age that qualifies him/her to be in the next higher age bracket of the age-rated premium chart. The effective date of the rate increase will be either:
 - a. the first of the coverage month corresponding with or next following the attainment of the age, or
 - b. the next anniversary date corresponding with or next following the attainment of the age,

Refer to section in your contract titled Premium Payment.

2. There is a benefit increase or decrease for the employee and/or dependents.
3. The premium rates are changed for your plan.

See PREMIUM STATEMENTS in this Administrative Guide.

TERMINATIONS

Refer to the section in the contracts titled Terminations or Individual Terminations for the conditions and date an employee's coverage terminates. Also refer to the section(s) in the contract(s) titled Continuation of Insurance, Conversion Privilege, or Portability Privilege.

If an employee contributes premium for any of his/her coverages and chooses to terminate them, he/she must complete the "Request for Termination of Coverage" section of the Request For Change form, date it, sign it and return it to you for your records. A new certificate, if appropriate, should be distributed to the employee.

IMPORTANT NOTE: Generally, when an employee terminates employment, he/she may convert the amount of Life and/or LTD coverage that has terminated to a conversion policy without providing Evidence of Insurability if you (the employer) have elected to include this benefit in your plan. You have an obligation to inform a terminating employee of his/her right to continue or convert coverage and provide the necessary forms to the employee.

A federal law summary regarding the Family Medical Leave Act is available on the Department of Labor web site at <http://www.dol.gov/>.

Form Suggested for Reporting Terminations:
Request for Change (G-13049)

CLAIMS

DISABILITY

To file a claim for disability benefits, all sections of the claim form should be completed in full and sent to Disability RMS. It is important to complete all sections of the claim form to avoid delays in claim payments. In the event there is missing information or discrepancies in information, additional inquiries to you, the employee or the attending physician(s) may be made.

What To Submit

You should:

1. Complete the Employer's or Administrator's Statement section in the disability claim form.
2. Include the following with the submission of the Employer's Statement:
 - a. A detailed job description - It should describe the exact duties which the employee was performing immediately prior to the last day worked. All physical duties should be listed, such as bending, lifting, sitting, standing, as well as any mental stress.
 - b. A copy of the employee's signed enrollment form, only if the employee is required to contribute toward the cost of the coverage.
 - c. A copy of the employee's approved medical Evidence of Insurability, only if this was required at the time of enrollment.
 - d. Documentation of all earnings, only if other than straight salary.
 - e. Details of any benefits from workers' compensation, sick leave, salary continuance, pension, short-term disability, etc. - Provide the dates the benefit is being paid from and through (or is to be paid) and the amounts.
3. Submit it to Disability RMS and give the remaining sections to the employee.

The employee should:

1. Complete, date and sign the Authorization for Release of Information form.
2. Complete, date and sign the Employee's Statement.
3. Include the following with the submission of the above two sections:
 - a. Details of any benefits from workers' compensation, sick leave, salary continuance, pension, short-term disability, etc. - Provide the dates the benefit is being paid from and through (or is to be paid) and the amounts, if not provided by the employer.
 - b. A copy of all Social Security award notice(s) - If family integration is involved, a copy of the award notice(s) for all dependents who are awarded benefits should also be sent. The names, dates of birth, and employment or student status for all dependents should be included. This information will be used to aid our estimation of social security offset should we not receive copies of the award(s) when the insured is eligible for such benefits.
 - c. For Voluntary Disability and Long Term Disability only: A copy of the employee's birth certificate and driver's license.
4. Give the Attending Physician's Statement, with attachments, to the attending physician. If the employee is being treated by more than one physician, each physician should complete an Attending Physician's Statement.

5. Submit the Employee's Statement & Authorization for Release of Information to Disability RMS.

The attending physician(s) should:

1. Complete, date and sign the Attending Physician's Statement.
2. Submit the statement to Disability RMS at the address provided on the form.

Generally, additional proof of continued disability will be required periodically. Unless otherwise indicated, the required supplementary statement will be mailed to the employee along with the benefit check. This statement should be completed and returned to Disability RMS to allow the Claim Analyst to determine if the employee is eligible for future benefits.

When To Submit And Frequency Of Payment

For Short Term Disability: Submit the claim form at the end of the elimination period indicated in the contract's Schedule of Benefits. After the claim has been approved, claim payments will be made weekly to the maximum number of weeks indicated in the Schedule of Benefits or to the end of disability, whichever is earlier. Claim payments are mailed to the employee.

