



# Conversion employee guide

## Understanding conversion and successfully completing your application

**ONEAMERICA**® appreciates the opportunity to provide you with valuable insurance protection. Now that insurance through your employer has terminated or reduced, you must consider your alternatives. You may have options that will allow you to convert your group insurance to an individual policy and help maintain your family's financial health now and in the future.

### What is Conversion?

Conversion is a privilege in your employer's group policy that allows you, and in some cases your eligible dependents, an opportunity to convert your group insurance into an individual policy. Premiums for converted coverage may not be the same as those under your group policy; however, rates are guaranteed once the policy is issued and will not increase for the life of the policy.

### Coverage Considerations

If after reviewing your certificate of coverage, you have determined you are eligible for conversion of coverage, there are additional requirements that must be taken into consideration:

- The amount of insurance you purchase under the conversion privilege may not exceed the amount in place when coverage under the group policy terminated.
- The application period begins the date coverage terminates under the group contract.
- Please call us at (800) 553-5318 for additional information and premium rates for conversion of disability coverage.

For questions about the details of your group policy coverage, please contact your employer or call us directly at (800) 553-5318.

### Application Deadline

To be considered for conversion coverage, ***AUL must receive your completed and signed application and required premium within 31 days of termination of coverage*** under your employer's group policy. Incomplete application submissions or submissions that are received more than 31 days after the date of benefits termination will result in denial of the conversion privilege. ***Mail completed application and required premium to:***

American United Life Insurance Company  
PO Box 6123  
Indianapolis, IN 46206

Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica Company. Not available in all states or may vary by state.

**ONEAMERICA**® is the marketing name for the companies of OneAmerica. | [OneAmerica.com](http://OneAmerica.com)



# Life rates and calculating premium

## Rates

Premium rates are based on the age as of the effective date of the individual life insurance policy and are outlined on the rate charts found on the following pages. To estimate the amount of premium, locate the appropriate rate sheet for your gender and tobacco use status. Next, locate the age you will be as of the effective date of the individual life insurance policy and identify the amount of coverage you would like to convert.

## Example Calculation<sup>1</sup>

To help you better understand the premium calculation process, please refer to the sample calculation below. This calculation is based on a 50-year-old, non-tobacco using male interested in converting \$25,000 in coverage.

	Semi-Annual Payment	Monthly APP Payment
Amount to be converted	\$25,000	\$25,000
Annual rate per \$1,000	\$38.34	\$38.34
Multiplied by number of \$1,000 units converted	25	25
<b>=Total Annual Premium</b>	<b>\$958.50</b>	<b>\$958.50</b>
Multiplied by factor for frequency of premium payment <sup>2</sup>	.515	.087
Plus administrative fee <sup>3</sup>	\$1.00	\$0.00
<b>=Premium</b>	<b>\$494.63 every 6 months</b>	<b>\$83.39 per month<sup>4</sup></b>

<sup>1</sup> All examples are hypothetical and provided for illustration purposes only. These examples are not intended to represent the typical cost of life insurance.

<sup>2</sup> For your premium computation, use .515 if paying semi-annually or .087 if paying monthly APP.

<sup>3</sup> An administration fee applies to the semi-annual payment method.

<sup>4</sup> Note three months initial premium is required to be paid with the conversion application if APP is selected.

**Note:** This invitation to inquire allows interested employees the opportunity to inquire further about conversion to an individual life insurance policy and is limited in its description. This policy has exclusions, limitations and terms under which it may be continued in force or discontinued. The amount of death benefit provided depends upon the coverage selected and premiums can vary depending on the amount selected. Actual premiums will be calculated by AUL. Any coverage under the individual life insurance policy is based on the amount existing and available under the group life insurance contract and must be a minimum of \$2000, subject to AUL's approval, contract maximums and according to contract terms and conditions.

## Questions? We're Here to Help!

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# Guide to completing application

## Section 1: Policyholder Information

This section is used to identify your employer and group policyholder information. If you are unsure where to locate this information, please contact your employer directly.

## Section 2: Employee Information

Complete this section with your personal identification and contact information.

## Section 3: Application Information

Provide all required information for the individual applying for coverage. A separate application is required for you and any dependents who are applying.

## Section 4: Reason for Request

Indicate the reason for loss of coverage and provide the date this change in eligibility occurred.

