

## THE NEED FOR DISABILITY INSURANCE

# Protect your paycheck

You insure your home, car and other valuable possessions, so why not also protect what pays for all those things? Your income. Without it, think about how your mortgage/rent, groceries or credit card bills would get paid. That's where disability insurance can help.

A disability can happen to anyone at any time and it can last for a short or long period of time. Purchasing disability insurance through your workplace is a way to replace a portion of your pre-disability earnings if you get sick or hurt and are unable to work. Being prepared can help ease the financial burden for you.

### Things to think about

A severe injury or illness can leave you unable to work for years. Workers' compensation only covers injuries that happen on the job and, to qualify for coverage, you must meet certain eligibility requirements. Additionally, medical insurance will only help cover your medical costs.

You might be able to dip into savings or borrow money from loved ones, but if you don't have these options, can you really afford not to have disability insurance?

Protect yourself and your income with disability insurance.

Disability insurance can provide you with the income protection you need. Consider purchasing it today.

### Let's figure it out

Everyone's circumstances are different. This calculator can help you figure out how much you need to protect your lifestyle and the lifestyles of those you love if you become disabled.

### Estimate your essential monthly expenses

Living expenses	Amount
Monthly housing (e.g., mortgage, rent, insurance, taxes)	
Utilities (e.g., telephone, electricity, gas, oil, cable, TV, Internet)	
Food	
Transportation (e.g., car payments, gasoline, insurance)	
<b>Subtotal =</b>	
<b>Debt expenses</b>	
Education (e.g., tuition, books, supplies)	
Health care (e.g., out-of-pocket costs, insurance premiums)	
Debt payments (e.g., credit cards, other debt)	
<b>Subtotal =</b>	
<b>Other expenses</b>	
Dependent care	
Life insurance premiums	
<b>Subtotal =</b>	
<b>Minimum monthly amount to cover with disability insurance</b>	<b>\$</b>

**Note:** Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company.

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## 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](http://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.

**Please Note: Full-time employees are provided with employer paid Group Life Insurance.**

**If you are declining voluntary life insurance and/or worksite disability you still need to complete the One America Group enrollment Form (last page) and include your primary beneficiary.**

**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.

## What you need to know about your Worksite Long Term Disability Benefits

<b>Elimination Period:</b>	This is a period of consecutive days of disability before benefits may become payable under the contract.
<b>Maximum Benefit Duration:</b>	This is the length of time that you may be paid benefits if continuously disabled as outlined in the contract.
<b>Pre-Existing Condition Period:</b>	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 \$200 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
90 days injury / 90 days sickness	<b>Age When Total Disability Begins</b> Less than age 61 61 62 63 64 65 66 67 68 69 and over	<b>Maximum Duration</b> 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
		3 months / 12 months

### Option 1 Payroll Deduction Illustration: 2 Times Per Month

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+
\$4,000	\$200	\$ .09	\$ .16	\$ .19	\$ .33	\$ .42	\$ .59	\$ .94	\$ 1.16	\$ 1.72	\$ 2.03	\$ 1.20	\$ .89	\$ .89
\$6,000	\$300	\$ .14	\$ .24	\$ .29	\$ .50	\$ .63	\$ .89	\$ 1.41	\$ 1.74	\$ 2.58	\$ 3.05	\$ 1.80	\$ 1.34	\$ 1.34
\$8,000	\$400	\$ .18	\$ .32	\$ .38	\$ .66	\$ .84	\$ 1.18	\$ 1.88	\$ 2.32	\$ 3.44	\$ 4.06	\$ 2.40	\$ 1.78	\$ 1.78
\$12,000	\$600	\$ .27	\$ .48	\$ .57	\$ .99	\$ 1.26	\$ 1.77	\$ 2.82	\$ 3.48	\$ 5.16	\$ 6.09	\$ 3.60	\$ 2.67	\$ 2.67
\$16,000	\$800	\$ .36	\$ .64	\$ .76	\$ 1.32	\$ 1.68	\$ 2.36	\$ 3.76	\$ 4.64	\$ 6.88	\$ 8.12	\$ 4.80	\$ 3.56	\$ 3.56
\$20,000	\$1,000	\$ .45	\$ .80	\$ .95	\$ 1.65	\$ 2.10	\$ 2.95	\$ 4.70	\$ 5.80	\$ 8.60	\$ 10.15	\$ 6.00	\$ 4.45	\$ 4.45
\$40,000	\$2,000	\$ .90	\$ 1.60	\$ 1.90	\$ 3.30	\$ 4.20	\$ 5.90	\$ 9.40	\$ 11.60	\$ 17.20	\$ 20.30	\$ 12.00	\$ 8.90	\$ 8.90
\$60,000	\$3,000	\$ 1.35	\$ 2.40	\$ 2.85	\$ 4.95	\$ 6.30	\$ 8.85	\$ 14.10	\$ 17.40	\$ 25.80	\$ 30.45	\$ 18.00	\$ 13.35	\$ 13.35
\$80,000	\$4,000	\$ 1.80	\$ 3.20	\$ 3.80	\$ 6.60	\$ 8.40	\$ 11.80	\$ 18.80	\$ 23.20	\$ 34.40	\$ 40.60	\$ 24.00	\$ 17.80	\$ 17.80
\$100,000	\$5,000	\$ 2.25	\$ 4.00	\$ 4.75	\$ 8.25	\$ 10.50	\$ 14.75	\$ 23.50	\$ 29.00	\$ 43.00	\$ 50.75	\$ 30.00	\$ 22.25	\$ 22.25