For Long Term Disability: Submit the claim form approximately one month before the end of the elimination period indicated in the contract's Schedule of Benefits. This will generally allow adequate time for processing the claim including any additional inquiries necessary. As a result, there will be less chance for delay in issuing any benefits due the claimant. Claimants should be advised to apply for Social Security Benefits or Civil Service Retirement Benefits, if applicable, immediately upon commencement of total disability if the employee will be unable to return to any type of gainful employment in the future. In most cases, this will give Social Security sufficient time to make a decision before it is necessary to deduct such benefits. After the claim has been approved, claim payments will be made once each month up to the maximum duration provided by the contract or to the end of disability, whichever is earlier.

For Voluntary Disability: Submit the claim form:

1. At the end of the elimination period, if the elimination period is 30 days or less.
2. Approximately 30 days before the end of the elimination period, if the elimination period is more than 30 days.

This will generally allow adequate time for processing the claim including any additional inquiries necessary. As a result, there will be less chance for delay in issuing any benefits due the claimant. Claimants should be advised to apply for Social Security Benefits or Civil Service Retirement Benefits, if applicable, immediately upon commencement of total disability if the employee will be unable to return to any type of gainful employment in the future.

After the claim has been established, claim payments will be made weekly if the maximum benefit duration is 26 weeks or less, or once each month if the maximum benefit duration is 1 year or longer. Generally, claim payments will last until the end of the maximum benefit duration as provided by the contract or to the end of disability, whichever is earlier. Claim payments are mailed to the employee.

Premium Payment During Disability

For Short Term Disability: Claim payments will not be made past the date for which premiums have been submitted. Premium must continue to be paid throughout the period of disability, unless otherwise stated in the contract.

For Long Term Disability: For Non-Contributory Coverage, premium payments are waived only during the period for which benefits are payable. Premium must continue to be paid through the employee's elimination period and until claim approval is received from Disability RMS to protect the employee's insurance coverage. For contributory coverage, premium payments for the disabled employee's coverage are not required during the period of disability, including the elimination period, when the claim is approved. Premium payments are not waived for denied claims.

For Voluntary Disability: Premium payments for the disabled employees' coverage are not required during the period of disability, including the elimination period. Therefore, it is important that you make the necessary adjustments for the period of disability. For Summary-Billed coverages: This information may be reported on the Group Summary Bill form with an explanation that the reason for cessation of active work is disability leave. Premium payments are not waived for denied claims.

What To Do When The Employee Returns To Work or Dies After Disability

When the person returns to work or dies, you should call Disability RMS immediately.

Form Required for Disability Claims:
Disability claim form (G-18206)

DEATH

To file a claim for Death Benefits, the following items should be forwarded to AUL as soon as possible for prompt settlement of the claim:

1. Group Insurance Proofs of Death or Group Dependent Insurance Proof of Death. The form is to be completed by you, the employer.
2. A certified copy of the death certificate - Every effort should be made to obtain the death certificate, but in the event it is not immediately available, the reverse side of the claim form may be completed by the attending physician responsible for signing the death certificate.
3. A copy of the employee's signed enrollment form, including any subsequent beneficiary changes.
4. In the case of accidental death, a newspaper report or other substantiating material of the accidental nature of death. If the plan has a seat belt benefit, attach a copy of the police accident report.

IMPORTANT NOTE: Claim payments will not be made past the date for which premiums have been submitted.

Forms Required for Death Claims:

Group Insurance Proofs of Death (G-5490) for employee
Group Dependent Insurance Proof of Death (G-5491) for dependents only

DISMEMBERMENT, BLINDNESS or LOSS OF SPEECH AND HEARING

To file a claim for Dismemberment, Blindness or Loss of Speech and/or Hearing, the form titled Group Life Accidental Dismemberment Claim Form should be completed, dated and signed by you (the employer), the employee (if possible) and the attending physician. The form should be submitted to AUL as soon as possible for prompt settlement of the claim.

IMPORTANT NOTE: Claim payments will not be made past the date for which premiums have been submitted.