## Section 5: Nonforfeiture Information

Only check the box in this section if you are declining the Automatic Premium Loan (APL) feature.

## Section 6: Dividends

Individual policies may earn annual policy dividends, or a sum of money paid by AUL to our policyholders. Select only one option in this section to make AUL aware of your distribution of earned annual policy dividends preference. **Cash** – Dividends will be distributed directly to the insured. **Accumulated at Interest** – Dividends will be left to accumulate with interest. **Reduce Premiums** – If premiums are paid annually, dividends will be applied toward any annual premium due on the policy. **Paid-Up Additions** – Dividends will be applied to purchase participating paid-up life insurance for a level amount.

## Section 7: Coverage Type, Amount of Insurance and Payment Options

Legacy Whole Life Insurance policy is the only option available for life insurance. You may elect a lower amount of coverage than you had under the group policy.

**Note:** Total Life Premium Included with Application - Use the instructions on page 2 of this guide to calculate the initial premium due. If selecting the Monthly/APP billing option, the initial payment amount must be for the first three months of the policy.

## Section 8: Automatic Payment Plan Information

Complete this section only if selecting the Automatic Payment Plan (APP) as your payment method in section 7. When selecting APP, you are authorizing ongoing premium payments to be deducted directly from the account indicated on your application.

## Section 9: Beneficiary Information

You must assign at least one primary beneficiary. Assigning a secondary beneficiary is optional. You cannot name yourself as beneficiary.

## Employee Signature and Date



The completed application must be signed and dated before submission.

**Application Deadline Reminder**

To be considered for conversion coverage, ***AUL must receive your completed and signed application and required premium within 31 days of termination of coverage*** under your employer's group policy.

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## AUL Group Life Insurance Contract Conversion Annual Premium Rates per \$1,000 of Coverage

Issue Age	Gender/Smoker Status			
	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco
0	9.94	*	8.38	*
1	10.30	*	8.67	*
2	10.68	*	8.99	*
3	11.09	*	9.33	*
4	11.52	*	9.69	*
5	11.97	*	10.07	*
6	12.42	*	10.46	*
7	12.91	*	10.86	*
8	13.40	*	11.29	*
9	13.93	*	11.72	*
10	14.47	*	12.18	*
11	14.98	*	12.65	*
12	15.25	*	13.15	*
13	15.52	*	13.67	*
14	15.77	*	14.21	*
15	16.04	*	14.75	*
16	16.29	*	15.30	*
17	16.60	*	15.79	*
18	17.05	21.20	16.27	20.00
19	17.26	21.53	16.52	20.36
20	17.48	21.85	16.77	20.73
21	17.71	22.23	17.03	21.16
22	17.97	22.61	17.32	21.58
23	18.21	23.00	17.60	22.02
24	18.48	23.42	17.88	22.47
25	18.74	23.83	18.16	22.92
26	19.14	24.41	18.52	23.49
27	19.55	25.02	18.90	24.11
28	19.98	25.65	19.29	24.73
29	20.43	26.30	19.68	25.38
30	20.90	26.98	20.09	26.04
31	21.39	27.73	20.52	26.78
32	21.90	28.49	20.96	27.51
33	22.43	29.26	21.42	28.27
34	22.96	30.10	21.87	29.08
35	23.51	30.93	22.33	29.89
36	24.19	31.93	22.91	30.81
37	24.90	32.96	23.52	31.75
38	25.66	34.06	24.17	32.76
39	26.42	35.19	24.80	33.78
40	27.21	36.35	25.47	34.84
41	28.12	37.69	26.25	36.06
42	28.96	38.96	26.96	37.24