**Note:** Premiums are based on your monthly salary and your age as of 03/01.

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

### Worksite Long Term Disability Coverage Option 2

You may select a minimum monthly benefit of \$200 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
90 days injury / 90 days sickness	<b>Age When Total Disability Begins</b>	<b>Maximum Duration</b> Greater of Social Security Full Retirement Age or:	3 months / 12 months
	Less than age 60	To age 65	
	60	5 years	
	61	4 years	
	62	3.5 years	
	63	3 years	
	64	2.5 years	
	65	2 years	
	66	21 months	
	67	18 months	
	68	15 months	
	69 and over	12 months	

### Option 2 Payroll Deduction Illustration: 2 Times Per Month

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+
\$4,000	\$200	\$.13	\$.23	\$.28	\$.51	\$.66	\$.95	\$1.50	\$1.73	\$2.06	\$1.88	\$1.05	\$.78	\$.78
\$6,000	\$300	\$.20	\$.35	\$.42	\$.77	\$.99	\$1.43	\$2.25	\$2.60	\$3.09	\$2.82	\$1.58	\$1.17	\$1.17
\$8,000	\$400	\$.26	\$.46	\$.56	\$1.02	\$1.32	\$1.90	\$3.00	\$3.46	\$4.12	\$3.76	\$2.10	\$1.56	\$1.56
\$12,000	\$600	\$.39	\$.69	\$.84	\$1.53	\$1.98	\$2.85	\$4.50	\$5.19	\$6.18	\$5.64	\$3.15	\$2.34	\$2.34
\$16,000	\$800	\$.52	\$.92	\$1.12	\$2.04	\$2.64	\$3.80	\$6.00	\$6.92	\$8.24	\$7.52	\$4.20	\$3.12	\$3.12
\$20,000	\$1,000	\$.65	\$1.15	\$1.40	\$2.55	\$3.30	\$4.75	\$7.50	\$8.65	\$10.30	\$9.40	\$5.25	\$3.90	\$3.90
\$40,000	\$2,000	\$1.30	\$2.30	\$2.80	\$5.10	\$6.60	\$9.50	\$15.00	\$17.30	\$20.60	\$18.80	\$10.50	\$7.80	\$7.80
\$60,000	\$3,000	\$1.95	\$3.45	\$4.20	\$7.65	\$9.90	\$14.25	\$22.50	\$25.95	\$30.90	\$28.20	\$15.75	\$11.70	\$11.70
\$80,000	\$4,000	\$2.60	\$4.60	\$5.60	\$10.20	\$13.20	\$19.00	\$30.00	\$34.60	\$41.20	\$37.60	\$21.00	\$15.60	\$15.60
\$100,000	\$5,000	\$3.25	\$5.75	\$7.00	\$12.75	\$16.50	\$23.75	\$37.50	\$43.25	\$51.50	\$47.00	\$26.25	\$19.50	\$19.50

**Note:** Premiums are based on your monthly salary and your age as of 03/01.

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