Form Required for Dismemberment, Blindness, Loss of Speech/Hearing Claims:
Group Life Accidental Dismemberment Claim Form (G-6294)

ACCELERATED LIFE BENEFIT

Refer to the section in the life contract titled Accelerated Life Benefit for eligibility requirements, details of the coverage and limitations. To file an Accelerated Life Benefit claim, the form titled Group Life Insurance - Request for Accelerated Life Benefit should be completed by the insured, if possible, and the attending physician. This form should be submitted to AUL as soon as possible for prompt payment of the benefit.

IMPORTANT NOTE: Premium for the original amount of coverage will continue to be due and payable following the payment of a claim for the Accelerated Life Benefit, unless the employee has become Totally Disabled under the Waiver of Premium for Total Disability Benefit.

Form Required for Accelerated Life Benefit Claims:
Group Life Insurance - Request for Accelerated Life Benefit (G-13422)

WAIVER OF PREMIUM FOR DISABILITY

Life insurance may be continued without premium payment during the period of total disability. Refer to the section in the contract titled Waiver of Premium or Waiver of Premium for Total Disability for details of the coverage.

To file a claim for Waiver of Premium, the form titled Statement of Claim for Waiver of Premium should be completed, dated and signed by you (the employer), the employee and the attending physician. The form should be submitted if an employee becomes totally disabled, as defined in the contract, and meets the age requirement indicated in the contract. Also, it should be submitted within the time period indicated in the contract, regardless of whether the employee is receiving salary, workers' compensation, or any type of disability benefits, including Social Security. Generally, supplemental claim forms will be sent to the employee for completion every year of disability.

For your Voluntary Term Life coverages: Premium payments for the disabled employees' coverage are not required during the period of disability, including the elimination period. Therefore, it is important that you make the necessary adjustments for the period of disability. If the waiver claim is declined, the employee may be able to continue or convert his/her coverage. See CONTINUATION OF LIFE COVERAGE and LIFE CONVERSION in this Administrative Guide.

For your other Life coverages: You should continue paying premium for the employee during the elimination period and if the claim is approved, any premium paid beyond the elimination period will be refunded. If the claim is declined, the employee may be able to convert his/her coverage. See CONVERSION in this Administrative Guide.

Form Required for Waiver of Premium Claims: Statement of Claim for Waiver of Premium (G-8159)

WAIVER OF PREMIUM BENEFIT FOR RETIREMENT

Refer to the section in the life contract titled Waiver of Premium Benefit for Retirement for the eligibility and age requirements for this benefit. When an employee is eligible, you (the employer) must complete the employer's section of the form titled Statement of Claim: Waiver of Premium for Retirement. The retiree must also complete the employee's section of the form. These forms are available through the AUL Group Life Claims Department and are not available on our Web site.

After the retired employee's eligibility has been verified by AUL, AUL will send the retiree a letter telling him/her of his/her approval and his/her amount of Life Insurance. A copy of the letter will be sent to you. The Life Insurance will then be continued in force without premium payment until the retiree's death.

PREMIUM STATEMENTS

SUMMARY-BILLED

As your coverages are summary-billed, you will not receive a monthly premium statement from AUL. You, as administrator, are responsible for retaining all enrollment forms and change forms, and submitting a monthly summary of all coverage volumes and related premium amounts.

This information should be submitted with each monthly premium payment on the Group Summary Bill form. You should also keep a copy for your records. AUL will complete your first summary bill and send it to you.

For your convenience, the reverse side of the Summary Bill form provides space for you to list all employee additions, terminations, and changes to assist you in calculating your monthly premium changes from one month to another.

For the second and subsequent monthly premium statements, you should:

1. Obtain your copy of the preceding month's premium statement.
2. Gather all enrollment forms for new or reinstated employees, change reports, information for terminated employees and/or employees who have changed classification or salary during the preceding month.
3. Complete columns 2 through 8 on the Summary Bill form as follows:
 - Column 2 - # of Lives Last Report - Copy the number of insureds from Column 5 from the previous month's report.
 - Column 3 - Additions - Indicate the total number of new employees to be added since the last report.
 - Column 4 - Terminations - Indicate the total number of terminated employees since the last report.
 - Column 5 - # of Lives This Report - Indicate the current number of employees. This should equal the amounts in Column 2 plus Column 3 minus Column 4.
 - Column 6 - Volume - Indicate the current volume of insurance in force for all active participants. Also see the paragraph below titled CALCULATING DISABILITY VOLUMES.
 - Column 7 - Rates - Insert the rates for each coverage type, if not pre-inserted.
 - Column 8 - Premium - Multiply the volume in Column 6 times the rate in Column 7 to show the total premium for each type of coverage. Note that age-rated coverages must be calculated manually and the total placed in this column. Also note that the employee life rate is generally per \$1,000 of coverage and the dependent life rate is generally a unit rate; the STD rate is per \$10 of coverage and the LTD rate is per \$100 of covered salary.
4. Indicate any applicable credits or charges in the appropriate box, and add or subtract to get the total premium. If there is a delay in reporting additions, terminations, and changes, there may be a back charge or a refund due. Briefly explain the charges and credits.

