

# Group Enrollment Form

American United Life Insurance Company®  
 a ONEAMERICA® company  
 One American Square, P.O. Box 6123  
 Indianapolis, IN 46206-6123  
 (800) 553-5318  
 www.employeebenefits.aul.com



Applicant's Full Legal Name:		Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired	
Applicant's Social Security Number:	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant's State of Residence:	Applicant's Residential Zip Code:	Employer: T Ross Construction	
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**

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

\*If spouse is included in dependent coverage: Name \_\_\_\_\_ Date of birth \_\_\_\_\_

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

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

- I hereby apply for the requested group life and/or disability insurance coverage for which I and my dependents, if any, are eligible and available under AUL's policy. I understand receipt of any coverage greater than the guaranteed issue amount or application for coverage after the approved enrollment period first requires medical underwriting and written approval by AUL.
  - I authorize my employer to deduct from my wages the amount of premium required for the amount of coverage approved by AUL, including any premium increases due to age bracket or salary changes when applicable. Premium payments greater than the amount of premium owed will not result in additional coverage under AUL's policy.
  - The undersigned represents any information or documents provided to AUL by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.
- The undersigned understands and agrees 1. any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct and 2. benefits under any group life or disability insurance policy will be paid only if AUL or its third party administrator decides in its discretion the applicant is entitled to them. The undersigned have read, understand, and retained the notices, limitations, and exclusions for his/her records.**
- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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

<b>MUST BE COMPLETED BY THE EMPLOYER</b>	Group Policy #: 00616030-0000-000	Class #: _____	Employer: T Ross Construction	Occupation: _____	Employer's State: PA
	Salary: _____	Mode: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			Date Hired Full Time: _____
F/T Requirements (hours, days, weeks, etc.): _____					

**Beneficiary Designation Under Group Life Insurance Policy**

Products and financial services provided by American United Life Insurance Company® a ONEAMERICA® company  
 One American Square, P.O. Box 6123  
 Indianapolis, IN 46206-6123  
 1-800-553-5318 Fax: 1-888-285-1565  
 www.employeebenefits.aul.com



**IMPORTANT:** PLEASE READ INSTRUCTIONS AND SAMPLE DESIGNATIONS ON REVERSE SIDE BEFORE COMPLETING FORM.

CHECK IF BENEFICIARY FOR:  All Policies or  Basic Life  Supplemental  Voluntary Term Life  AD&D  
 List Other \_\_\_\_\_

Group Policy/Participating Unit Number			
Name of Group Policyholder/Participating Unit			
Name of Insured Person			
Insured Person's SSN		Insured Person's Date of Birth	

Subject to the provisions of the policy, applicable laws, and the rights of any valid assignee of record with American United Life Insurance Company® (AUL), it is requested the beneficiary of any policy proceeds payable at the death of the Insured Person be as follows:

**PRIMARY BENEFICIARY(S)**

Name	Relationship	Address	DOB	SSN	Percentage
<b>Total<sup>1</sup></b>					

**CONTINGENT BENEFICIARY(S) IF THE PRIMARY BENEFICIARY(S) PREDECEASES YOU**

Name	Relationship	Address	DOB	SSN	Percentage
<b>Total<sup>2</sup></b>					

It is understood and agreed upon receipt of this beneficiary designation by AUL at its principal office, such beneficiary designation will become effective and shall relate back to the date this beneficiary designation is signed, but without prejudice to AUL on account of any payment made prior to the receipt of and acknowledgement of the validity of the beneficiary designation by AUL. AUL shall not be obligated to honor this beneficiary designation unless and until it has been received by AUL, acknowledged by the appropriate officer of AUL, and determined by AUL to comply with applicable law at the time a claim is made. This beneficiary designation supersedes and cancels all prior beneficiary designations by the Insured Person for the policy(s) indicated. If no beneficiary designation is named on any additional AUL coverage, the undersigned understands that this beneficiary designation will be used by AUL for any additional coverage.

The undersigned hereby declares that he/she has not been declared incompetent and no court order or laws prevent naming the above designee(s). It is agreed that AUL assumes no responsibility for the validity or effect of any purported beneficiary designation or transfer of rights under the policy. **The undersigned represents and warrants any information or documents provided to AUL by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.** The undersigned understands and agrees: 1) any insurance coverage or benefits is contingent upon any statements made to AUL as being complete and correct and 2) benefits under any policy will be paid only if AUL decides the applicant is entitled to them under the policy.

<i>Signature of Insured</i>	<i>Signature of Witness</i> <i>(The Witness must have no interest in the policy/contract or be a named beneficiary)</i>
<i>Printed Name</i>	<i>Printed Name</i>
<i>Date</i>	<i>Date</i>

Lack of Notice of Community Property Interest: If AUL has not previously received written notice of a community property interest and if the space for consent below is not signed by a person having such an interest, then AUL shall be entitled to rely upon its good faith that no such interest exists. AUL assumes no responsibility of inquiry regarding such interest and, in consideration of acknowledgement of this designation, the insured person listed above, for himself/herself and his/her estate, heirs, successors and assigns, agrees to indemnify AUL and hold it harmless from the consequences of acknowledging this beneficiary designation.