\* Not Offered

Issue Age	Gender/Smoker Status			
	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco
43	29.87	40.34	27.74	38.48
44	30.86	41.69	28.54	39.70
45	31.90	43.11	29.39	40.97
46	33.06	44.94	30.38	42.56
47	34.28	46.92	31.47	44.28
48	35.57	48.97	32.58	46.04
49	36.91	51.19	33.74	47.93
50	38.34	53.51	34.97	49.91
51	40.71	57.04	37.12	53.01
52	42.35	59.81	38.50	55.33
53	44.04	62.70	39.93	57.72
54	45.85	65.80	41.45	60.24
55	47.76	69.14	43.05	62.96
56	49.96	72.30	44.92	66.22
57	52.29	75.68	46.91	69.73
58	54.78	79.22	49.03	73.41
59	57.47	82.99	51.27	77.39
60	60.34	86.93	53.67	81.55
61	65.88	94.11	58.59	89.00
62	69.29	98.73	61.42	93.97
63	72.99	103.52	64.47	99.21
64	76.98	108.58	67.76	104.79
65	81.21	113.94	71.24	110.81
66	85.29	119.93	74.43	116.26
67	89.45	126.01	77.66	121.77
68	93.95	132.49	81.11	127.63
69	98.82	139.38	84.84	133.90
70	104.10	146.75	88.88	140.62
71	108.99	152.69	92.73	146.35
72	115.06	160.72	97.35	153.91
73	121.65	169.20	102.36	162.10
74	128.77	178.13	107.79	171.00
75	136.52	187.56	113.69	180.68
76	143.73	197.85	119.98	191.04
77	151.54	208.92	126.82	202.34
78	160.01	220.95	134.27	214.78
79	169.23	234.18	142.39	224.27
80	179.28	247.43	151.20	234.53
81	195.46	267.47	164.20	253.98
82	215.03	287.76	180.44	274.03
83	243.46	311.74	200.20	296.09
84	277.56	338.16	222.67	320.88
85	314.61	368.98	249.11	347.31



# Portability employee guide

## Understanding portability and successfully completing your application

ONEAMERICA® appreciates the opportunity to provide you with valuable insurance protection. Now that your employment status has changed and your insurance through your employer has ended, you must consider your alternatives. You may have options that will allow you to continue your current insurance and help maintain your family's financial health now and in the future.

### What is Portability?

Portability allows you to continue your group insurance offered by your employer even after a change in employment status. Premiums for a portable insurance policy may increase and are subject to change at any time. Although portable policies do not accrue cash value and rates are not guaranteed, portability helps offer you peace of mind and the coverage you need to keep your family financially protected.

### Coverage Considerations

If after reviewing your certificate of coverage, you have determined you are eligible for portability of coverage, there are additional requirements that must be taken into consideration:

- Portability for term life coverage is not available to individuals age 70 or older.
- You may port a lower amount of coverage than you had under the group policy.
- You must purchase portability coverage for yourself in order to cover any eligible dependents.
- To purchase Accidental Death & Dismemberment (AD&D) coverage, you must purchase the associated term life insurance.
- Portable Disability coverage is not available to individuals whom are disabled, on leave of absence, or are retired and will automatically terminate after 12 months.
- Portable term life insurance policies are subject to reductions in coverage amounts and automatically terminate at age 70.

For questions about the details of your coverage under the group policy, please contact your employer or call us directly at (800) 553-5318.

### Application Deadline

To be considered for portability coverage, **AUL must receive your completed and signed application and required premium within 31 days of termination of coverage** under your employer's group policy. Incomplete application submissions or submissions that are received more than 31 days after the date of benefits termination will result in denial of the portability provision. **Mail completed application and required premium to:**

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# Rates and premium calculation

## Rates

Premium rates are based on the current age of the individual to be covered under the portable policy per \$1,000 of coverage. As you and/or your eligible spouse advance to the next age classification, premiums will increase accordingly. Rates are not guaranteed and are subject to change at any time with written notice to the insured.

Age Classification	Employee Term Life Rates Per \$1,000	Employee AD&D Rates Per \$1,000	Spouse Term Life Rates Per \$1,000	Spouse AD&D Rates Per \$1,000
<25	\$0.16	\$0.03	\$0.45	\$0.05
25-29	\$0.19	\$0.03	\$0.45	\$0.05
30-34	\$0.22	\$0.03	\$0.48	\$0.05
35-39	\$0.25	\$0.03	\$0.61	\$0.05
40-44	\$0.37	\$0.03	\$0.89	\$0.05
45-49	\$0.56	\$0.03	\$1.34	\$0.05
50-54	\$0.88	\$0.03	\$2.06	\$0.05
55-59	\$1.38	\$0.03	\$3.19	\$0.06
60-64	\$2.04	\$0.05	\$4.85	\$0.09
65-69	\$3.48	\$0.08	\$8.21	\$0.17

Monthly premium rates for dependent child coverage are per \$1,000 of coverage regardless of the number of dependent children to be covered.