5. Mail the completed summary bill form along with a premium check made payable to American United Life Insurance Company. These items may be mailed to:

American United Life Insurance Company
P.O. Box 6123
Indianapolis, IN 46206-6123

Calculating Disability Volumes

For the disability volume, calculate the amount of the maximum covered monthly salary for each employee. Add the amounts for all covered employees together and place this total in column 6 on the line designated for disability. As an example, in a plan that provides 60% of an employee's salary to a maximum of \$6000, an employee who makes \$1200 a month would have a volume of \$1200. An employee who makes \$12000 a month would have a volume of \$10000 because for this plan, the maximum covered monthly salary is \$10000 (\$6000 = 60% of \$10000).

Employee Premium Calculations

You may access the Employer Deduction Tool on our Web site to assist you in calculating employee payroll deduction amounts for AUL coverages. The tool calculates standard, weekly or bi-weekly deductions.

To access the tool, go to www.employeebenefits.aul.com, select the link titled Customer Service Forms & Tools, and choose Administration. Double-click on "Employer Deduction Tool" and follow the instructions.

Form Required for Summary-Billed Premium Statements: Group Summary Bill (G-5487 if traditional or G-15294 if voluntary)

AUL's Desktop Application

As your coverage is self-billed through the use of AUL's Desktop Application, you will NOT receive a monthly premium statement from AUL. As a self-billed customer, you will retain all enrollment forms and change forms, and submit a monthly summary of all coverage volumes and related premium amounts.

It is necessary to submit to AUL the summary page from the software program's reports menu for the month you are remitting premium, along with a premium check made payable to American United Life Insurance Company. These items may be mailed to:

American United Life Insurance Company
P.O. Box 6123
Indianapolis, IN 46206-6123

On occasion, you may be asked by AUL to submit a detailed monthly summary report, as AUL reserves the right to periodically review this detail for accuracy.

Please refer to the separate AUL's Desktop Application User Guide for detailed instructions on the use of the billing program.

IMPORTANT NOTES APPLICABLE TO ALL BILL TYPES:

Premium Statements And Evidence of Insurability

If any portion of an employee's coverage requires Evidence of Insurability (e.g. amounts in excess of your Guaranteed Issue or coverage for a late enrollee), do not begin any payroll deductions for any amount of coverage above the Guaranteed Issue Amount for that employee until AUL notifies you that his/her coverage has been approved. See EVIDENCE OF INSURABILITY in this Administrative Guide.

Premium Statements And Accelerated Life Benefit

Except for Voluntary Term Life, premium for the original amount of coverage will continue to be due and payable following the payment of a claim for the Accelerated Life Benefit, unless the employee has become Totally Disabled under the Waiver of Premium for Total Disability Benefit.

Premium Statements And Waiver Of Premium For Total Disability

For Your Voluntary Term Life and Voluntary Disability coverages: Premium payments for the disabled employees' coverage are not required during the period of disability, including the elimination period. Therefore, it is important that you make the necessary adjustments for the period of disability.

For your other Life coverages, if an employee is totally disabled and has met the conditions for premium to be waived for Personal Life Insurance, and Dependent Life Insurance, if applicable, do not discontinue premium payments until the employee has received approval for the Waiver of Premium for Total Disability Benefit from AUL. Refer to the section of the life policy titled Waiver of Premium for Total Disability Benefit.

For Short Term Disability: Claim payments will not be made past the date for which premiums have been submitted. Premium must continue to be paid throughout the period of disability, unless otherwise stated in the contract.

For Long Term Disability: Premium payments are waived only during the period for which benefits are payable. Premium must continue to be paid through the employee's elimination period and until approval is received by AUL to protect the employee's insurance coverage.

