

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 NonPrudent) 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 Worksite 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.
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.

Worksite Short Term Disability Coverage Option 1

You may select a minimum weekly benefit of \$50 up to a maximum Weekly benefit of \$1,150, in increments of \$50, not to exceed 60% of your weekly pre-disability earnings.

Elimination Period

Maximum Benefit Duration

Pre-Existing Condition Period

14 days injury / 14 days sickness

26 weeks

6 months / 12 months

Option 1 Payroll Deduction Illustration: Weekly

If your annual salary is at least:	You may select a Weekly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$4,333	\$50	\$1.09	\$1.09	\$1.09	\$1.09	\$1.09	\$1.09	\$1.28	\$1.28	\$1.28	\$1.69	\$1.69	\$1.69	\$1.69
\$8,667	\$100	\$2.19	\$2.19	\$2.19	\$2.19	\$2.19	\$2.19	\$2.56	\$2.56	\$2.56	\$3.38	\$3.38	\$3.38	\$3.38
\$21,667	\$250	\$5.46	\$5.46	\$5.46	\$5.46	\$5.46	\$5.46	\$6.40	\$6.40	\$6.40	\$8.44	\$8.44	\$8.44	\$8.44
\$34,667	\$400	\$8.74	\$8.74	\$8.74	\$8.74	\$8.74	\$8.74	\$10.24	\$10.24	\$10.24	\$13.50	\$13.50	\$13.50	\$13.50
\$43,333	\$500	\$10.93	\$10.93	\$10.93	\$10.93	\$10.93	\$10.93	\$12.80	\$12.80	\$12.80	\$16.88	\$16.88	\$16.88	\$16.88
\$52,000	\$600	\$13.11	\$13.11	\$13.11	\$13.11	\$13.11	\$13.11	\$15.35	\$15.35	\$15.35	\$20.26	\$20.26	\$20.26	\$20.26
\$65,000	\$750	\$16.39	\$16.39	\$16.39	\$16.39	\$16.39	\$16.39	\$19.19	\$19.19	\$19.19	\$25.32	\$25.32	\$25.32	\$25.32
\$78,000	\$900	\$19.67	\$19.67	\$19.67	\$19.67	\$19.67	\$19.67	\$23.03	\$23.03	\$23.03	\$30.38	\$30.38	\$30.38	\$30.38
\$86,667	\$1,000	\$21.85	\$21.85	\$21.85	\$21.85	\$21.85	\$21.85	\$25.59	\$25.59	\$25.59	\$33.76	\$33.76	\$33.76	\$33.76
\$99,667	\$1,150	\$25.13	\$25.13	\$25.13	\$25.13	\$25.13	\$25.13	\$29.43	\$29.43	\$29.43	\$38.82	\$38.82	\$38.82	\$38.82

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

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What you need to know about your Worksite Long 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.
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.

Worksite Long Term Disability Coverage Option 1

You may select a minimum monthly benefit of \$500 up to a maximum monthly benefit of \$5,000, in increments of \$100, not to exceed 60% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
180 days injury / 180 days sickness	Age When Total Disability Begins Less than age 61 61 62 63 64 65 66 67 68 69 and over	Maximum Duration 5 years Lesser of Social Security Full Retirement Age or 5 years Greater of Social Security Full Retirement Age or: 3.5 years 3 years 2.5 years 2 years 21 months 18 months 15 months 12 months
		6 months / 12 months

Option 1 Payroll Deduction Illustration: Weekly

If your annual salary is at least:	You may select a Monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$500	\$.24	\$.24	\$.29	\$.39	\$.53	\$.79	\$1.26	\$2.03	\$3.10	\$4.91	\$4.91	\$4.91	\$4.91
\$20,000	\$1,000	\$.49	\$.49	\$.59	\$.77	\$1.05	\$1.58	\$2.53	\$4.07	\$6.21	\$9.81	\$9.81	\$9.81	\$9.81
\$30,000	\$1,500	\$.73	\$.73	\$.88	\$1.16	\$1.58	\$2.37	\$3.79	\$6.10	\$9.31	\$14.72	\$14.72	\$14.72	\$14.72
\$40,000	\$2,000	\$.97	\$.97	\$1.18	\$1.55	\$2.10	\$3.16	\$5.05	\$8.13	\$12.42	\$19.62	\$19.62	\$19.62	\$19.62
\$50,000	\$2,500	\$1.21	\$1.21	\$1.47	\$1.93	\$2.63	\$3.95	\$6.31	\$10.17	\$15.52	\$24.53	\$24.53	\$24.53	\$24.53
\$60,000	\$3,000	\$1.46	\$1.46	\$1.76	\$2.32	\$3.16	\$4.73	\$7.58	\$12.20	\$18.62	\$29.44	\$29.44	\$29.44	\$29.44
\$70,000	\$3,500	\$1.70	\$1.70	\$2.06	\$2.71	\$3.68	\$5.52	\$8.84	\$14.23	\$21.73	\$34.34	\$34.34	\$34.34	\$34.34
\$80,000	\$4,000	\$1.94	\$1.94	\$2.35	\$3.09	\$4.21	\$6.31	\$10.10	\$16.26	\$24.83	\$39.25	\$39.25	\$39.25	\$39.25
\$90,000	\$4,500	\$2.18	\$2.18	\$2.65	\$3.48	\$4.73	\$7.10	\$11.36	\$18.30	\$27.94	\$44.15	\$44.15	\$44.15	\$44.15
\$100,000	\$5,000	\$2.43	\$2.43	\$2.94	\$3.87	\$5.26	\$7.89	\$12.63	\$20.33	\$31.04	\$49.06	\$49.06	\$49.06	\$49.06

Note: Premiums are based on your monthly salary and your age as of 01/01.