Child Term Life Rates Per \$1,000	Child AD&D Rates Per \$1,000
\$0.45	\$0.05

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### Premium Calculation

To calculate your monthly premium, identify the amount of coverage you wish to continue, ensuring this amount falls within your eligibility range. Divide this coverage amount by 1,000 to determine the number of \$1,000 units you will be purchasing. Next, locate the appropriate premium rate according to your current age classification and multiply this rate by the number of units.

### Example Calculation

To help you better understand the premium calculation process, please refer to the sample calculation below. This calculation is based on a 50-year-old individual interested in purchasing a portable employee term life insurance policy in the amount of \$25,000.

Monthly rate per \$1,000 (\$0.88) x Number of \$1,000 units (25) = Total Monthly Premium (\$22.00)

**Note:** The provided premium calculation example is provided for illustration purposes only. This example is not intended to represent the typical cost of life insurance. This policy has exclusions, limitations and terms under which it may be continued in force or discontinued at any time. The amount of death benefit provided is dependent upon the coverage selected and premiums will vary based on the amount of coverage selected. Actual premiums will be calculated by AUL.

Questions? We're here to help!

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# Guide to completing application

## Section 1: Policyholder Information

This section is used to identify your employer and group policyholder information. If you are unsure where to locate this information, please contact your employer directly.

## Section 2: Employee Information

Complete this section with your personal identification and contact information.

## Section 3: Reason for Request

Indicate the reason for loss of coverage and provide the date that the change in eligibility occurred.

## Section 4: Dependent Information

Only complete this section if you are applying for eligible dependent coverage in addition to your employee coverage.

## Section 5: Amount of Insurance, Premium Calculation and Payment Options

Please refer to the detailed instructions on the application form for assistance in completing this section. You may elect a lower amount of coverage than you had under the group policy.

## Section 6: Bank Draft Information

If you are selecting automatic premium deductions as your payment method, this section must be completed. When selecting the bank draft payment method, you are authorizing ongoing premium payments to be deducted directly from the account indicated on your application.

## Section 7: Beneficiary Information

You must assign at least one primary beneficiary. Assigning a secondary beneficiary is optional. You cannot name yourself as beneficiary.

## Employee Signature and Date

The completed application must be signed and dated before submission.

### Application Deadline Reminder

To be considered for portability coverage, ***AUL must receive your completed and signed application and required premium within 31 days of termination of coverage*** under your employer's group policy.



# Conversion employee guide

## Understanding conversion and successfully completing your application

**ONEAMERICA**® appreciates the opportunity to provide you with valuable insurance protection. Now that insurance through your employer has terminated or reduced, you must consider your alternatives. You may have options that will allow you to convert your group insurance to an individual policy and help maintain your family's financial health now and in the future.

### What is Conversion?

Conversion is a privilege in your employer's group policy that allows you, and in some cases your eligible dependents, an opportunity to convert your group insurance into an individual policy. Premiums for converted coverage may not be the same as those under your group policy; however, rates are guaranteed once the policy is issued and will not increase for the life of the policy.

### Coverage Considerations

If after reviewing your certificate of coverage, you have determined you are eligible for conversion of coverage, there are additional requirements that must be taken into consideration:

- The amount of insurance you purchase under the conversion privilege may not exceed the amount in place when coverage under the group policy terminated.
- The application period begins the date coverage terminates under the group contract.
- Please call us at (800) 553-5318 for additional information and premium rates for conversion of disability coverage.

For questions about the details of your group policy coverage, please contact your employer or call us directly at (800) 553-5318.

### Application Deadline

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# Life rates and calculating premium

## Rates

Premium rates are based on the age as of the effective date of the individual life insurance policy and are outlined on the rate charts found on the following pages. To estimate the amount of premium, locate the appropriate rate sheet for your gender and tobacco use status. Next, locate the age you will be as of the effective date of the individual life insurance policy and identify the amount of coverage you would like to convert.

## Example Calculation<sup>1</sup>

To help you better understand the premium calculation process, please refer to the sample calculation below. This calculation is based on a 50-year-old, non-tobacco using male interested in converting \$25,000 in coverage.