Premium Statements And Waiver Of Premium For Retirement

If an employee retires prior to the age requirement listed in your contract, and will be eligible for the Waiver of Premium Benefit for Retirement upon attainment of stated age, pay the premium for the reduced amount of coverage the employee has after retirement. When AUL has approved the employee for the Waiver of Premium Benefit for Retirement upon the employee's attainment of age 65, you may discontinue premium payments for that employee.

MISCELLANEOUS

SUPPLY ORDERS

When you need an additional supply of any AUL form, you may either:

1. Obtain the form from AUL's Web site www.employeenefits.aul.com by selecting the link titled Customer Service Forms & Tools, or
2. Call the Group Administration Call Center at 1-800-553-5318.

CONTINUATION OF VOLUNTARY LIFE COVERAGE

If an employee's coverage ceases due to termination of employment and the employee is under the age requirement stated in your contract, he/she is entitled to continue the insurance without interruption. The quote request must be received by AUL within 31 days of the coverage termination date.

How to Submit a Quote Request to AUL

You have the following options:

1. Call: Group Administration Call Center
 800-553-5318
2. Complete the Voluntary Term Life and Voluntary Disability Election to Continue Coverage After Termination form, and
 Mail to: American United Life Insurance Company
 PO Box 6123
 Indianapolis, IN 46206-6123

 or
 Fax to: Group Customer Service
 317-285-1565

The form must be completed by you (the employer) and the applicant if the continuation of coverage is desired. Upon receipt, AUL will provide a premium quote to the applicant's home address, which must be returned promptly with payment and the completed Election form to continue the insurance.

Billings will be on an annual basis. Semi-annual billings are available with a minimum premium of \$100 per billing. AUL will charge an administration fee of \$4.00 per billing; however, this fee is subject to change.

These billings will be sent directly to the applicant's address. Payment of the required premium must be made directly to AUL. Failure to pay such premium will terminate the insurance under the group policy at the end of the period for which the premium has been paid.

The continuation of group insurance may cover the applicant and any dependent(s) whose insurance ceases. Dependent coverages and the applicant's AD&D coverage may also be continued, subject to the provisions of the policy. If any coverages are added at the time of continuation, Evidence of Insurability will be required.

The amount of coverage under this provision may be increased or decreased on or after the continuation election. If coverage is increased, Evidence of Insurability will be required on the increased amount.

Premium must be received subject to the Grace Period provision contained in the policy.

Generally, if coverages have not terminated for any other reason, all continued coverages will terminate when the employee reaches age 70. Please refer to your contract for age requirements.

The continuation coverage does not include a waiver of premium option.

Form Required for Continuation of Life Coverage at Termination:
Voluntary Term Life and Voluntary Disability Election to Continue Coverage After Termination (G-14087)

CONVERSION

Generally, if an employee loses all or a portion of his/her Life or LTD coverage, he/she may convert the amount of coverage that has terminated to a conversion policy without providing evidence of insurability. If dependent life coverage was elected, that coverage may also be converted. Refer to the sections in the contracts titled Conversion Privilege or Dependent Insurance for the conditions under which an employee and/or his/her dependents may elect conversion. **IMPORTANT NOTE:** You have an obligation to inform the employee of his/her conversion rights.

For Long Term Disability: Refer to the sections in the contracts titled Conversion Privilege for the conditions under which an employee may elect conversion. LTD Conversion is available only if you (the employer) have elected to offer that benefit under the plan. You (the employer) should complete the Preliminary Application for LTD Conversion if he/she wishes to convert his/her LTD coverage. Neither Short Term Disability nor Voluntary Disability may be converted.

For Life And Voluntary Term Life: The employee should complete the Preliminary Application for Life Conversion if he/she wishes to convert his/her life coverage or his/her dependents' life coverage. Generally, conversion will not include the Waiver of Premium benefit, Accidental Death and Dismemberment benefits, or the Continuation of Coverage Privilege.

The above application(s) must be submitted within 31 days after the date of termination or conversion notification. Upon receipt of the application, AUL will send the appropriate brochures and conversion rate sheets to the applicant.

Forms Required for Conversion:
Preliminary Application for Life Conversion (G-5492)
Preliminary Application for LTD Conversion (G-12741)

VOLUNTARY DISABILITY PORTABILITY

An employee who terminates employment may continue coverage without providing Evidence of Insurability. The Portability Privilege generally provides the same coverage that the employee had immediately prior to the date of his termination. However, please refer to the section in the contract titled Portability Privilege to determine eligibility requirements and benefit duration.

