
AUL Long Term Disability Plan

Effective Date: August 1, 2009

Group Voluntary Long Term Disability, underwritten by AUL offers to pay benefits to insureds who are totally disabled and because of injury or sickness cannot perform the material and substantial duties of their regular occupation, is not working in any occupation, and is under the regular attendance of a physician for that injury or sickness.

Long Term Disability insurance is needed by employees as an opportunity to substitute a percentage of income lost should they become sick or injured. Under AUL's contract, the monthly benefit is paid directly to the insured who can use the benefit to help with ongoing personal expenses.

FEATURES AND BENEFITS

- Affordability
- Partial Disability benefits
- Normal pregnancy and certain complication of pregnancy included within the definition of sickness
- Benefits for disability due to mental illness can be payable up to 12 months
- Benefits for disability due to drug and alcohol abuse can be payable up to 12 months
- Survivor benefit
- Waiver of premium
- Portability
- Payment through convenient payroll deduction

Following completion of any waiting period, employees are eligible to apply for coverage if they are Actively-at-work and working a minimum of 30 hours per week. If the employee does not apply for coverage within 31 days of becoming eligible, evidence of insurability and medical underwriting is required.

ELIMINATION PERIOD

Elimination period is a period of consecutive days of total disability for which no benefit is payable. The elimination period is 90 days and begins on the first day of total disability.

MAXIMUM BENEFIT PERIOD

Maximum benefit duration is Social Security Normal Retirement Age.

MAXIMUM MONTHLY BENEFIT

50% of covered monthly earnings not to exceed a maximum monthly benefit of \$4,000.00, and then reduced by other income benefits. All eligible full time employees are able to apply for the coverage and the premium rate is based upon age.

PRE-EXISTING CONDITION EXCLUSION

Benefits are not payable if the insured's disability begins in the first 12 months following the effective date of coverage and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed for which the insured received medical treatment, consultation, care, or services including diagnostic measures or was prescribed drugs or medicines in the 3 months just prior to the insurance effective date.

PARTIAL DISABILITY BENEFIT

Partial disability is when because of injury or sickness the insured cannot perform the material and substantial duties of his regular occupation on a full time basis, but is performing at least one of the material and substantial duties of his regular occupation or another occupation on a part or full time basis, current monthly income is less than 80% of his indexed pre-disability earnings due to the same injury or sickness causing the disability, and is under the regular attendance of a physician for that injury and sickness. When proof is received showing an insured is partially disabled, partial disability benefits can be payable following completion of the longer of the elimination period or 30 consecutive days of total disability.

SURVIVOR BENEFIT

Eligible survivor's may be entitled to a lump sum benefit when proof acceptable to AUL is received that the insured died after disability, had continued for 180 or more consecutive days and while the insured was receiving a monthly benefit. The lump sum benefit can be an amount equal to three times the insured's last gross monthly benefit.

WAIVER OF PREMIUM

Premiums for an insured can be waived during any period that disability benefits are paid.

ACCUMULATION OF ELIMINATION PERIOD

If disability ceases during the elimination period for not more than 30 days, then the disability will be treated as continuous.

RECURRENT DISABILITY PROVISION

If the insured resumes his regular occupation on a full-time basis and performs each material and substantial duty of that occupation for less than 6 months, a recurrent disability will be part of the same period of disability. The recurrent disability must be the direct result of the injury or sickness that caused the prior disability. The insured will not have to complete a new elimination period. Benefit payments will be subject to the terms of the contract for the prior disability.

PREGNANCY

Sickness is an illness, bodily disorder or disease, mental illness, normal pregnancy, and complications of pregnancy which is a concurrent disease or abnormal conditions significantly affecting the usual medical management of pregnancy; or any condition requiring non-elective caesarean section delivery.

MENTAL ILLNESS CONDITIONS

Monthly benefits for disability due to mental illness are not payable beyond the maximum benefit duration. If the maximum benefit duration is longer than 12 months, benefits for disability due to mental illness will not exceed 12 months of monthly benefit payments unless the insured is in a hospital or institution at the end of the 12 month period, and confinement begins during the Elimination Period; or during the 12 months following the Elimination Period; and confinement is for at least 14 consecutive days.

ALCOHOL AND DRUG ABUSE

Monthly benefits for disability due to drug and alcohol abuse are not payable beyond the maximum benefit duration. In addition, if the maximum benefit duration is longer than 12 months, benefits for disability due to drug and alcohol abuse will not exceed 12 months of monthly benefit payments.

PORTABILITY

If an insured's insurance under the contract terminates for certain reasons the insured is entitled to apply to continue his coverage for 12 months without submission of evidence of insurability. To be eligible for this benefit, the person must have been insured under the contract for at least 12 months just before insurance terminated.

GENERAL EXCLUSIONS

Coverage is not provided for any disability due to events including but not limited to:

- Participation in war or any act of war, declared or undeclared
- Active participation in a riot
- Attempted suicide, regardless of mental capacity
- Attempted or actual self inflicted bodily injury or self destruction, including voluntary inhaling or taking of a prescription drug, any regulated substance, non prescription medicine, poison, toxic fumes
- Commission of or attempt to commit a criminal act
- Cosmetic surgery
- Intoxication
- While incarcerated
- Participation in autoerotic asphyxiation
- Elective surgery
- Traveling or flying on a military aircraft
- Illegal or fraudulent occupation, work, or employment
- Pre-existing conditions

This plan is insured by American United Life Insurance Company headquartered in Indianapolis, IN. If you have any questions regarding the application process, please call an AUL representative at: **1.800.553.5318**.

Notes:

This invitation to inquire allows interested employees an opportunity to inquire further about group insurance coverage and is limited in its description of the losses for which benefits may be payable. The contract has exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or

discontinued. The contract may contain a waiting or elimination period between the effective date of the contract and the effective date of coverage, and between the date a loss occurs and the date benefits begin to be payable for the loss.

If a choice of the amount of benefits is offered, the amount of benefits provided depends upon the coverage selected and premium can vary with the amount of benefits selected. If a range of benefit levels is present, the insured is only entitled to the benefit level shown in the contract.

Any payable benefit based on a percentage of an employee's covered earnings is subject to AUL's approval, contract maximums, contract reductions, and according to contract terms and conditions.

Rate Calculation for the Long Term Disability

Age Category	LTD Monthly Premium Rate per \$100 of Covered Monthly Earnings Option1
29 and under	\$0.23
30-34	\$0.26
35-39	\$0.31
40-44	\$0.42
45-49	\$0.61
50-54	\$0.89
55-59	\$1.21
60-64	\$1.31
65-69	\$1.44
70-74	\$1.36
75+	\$11.12

An eligible employee's age will be determined as of the anniversary date. Premium rates for each employee will increase for events such as when the employee enters a new age category.

If you have questions about this plan or need to file a claim, please contact your Human Resources Department at 540.727.3422 or AUL at 1.800.553.5318. Website address is www.oneamerica.com