	Semi-Annual Payment	Monthly APP Payment
Amount to be converted	\$25,000	\$25,000
Annual rate per \$1,000	\$38.34	\$38.34
Multiplied by number of \$1,000 units converted	25	25
<b>=Total Annual Premium</b>	<b>\$958.50</b>	<b>\$958.50</b>
Multiplied by factor for frequency of premium payment <sup>2</sup>	.515	.087
Plus administrative fee <sup>3</sup>	\$1.00	\$0.00
<b>=Premium</b>	<b>\$494.63 every 6 months</b>	<b>\$83.39 per month<sup>4</sup></b>

<sup>1</sup> All examples are hypothetical and provided for illustration purposes only. These examples are not intended to represent the typical cost of life insurance.

<sup>2</sup> For your premium computation, use .515 if paying semi-annually or .087 if paying monthly APP.

<sup>3</sup> An administration fee applies to the semi-annual payment method.

<sup>4</sup> Note three months initial premium is required to be paid with the conversion application if APP is selected.

**Note:** This invitation to inquire allows interested employees the opportunity to inquire further about conversion to an individual life insurance policy and is limited in its description. This policy has exclusions, limitations and terms under which it may be continued in force or discontinued. The amount of death benefit provided depends upon the coverage selected and premiums can vary depending on the amount selected. Actual premiums will be calculated by AUL. Any coverage under the individual life insurance policy is based on the amount existing and available under the group life insurance contract and must be a minimum of \$2000, subject to AUL's approval, contract maximums and according to contract terms and conditions.

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Indicate the reason for loss of coverage and provide the date this change in eligibility occurred.

## Section 5: Nonforfeiture Information

Only check the box in this section if you are declining the Automatic Premium Loan (APL) feature.

## Section 6: Dividends

Individual policies may earn annual policy dividends, or a sum of money paid by AUL to our policyholders. Select only one option in this section to make AUL aware of your distribution of earned annual policy dividends preference. **Cash** – Dividends will be distributed directly to the insured. **Accumulated at Interest** – Dividends will be left to accumulate with interest. **Reduce Premiums** – If premiums are paid annually, dividends will be applied toward any annual premium due on the policy. **Paid-Up Additions** – Dividends will be applied to purchase participating paid-up life insurance for a level amount.

## Section 7: Coverage Type, Amount of Insurance and Payment Options

Legacy Whole Life Insurance policy is the only option available for life insurance. You may elect a lower amount of coverage than you had under the group policy.

**Note:** Total Life Premium Included with Application - Use the instructions on page 2 of this guide to calculate the initial premium due. If selecting the Monthly/APP billing option, the initial payment amount must be for the first three months of the policy.

## Section 8: Automatic Payment Plan Information

Complete this section only if selecting the Automatic Payment Plan (APP) as your payment method in section 7. When selecting APP, you are authorizing ongoing premium payments to be deducted directly from the account indicated on your application.

## Section 9: Beneficiary Information

You must assign at least one primary beneficiary. Assigning a secondary beneficiary is optional. You cannot name yourself as beneficiary.

## Employee Signature and Date



The completed application must be signed and dated before submission.

**Application Deadline Reminder**

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## AUL Group Life Insurance Contract Conversion Annual Premium Rates per \$1,000 of Coverage

Issue Age	Gender/Smoker Status			
	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco
0	9.94	*	8.38	*
1	10.30	*	8.67	*
2	10.68	*	8.99	*
3	11.09	*	9.33	*
4	11.52	*	9.69	*
5	11.97	*	10.07	*
6	12.42	*	10.46	*
7	12.91	*	10.86	*
8	13.40	*	11.29	*
9	13.93	*	11.72	*
10	14.47	*	12.18	*
11	14.98	*	12.65	*
12	15.25	*	13.15	*
13	15.52	*	13.67	*
14	15.77	*	14.21	*
15	16.04	*	14.75	*
16	16.29	*	15.30	*
17	16.60	*	15.79	*
18	17.05	21.20	16.27	20.00
19	17.26	21.53	16.52	20.36
20	17.48	21.85	16.77	20.73
21	17.71	22.23	17.03	21.16
22	17.97	22.61	17.32	21.58
23	18.21	23.00	17.60	22.02
24	18.48	23.42	17.88	22.47
25	18.74	23.83	18.16	22.92
26	19.14	24.41	18.52	23.49
27	19.55	25.02	18.90	24.11
28	19.98	25.65	19.29	24.73
29	20.43	26.30	19.68	25.38
30	20.90	26.98	20.09	26.04
31	21.39	27.73	20.52	26.78
32	21.90	28.49	20.96	27.51
33	22.43	29.26	21.42	28.27
34	22.96	30.10	21.87	29.08
35	23.51	30.93	22.33	29.89
36	24.19	31.93	22.91	30.81
37	24.90	32.96	23.52	31.75
38	25.66	34.06	24.17	32.76
39	26.42	35.19	24.80	33.78
40	27.21	36.35	25.47	34.84
41	28.12	37.69	26.25	36.06
42	28.96	38.96	26.96	37.24