The quote request must be received by AUL within 31 days of the coverage termination date.

How to Submit a Quote Request to AUL

You have the following options:

1. Call: Group Administration Call Center
 800-553-5318
2. Complete the Voluntary Term Life and Voluntary Disability Election to Continue Coverage After Termination form, and
 Mail to: American United Life Insurance Company
 PO Box 6123
 Indianapolis, IN 46206-6123

 or
 Fax to: Group Customer Service
 317-285-1565

The form must be completed by you (the employer) and the applicant if the continuation of coverage is desired. Upon receipt, AUL will provide a premium quote to the applicant's home address, which must be returned promptly with payment and the completed Election form to continue the insurance.

Form Required for Voluntary Disability Portability:
Voluntary Term Life and Voluntary Disability Election to Continue Coverage After Termination (G-14087)

TAXATION OF LONG TERM AND VOLUNTARY DISABILITY BENEFITS

The following can be used as a reference for taxation of long term and voluntary disability income. It is intended to be general knowledge and is not to be considered tax and/or legal

advice. State laws may also regulate this benefit and AUL will comply with all state laws not preempted by Federal law. We also suggest you consult the Employer's Supplemental Tax Guide published by the IRS or your own legal counsel for further clarification of filing procedures and tax legislation.

Nontaxable

Disability benefits are considered non taxable when:

- an employee pays 100% of the premium with after-tax dollars, or
- an employer pays 100% of the premium and includes that premium as taxable wages on the employee's W2.

Taxable

Disability benefits are considered taxable when:

- an employee pays any portion of the premium with pre-tax dollars; or,
- an employer pays any portion of the premium. This portion of the benefit becomes taxable.

AUL is required to withhold the employee's portion of the Social Security and Medicare taxes (FICA) on disability payments. AUL will also pay the employers portion of the Social Security and Medicare tax on these benefits and will remit that portion to the IRS using AUL's EIN (Employer's Identification Number).

For each disability benefit check issued, AUL will provide a copy of the Explanation of Benefits, showing the net amount of the benefit and the taxes withheld.

AUL will include the disability benefits on Form 941, Employer's Quarterly Federal Tax Return, and issue a Form W-2.

MISCELLANEOUS NOTE: As an employer, you are responsible for any Federal unemployment tax (FUTA) or State unemployment tax (SUTA) related to any disability benefits AUL issues your employees.

IMPORTANT NOTE: Any change in the employer premium contribution must be reported to AUL in writing as soon as possible to ensure correct benefit processing, tax withholding and reporting.

If you have questions regarding the taxation of disability benefits, please call AUL at 1-800-673-3216.

TAXATION OF SHORT TERM DISABILITY BENEFITS

The following can be used as a reference for taxation of short term disability income. It is intended to be general knowledge and is not to be considered tax and/or legal advice. State laws may also regulate this benefit and AUL will comply with all state laws not preempted by Federal law. We also suggest you consult the Employer's Supplemental Tax Guide published by the IRS or your own legal counsel for further clarification of filing procedures and tax legislation.

AUL is responsible for withholding the employee's portion of the Social Security and Medicare (FICA) taxes on disability payments. AUL will send a copy of each "Explanation of Benefits" to you. The Explanation of Benefits will show the net amount of the benefit, Social Security and Medicare tax withheld. AUL also sends each employer a year-end report which includes employee name, social security number, taxable and non-taxable benefits, Social Security and Medicare tax withheld. This report is sent out by each January 15. The Social Security and Medicare tax withheld is remitted to the Federal Government under AUL's EIN (Employer Identification Number).

The employer's matching portion of FICA taxes must be paid directly to the Federal Government according to the deposit guidelines within the quarter the tax was withheld. The IRS regulations require the employer to include third party sick pay with wages on their Form 941 (Employer's Quarterly Federal Tax Return). The total amount of all income including disability wages subject to Social Security and Medicare taxation should be reported on line #6a and line #7 of the Form 941. The total amount of Social Security and Medicare tax withheld from disability benefits by AUL are reported on Line #9. This is an adjustment line which indicates a portion of the Social Security and Medicare tax withheld by a third party.