Spouse's signature and consent (if applicable):<sup>3</sup> \_\_\_\_\_ Date \_\_\_\_\_

1 Total percentage must equal 100%. If percentages do not equal 100%, then benefits will be paid on a pro-rata basis, according to the percentages shown. If no percentages are shown, benefits will be distributed equally.  
 2 Total percentage must equal 100%. If percentages do not equal 100%, then benefits will be paid on a pro-rata basis, according to the percentages shown. If no percentages are shown, benefits will be distributed equally.  
 3 Spouse's signature is needed only if Insured/Beneficiary lives in a community property state which currently include AZ, CA, ID, LA, NM, NV, TX, WA and WI.

## SAMPLE BENEFICIARY DESIGNATIONS

The beneficiary wording should be absolutely clear and without question as to whom the proceeds are to be paid. Listed below are sample beneficiary designations. Please note state laws may prohibit naming certain entities and individuals as a beneficiary. If you live in a community property state, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states currently include: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

To ensure the correct individual or entity receives the benefits and the intended benefit amount, please provide the following:

- The beneficiary's social security number, tax identification number and date of birth.
- Distribution of proceeds should be shown in fractions or percentages if multiple beneficiaries are designated. Do not list dollar amounts as the amount of the insured's life benefit may change. If no distribution is shown, benefits will be divided equally among the living beneficiaries.

### ACCEPTABLE BENEFICIARY DESIGNATIONS

- 1) **One Beneficiary** – State the full name and relationship to the insured.  
Sample: John Doe, husband
- 2) **Two Beneficiaries in Equal Shares** –  
Sample: Jane Doe and Mary Doe, cousins, in equal shares, or their survivors.
- 3) **Three or More Beneficiaries in Equal Shares** –  
Sample: Jane Doe, Mary Doe, and Richard Doe, cousins, in equal shares, or their survivors.
- 4) **Two Beneficiaries in Succession** – If the primary beneficiary dies, the second person named will receive the proceeds and is known as the contingent beneficiary.  
Sample: Martha Doe, wife, or, in the event of her death, Richard Doe, cousin.
- 5) **Three or More Beneficiaries in succession** – If the primary and secondary beneficiaries die, the third person named will receive the proceeds.  
Sample: Martha Doe, wife, or, in the event of her death, Richard Doe, cousin, or in the event of his death, Jane Doe, niece.
- 6) **One Beneficiary Followed by Two Beneficiaries in Equal Shares** –  
Sample: Martha Doe, wife, or, in the event of her death, Jane Doe and Mary Doe, cousins, in equal shares, or their survivors.
- 7) **One Beneficiary Followed by Three or More Beneficiaries in Equal Shares** –  
Sample: John Doe, husband, or, in the event of his death, Jane Doe, Mary Doe, and Richard Doe, cousins, in equal shares, or their survivors.
- 8) **Two Beneficiaries Shown in Percentages** –  
Sample: John Smith, cousin 40%, Sally Smith, aunt 60%.
- 9) **Two or More Beneficiaries Shown in Percentages** –  
Sample: Mary Doe, wife 50%, Jane Doe, cousin 25%, John Doe, cousin 25%.
- 10) **Estate** – Do not identify the name of the executor of executrix since this name may change as wills are updated.  
Sample: Estate of John Doe
- 11) **Custodian for Minor Children** – Please note any minor child beneficiary designation should nominate a custodian (i.e. bank, adult, trustee) followed by the words "as custodian for (*minor child's name*) under the (*child's residential state*) uniform transfers to minors act." This designation may avoid a court appointed guardianship for the payment of the death benefit.  
Sample: John Doe as custodian for Jimmy Smith under the Indiana Uniform Transfers to Minors act.
- 12) **Trust Agreement** – State the name of the trust and the date of the trust agreement.  
Sample: John Doe Trust dated \_\_\_\_\_. Payment to trustee shall discharge the company.
- 13) **Wife or Unnamed Children** –  
Sample: Martha Doe, wife, or in the event of her death, our children, if any, or their survivors.
- 14) **Unnamed Children** –  
Sample: Children, if any, in equal shares, or their survivors.
- 15) **Beneficiary - No Relationship** –  
Sample: Mary Doe, friend
- 16) **To a Church or Organization** – It is preferable to indicate both the name and address and the wording "or its successors or assigns."  
Sample: Christ Lutheran Church or its successors or assigns
- 17) **Irrevocable Beneficiary** – This is acceptable, but not preferable, as the beneficiary must then approve any future beneficiary change.  
Sample: John Smith, husband, irrevocable beneficiary.
- 18) **Employee Unable to Sign** – This designation must contain the person's mark and be signed by two disinterested witnesses.

### UNACCEPTABLE BENEFICIARY DESIGNATIONS

- 1) **Collateral assignments**, e.g. to banks, finance companies, etc. as creditors on a loan.
- 2) **The Employer**
- 3) **Funeral Homes**