\* Not Offered

Issue Age	Gender/Smoker Status			
	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco
43	29.87	40.34	27.74	38.48
44	30.86	41.69	28.54	39.70
45	31.90	43.11	29.39	40.97
46	33.06	44.94	30.38	42.56
47	34.28	46.92	31.47	44.28
48	35.57	48.97	32.58	46.04
49	36.91	51.19	33.74	47.93
50	38.34	53.51	34.97	49.91
51	40.71	57.04	37.12	53.01
52	42.35	59.81	38.50	55.33
53	44.04	62.70	39.93	57.72
54	45.85	65.80	41.45	60.24
55	47.76	69.14	43.05	62.96
56	49.96	72.30	44.92	66.22
57	52.29	75.68	46.91	69.73
58	54.78	79.22	49.03	73.41
59	57.47	82.99	51.27	77.39
60	60.34	86.93	53.67	81.55
61	65.88	94.11	58.59	89.00
62	69.29	98.73	61.42	93.97
63	72.99	103.52	64.47	99.21
64	76.98	108.58	67.76	104.79
65	81.21	113.94	71.24	110.81
66	85.29	119.93	74.43	116.26
67	89.45	126.01	77.66	121.77
68	93.95	132.49	81.11	127.63
69	98.82	139.38	84.84	133.90
70	104.10	146.75	88.88	140.62
71	108.99	152.69	92.73	146.35
72	115.06	160.72	97.35	153.91
73	121.65	169.20	102.36	162.10
74	128.77	178.13	107.79	171.00
75	136.52	187.56	113.69	180.68
76	143.73	197.85	119.98	191.04
77	151.54	208.92	126.82	202.34
78	160.01	220.95	134.27	214.78
79	169.23	234.18	142.39	224.27
80	179.28	247.43	151.20	234.53
81	195.46	267.47	164.20	253.98
82	215.03	287.76	180.44	274.03
83	243.46	311.74	200.20	296.09
84	277.56	338.16	222.67	320.88
85	314.61	368.98	249.11	347.31



# Life Insurance Beneficiary Form

Employee name (Last, First, MI)	
Employee ID	

### EMPLOYER PAID LIFE INSURANCE (You may not decline)

Basic term life and accidental death and dismemberment is provided by your employer at no cost to you.

**Beneficiary #1**

<i>Name &amp; relationship to you</i>	<i>Social Security Number (SSN) or FEIN</i>
<i>Address, City, ST, zip</i>	<i>% of benefit allocated (must = 100%)</i>

**Beneficiary #2**

<i>Name &amp; relationship to you</i>	<i>Social Security Number (SSN) or FEIN</i>
<i>Address, City, ST, zip</i>	<i>% of benefit allocated (must = 100%)</i>

Check here if you wish to have the beneficiaries named above for ALL life and accidental death policies.

### OPTIONAL LIFE INSURANCE FOR YOU AND YOUR FAMILY

**Beneficiary #1**

<i>Name &amp; relationship to you</i>	<i>Social Security Number (SSN) or FEIN</i>
<i>Address, City, ST, zip</i>	<i>% of benefit allocated (must = 100%)</i>

**Beneficiary #2**

<i>Name &amp; relationship to you</i>	<i>Social Security Number (SSN) or FEIN</i>
<i>Address, City, ST, zip</i>	<i>% of benefit allocated (must = 100%)</i>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Arizona is a community property state. If your spouse is not the primary beneficiary, there are additional forms to complete. Please contact HR in this instance.