Completing The W-2 Form

The employer will need the total amount of Social Security and Medicare taxes (FICA) withheld and the amount of taxable and non-taxable wages paid by AUL to complete each employee's W-2 form. We suggest the employer keep the Explanation of Benefits for each disabled employee. The disability benefit and taxes may be included on the same W-2 form with the employee's wages; however, IRS permits separate W-2 reporting for third party sick pay.

Follow either set of instructions below, based on whether employees are required to contribute toward the cost of their coverage. A sample W-2 form also follows.

FOR 100% NON-CONTRIBUTORY SHORT TERM DISABILITY COVERAGES ONLY

The W2 should be completed as follows:

- Box # 1: Enter the taxable disability benefits received.
- Box # 2: Enter the amount of Federal income tax withheld from the employee's sick pay
- Box # 3: Enter the sick pay subject to employee Social Security tax.
- Box # 4: Enter the employee Social Security tax withheld from the sick pay.

- Box # 5: Enter the sick pay subject to employee Medicare tax.
Box # 6: Enter the employee Medicare tax withheld from the sick pay.
Box # 16: Enter the taxable disability benefits received when applicable for state reporting.

FOR 100% CONTRIBUTORY AFTER TAX SHORT TERM DISABILITY COVERAGES

The W2 should be completed as follows:

- Box # 2: Enter the amount of Federal income tax withheld from the employee's sick pay.
Box #12: Enter the amount of nontaxable sick pay and code "J" next to the amount.

FOR 100% CONTRIBUTORY PRE TAX SHORT TERM DISABILITY COVERAGES

The W2 should be completed as follows:

- Box # 1: Enter the taxable disability benefits received.
Box # 2: Enter the amount of Federal income tax withheld from the employee's sick pay.
Box # 3: Enter the sick pay subject to employee Social Security tax.
Box # 4: Enter the employee Social Security tax withheld from the sick pay.
Box # 5: Enter the sick pay subject to employee Medicare tax.
Box # 6: Enter the employee Medicare tax withheld from the sick pay.
Box#16: Enter the taxable disability benefits received when applicable for state reporting.

FOR COMBINED CONTRIBUTORY AND NON CONTRIBUTORY SHORT TERM DISABILITY COVERAGES

For the non-contributory percentage, please refer to the 100% non-contributory instructions above.

For the after tax contributory percentage, please refer to the 100% contributory after tax instructions above.

For the pre tax contributory percentage, please refer to the 100% contributory pre-tax instructions above.

The employer is responsible for any Federal unemployment tax (FUTA) or State unemployment tax (SUTA) related to any disability benefits AUL issues the employees.

IMPORTANT NOTE: Any change in the employer premium contribution must be reported to AUL in writing as soon as possible to ensure correct benefit processing, tax withholding and reporting.

If you have questions regarding the taxation of disability benefits, please call us at 1-800-673-3216.

5. What happens when a claim is initially denied, and how to appeal the decision.
6. How AUL can assist the employee.

During the Social Security process, AUL will monitor the claim status with the employee by telephone or mail. We continue to inform the employee of what to expect as many applicants are denied in the first and/or second filing and may only receive approval at the hearing level.

AUL's Social Security Assistance Program may also provide services of a professional Social Security representative. This representative may assist in the filing of a claim or appeals, or personally represent the employee at the Social Security administrative hearing. This assistance is provided at no direct cost to the employee.

REHABILITATION

This is a benefit of our Long Term and Voluntary Disability product. The aim of our rehabilitation program is to return the disabled employee to his/her former job or when necessary, to another occupation, by offering benefits while partially disabled.

All claims are reviewed for potential rehabilitation. Several factors are considered in determining who is a prime candidate for rehabilitation, such as

1. Nature and extent of disability, capabilities and restrictions.
2. Age, education, training and experience.
3. Desire to return to employment.
4. Financial risk (monthly benefit and benefit duration).

Once a potential rehabilitation candidate is identified, the claimant is sent a letter that informs him/her about the partial disability program. He/she is asked to complete an educational/work background form and answer some questions to determine his/her feelings about returning to work and job interests.

AUL will work with the employee to determine the possibility of returning to his/her job. If restrictions will not allow a return to the former occupation, placement within the company may be discussed. After a review of all information, if a rehabilitation program for the employee is approved, AUL will work closely with a professional rehabilitation consultant to determine the appropriate program.

Any rehabilitation program initiated by AUL is strictly voluntary and without charge. There is no penalty for declining participation.