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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.*

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 Basic Life and AD&D Benefits

Guaranteed Issue: Employee: \$10,000

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 \$10,000.

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

- Flexible Options:** Employee: \$10,000 to \$500,000, in \$1,000 increments, not to exceed 5 times your annual salary
Spouse under age 70: \$5,000 to \$250,000, 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.
- 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
Reduces To:	67%	45%

Payroll Deduction Illustration: Weekly Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$.22	\$.22	\$.22	\$.24	\$.31	\$.50	\$.68	\$ 1.10	\$ 1.86	\$ 2.88	\$ 4.51	\$ 7.14	\$ 12.64
\$40,000	\$.89	\$.89	\$.89	\$.98	\$ 1.26	\$ 1.99	\$ 2.73	\$ 4.39	\$ 7.44	\$ 11.50	\$ 18.06	\$ 28.58	\$ 50.55
\$60,000	\$ 1.33	\$ 1.33	\$ 1.33	\$ 1.47	\$ 1.88	\$ 2.99	\$ 4.10	\$ 6.59	\$ 11.16	\$ 17.25	\$ 27.08	\$ 42.87	\$ 75.82
\$80,000	\$ 1.77	\$ 1.77	\$ 1.77	\$ 1.96	\$ 2.51	\$ 3.99	\$ 5.46	\$ 8.79	\$ 14.88	\$ 23.00	\$ 36.11	\$ 57.16	\$ 101.10
\$100,000	\$ 2.22	\$ 2.22	\$ 2.22	\$ 2.45	\$ 3.14	\$ 4.99	\$ 6.83	\$ 10.99	\$ 18.60	\$ 28.75	\$ 45.14	\$ 71.45	\$ 126.37
\$120,000	\$ 2.66	\$ 2.66	\$ 2.66	\$ 2.94	\$ 3.77	\$ 5.98	\$ 8.20	\$ 13.18	\$ 22.32	\$ 34.50	\$ 54.17	\$ 85.74	\$ 151.64
\$140,000	\$ 3.10	\$ 3.10	\$ 3.10	\$ 3.42	\$ 4.39	\$ 6.98	\$ 9.56	\$ 15.38	\$ 26.04	\$ 40.26	\$ 63.19	\$ 100.02	\$ 176.92
\$160,000	\$ 3.54	\$ 3.54	\$ 3.54	\$ 3.91	\$ 5.02	\$ 7.98	\$ 10.93	\$ 17.58	\$ 29.76	\$ 46.01	\$ 72.22	\$ 114.31	\$ 202.19
\$180,000	\$ 3.99	\$ 3.99	\$ 3.99	\$ 4.40	\$ 5.65	\$ 8.97	\$ 12.30	\$ 19.77	\$ 33.48	\$ 51.76	\$ 81.25	\$ 128.60	\$ 227.46
\$200,000	\$ 4.43	\$ 4.43	\$ 4.43	\$ 4.89	\$ 6.28	\$ 9.97	\$ 13.66	\$ 21.97	\$ 37.20	\$ 57.51	\$ 90.28	\$ 142.89	\$ 252.74

Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$.11	\$.11	\$.11	\$.12	\$.16	\$.25	\$.34	\$.55	\$.93	\$ 1.44	\$ 2.26
\$20,000	\$.44	\$.44	\$.44	\$.49	\$.63	\$ 1.00	\$ 1.37	\$ 2.20	\$ 3.72	\$ 5.75	\$ 9.03
\$30,000	\$.66	\$.66	\$.66	\$.73	\$.94	\$ 1.50	\$ 2.05	\$ 3.30	\$ 5.58	\$ 8.63	\$ 13.54
\$40,000	\$.89	\$.89	\$.89	\$.98	\$ 1.26	\$ 1.99	\$ 2.73	\$ 4.39	\$ 7.44	\$ 11.50	\$ 18.06
\$50,000	\$ 1.11	\$ 1.11	\$ 1.11	\$ 1.22	\$ 1.57	\$ 2.49	\$ 3.42	\$ 5.49	\$ 9.30	\$ 14.38	\$ 22.57

Child Options

Life & AD&D	Child(ren) 6 months to age 19, or 25 if full-time student	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$10,000	\$1,000	\$0.52

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

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

Group Enrollment Form

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



Applicant's Full Legal Name:		Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired	
Applicant's Social Security Number:	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant's State of Residence:	Applicant's Residential Zip Code:	Employer: M & M Cartage, Inc.	
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

Worksite Short Term Disability	Option _____ <input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Worksite Long Term Disability	Option _____ <input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Basic Term Life & AD&D	<input checked="" type="checkbox"/> Elect	
Employee Voluntary Term Life & AD&D	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Spouse Voluntary Term Life & AD&D	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Child Voluntary Term Life & AD&D	Option _____ <input type="checkbox"/> Elect	<input type="checkbox"/> Decline

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

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 any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct. 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:** _____

MUST BE COMPLETED BY THE EMPLOYER	Group Policy #: 00617706-0000-000	Class # : 	Employer: M & M Cartage, Inc.	Occupation: 	Employer's State: KY
	Salary: _____ Mode: [] Hourly [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] Annually F/T Requirements (hours, days, weeks, etc.): _____			Date Hired Full Time:	