

Printing Industries
Association Inc of
Northern California
Group Voluntary
Term Life Insurance

PIBT | PRINTING INDUSTRIES
BENEFIT TRUST
5800 South Eastern Avenue, Suite 400 • Los Angeles, CA 90040
Phone: (323) 728-9500 • Outside Southern Cal: (800) 449-4898
Fax: (323) 722-7386 • www.piasc.org

American United Life Insurance Company®
a ONEAMERICA® financial partner
One American Square, P.O. Box 1623
Indianapolis, IN 46206-1623
(317) 285-1877



GROUP VOLUNTARY TERM LIFE COVERAGE OPTIONS

Class Description: All Eligible Full Time Employees

Employee Life Coverage Amounts offered: The voluntary term Life coverage is a flat dollar amount of life coverage available in the following amounts: \$25,000, \$50,000, \$100,000, or \$250,000. An amount over \$250,000 will be a flat dollar amount purchased in \$1,000 increments. The maximum amount of Life coverage is the lesser of \$1,000,000, or ten times the Employee's Annual Base Salary rounded to the next \$10,000 increment.

All amounts of coverage require medical underwriting prior to approval.

Accelerated Life Benefit: Eligible Employees or Spouses may apply for payment up to 50% of the amount of life coverage when AUL determines the applicant has been diagnosed with a terminal condition.

Dependent Life Coverage Amounts offered:

Spouse

The Spouse Life coverage is a flat dollar amount of life coverage available in the following amounts: \$25,000, \$50,000, \$100,000 or \$200,000. All amounts of coverage require medical underwriting prior to approval.

Dependent Child, live birth to under six months

\$500

Dependent Child, six months to under 21 years or 25 years if a full-time student

\$5,000

If both parents are eligible Employees, both may insure dependent children.

Conversion: If life insurance coverage or a portion of it ceases, certain Employees may be entitled to apply for a conversion policy. For further information, the Employee can contact AUL or review his insurance certificate for details as to eligibility and how to apply for this option.

Continuation: If the Employee's employment terminates, the Employee can continue the coverage until age 70 at the group rate.

Waiver of Premium benefit: If approved for this benefit, AUL will waive premium payments for the Employee's coverage while the Employee remains Totally Disabled.

Reductions for Employee: Upon reaching age 70, the amount of Life Insurance coverage will reduce 50%. Upon reaching age 75, the amount of Life Insurance coverage will reduce 75%.

Reductions for Spouse: Upon reaching age 70, the amount of Life Insurance coverage will reduce 50%. Upon reaching age 75, the amount of Life Insurance coverage will reduce 75%.

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 policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. The policy may contain a waiting or elimination period between the effective date of the policy and the effective date of coverage, and a time period 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 benefits levels is present, the applicant is only entitled to the benefit level shown in the policy.
- Any payable benefit is based on a percentage of an Employee's covered earnings subject to AUL's approval, policy maximums, policy reductions, and according to policy terms and conditions.

HOW TO APPLY ...

Identify the amount of coverage that meets you and your Spouse's life insurance needs, then correctly complete the Enrollment Form and Statement of Insurability. Submit all completed and signed forms to your employer.

Any application for coverage will be reviewed based on the information and medical records provided. You will receive the results of any underwriting review. Some applications require more detailed medical information or medical examination. If so, additional forms will be sent to you for completion.

GROUP VOLUNTARY TERM LIFE AND GROUP DEPENDENT LIFE

Estimated Monthly Premium Rates

Rate per \$1,000

Age	Non-Tobacco user	Tobacco user
18-29	.07	.11
30-34	.08	.12
35-39	.10	.19
40-44	.16	.32
45-49	.23	.50
50-54	.35	.78
55-59	.64	1.26
60-64	1.05	1.84
65-69	1.91	2.94
70+	3.93	5.40

Dependent Children: \$5,000 at \$1.25 per month, regardless of the number of children insured.

MONTHLY PREMIUM CALCULATION EXAMPLE

An eligible employee, age 42 and a non-smoker, selects \$50,000 of coverage. The spouse, age 39 and a smoker, selects \$25,000 and \$5,000 of dependent child coverage.

Employee premium (.16 x 50)	=	\$ 8.00
Spouse premium (.19 x 25)	=	4.75
<u>Child(ren) premium</u>	=	<u>1.25</u>
Total Monthly Premium	=	\$14.00