

Application to Continue/Port Group Insurance

Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 7106
Indianapolis, IN 46207-7106
1-800-553-3522
Fax: (317) 285-7666
www.employeebenefits.aul.com



Portability of Group Disability Insurance

If coverage under American United Life Insurance Company® (AUL) Group Insurance contract terminates, eligible insureds may continue paying premium and keep existing insurance in force. Eligible insureds have 31 days from the date coverage terminates under the contract to apply in writing to AUL. *Eligible insureds will not be eligible to apply at a later date to continue this coverage.*

AUL will review the information provided and then determine the insured's eligibility for continuing coverage. Once AUL has established eligibility for continuing coverage, additional application instructions and premium rate information will be provided.

- In order to apply for the Portability Privilege in AUL's Group Disability insurance contract, eligible insureds must have been insured under the group contract for at least 12 consecutive months.
- If the insured is approved for continued coverage under the Portability Privilege, coverage under that disability income insurance contract is for only **12 months**.
- Premium payment will be one payment (annual) of 12 months of premium.
- If the insured is approved for continued coverage under the Portability Privilege, the maximum benefit duration for any payable claim under that contract is the lesser of:
 - 1) the maximum benefit duration in effect immediately prior to the date of termination under the prior group disability insurance contract; or
 - 2) two years.
- The Portability Privilege benefits are not available to an individual who:
 - ◆ no longer belongs to a class eligible for coverage under the contract;
 - ◆ has retired;
 - ◆ fails to pay any required premium;
 - ◆ is or becomes insured for any other group disability income insurance within 31 days after termination under AUL's contract;
 - ◆ is disabled under the terms of the contract;
 - ◆ is on a leave of absence; or
 - ◆ was insured under a contract that terminated.

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Section I – TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ Policyholder Number: _____

Policyholder/Employer Name: _____

Policyholder/Employer Address: _____

Date of Birth: _____ Social Security Number: _____ Gender: ☐ Male ☐ Female

Employee Address: _____

City: _____ State: _____ Zip: _____

Employee Phone Number: _____

Employee Email Address: _____

What is your occupation? _____

Gross annual salary: _____

Were you disabled at the time coverage terminated? ☐ Yes ☐ No

Portability Privilege of Voluntary Disability Insurance

If coverage under the Group Voluntary Disability insurance contract terminates, eligible insureds can apply to continue the coverage and pay premium directly to AUL. By signing below, you are applying to continue Voluntary Short Term Disability coverage in force at the time coverage terminated under the group policy.

- I hereby apply to AUL to continue the insurance coverage for which I am eligible and which is available under the group disability insurance contract issued to the above policyholder number ("contract"). I represent that any information or documents I provide to AUL prior to and after the date of the application to continue insurance and any facts and other matters contained in this application are true and accurate to the best of my knowledge and belief. I understand and agree that any insurance, which shall be continued, is contingent upon any statements made to AUL as being complete and correct.
- I understand premium payment greater than the amount of premium owed will not result in additional coverage under the contract.
- I understand no portability of coverage under any contract will be effective until this application is received, reviewed, and approved in writing by AUL.
- I understand the ability to port coverage under the contract is contingent upon, but is not limited to, the following conditions:
 - 1) I must remit required amount of premium plus any administration fee directly to AUL, within 31 days of the date of quote proposal; and
 - 2) Failure to pay the correct amount of premium timely will terminate the insurance under the contract at the end of the period for which the premium has been paid.
- I understand and agree any coverage or benefit under any contract will be approved only if AUL decides in its discretion that I am entitled to it. I have read, understood, and retained for my records the notices, limitations, and exclusions.

Signature of Employee: _____ Date: _____

Please sign and keep a copy for your records.

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Section II – TO BE COMPLETED BY EMPLOYER

Policyholder/Employer Name: _____

Policyholder Number: _____

Employee Name: _____

Employee Hire Date: _____ Number of Hours Worked Per Week: _____

Date Employee was last Physically/Actively at Work: _____

Indicate reason for coverage termination

- ☐ 1. Leave of Absence Type of LOA _____
- ☐ 2. Termination of Employment _____
- ☐ 3. Reduction of Hours _____
- ☐ 4. Retirement: Date of Retirement _____
- ☐ 5. Enter Active Military Service: Date Entered _____
- ☐ 6. Layoff ☐ Permanent ☐ Temporary
- ☐ 7. Disability: Date of Disability _____
- ☐ 8. Other: _____

The undersigned represents that any information or documents provided to AUL prior to and after the date of the application for insurance and any facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.

The undersigned understands and agrees:

- 1) any insurance coverage or benefit is contingent upon any statement made to AUL as being complete and correct; and
- 2) benefits under any policy will be paid only if AUL decides in its discretion the applicant is entitled to them.

The undersigned has read, understood, and retained for the company's records the notices, limitations, and exclusions.

Signed By: _____ Date: _____

Title: _____ Phone Number: _____

Email Address: _____

Fraud Warnings *(For use in AR, DC, LA, NM, TX and WV)*

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.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment or fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Delaware, Idaho, Indiana, Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any statement of claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of a claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland, Rhode Island

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire, Ohio

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud.

New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or any other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.