

Minor Beneficiary Questionnaire Packet



Products and financial services provided by
AMERICAN UNITED LIFE INSURANCE COMPANY® | *a ONEAMERICA® company*
P.O. Box 7106 | Indianapolis, Indiana 46207-7106 | 1-800-553-3522

Minor Beneficiary Questionnaire

Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 7106
Indianapolis, IN 46207-7106
1-800-553-3522, Fax 1-317-285-7666
lifeclaims.employeebenefits@oneamerica.com



Employee Name: _____ Date of Birth: _____
Name of Policyholder: _____ Policyholder Number: _____
Claim Number: _____

Instructions

This form should be completed by the Guardian of the minor Child's Estate. If a Guardian of the minor Child's Estate has not been appointed, the person with physical guardianship or custody of the child should complete the form to the best of their knowledge. The information provided on the form will be used to maintain contact with the Guardian of the minor child's Estate, the person who has physical guardianship or the person who has custody of the minor child until the documentation required to issue life insurance proceeds has been received.

Minor Beneficiary Information

Minor Beneficiary Full Legal Name: _____
Date of Birth: _____ Social Security Number: _____
The minor lives with:
Name: _____ Relationship to Minor: _____
Address: _____
Address City State Zip Code
Daytime Phone Number: _____ Email Address: _____
Does this person have legal: ☐ Custody ☐ Guardianship ☐ Other: _____
Please submit a copy of the court order appointing guardianship or custody of the minor.

Relatives of Minor Beneficiary Information

Mother's Name: _____ Date of Birth: _____
Is the Mother: ☐ Living ☐ Deceased If deceased, Date of Death: _____
Mother's Address: _____
Address City State Zip Code
Daytime Phone Number: _____ Email Address: _____
Father's Name: _____ Date of Birth: _____
Is the Father: ☐ Living ☐ Deceased If deceased, Date of Death: _____
Father's Address: _____
Address City State Zip Code
Daytime Phone Number: _____ Email Address: _____
Please list the names and addresses of the Minor Beneficiary's closest living relatives other than parents listed above.
Name: _____ Relation: _____
Daytime Phone Number: _____ Email Address: _____
Address: _____
Address City State Zip Code
Name: _____ Relation: _____
Daytime Phone Number: _____ Email Address: _____
Address: _____
Address City State Zip Code

Employee Name: _____ Policyholder/Policyholder Number: _____
Claim Number: _____

Legal Guardian Information

A Legal Guardian is a person, institution, or agency appointed by a court to manage the financial affairs and/or physical custody of a child who is not of majority age. Each state has specific laws which govern guardianship proceedings and guardian's activities. While there is legal preference for a family member to serve as a guardian, it is the court who ultimately appoints the guardian for the minor. If a court has appointed a Legal Guardian of the minor's Estate, or an individual has petitioned the court to become the Legal Guardian of the minor's estate, please provide the following information about the Legal Guardian or Petitioner:

☐ Legal Guardian ☐ Petitioner Name: _____

Mailing Address: _____
Address *City* *State* *Zip Code*

Social Security Number: _____ Date of Birth: _____

Daytime Phone Number: _____ Email Address: _____

If an attorney has been retained to petition the court for guardianship of the above named minor's estate, please provide the following:

Name of Law Firm: _____

Name of Attorney: _____

Attorney's Mailing Address: _____
Address *City* *State* *Zip Code*

Attorney's Phone Number: _____

(I _____ (Name of Legal Guardian/ Petitioner), hereby designate the attorney named above to act as my personal representative with AUL and/or its representatives with full authority to request and obtain verbal and written information pertaining to the insurance claim file information and records.

Signature

Date

The undersigned represents and warrants information or documents provided to American United Life Insurance Company® (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: 1) any insurance coverage or benefit is contingent upon any statement made to AUL as being complete and correct, and 2) benefits under any policy will be paid only if AUL decides the applicant is entitled to them. The undersigned has read, understands, and has retained the notices, limitations, and exclusions for his/her records and the Discretionary Authority & Fraud Warnings on the following pages.

Printed Name of person completing the form, relationship to minor *Signature* *Date*

If someone other than anyone named above has completed this form, please complete the following:

Mailing Address: _____
Address *City* *State* *Zip Code*

Daytime Phone Number: _____ Email Address: _____

Fraud Warnings (For use in AL, AR, DC, LA, NM, TX and WV)

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.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment or fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Delaware, Idaho, Indiana, Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any statement of claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of a claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland, Rhode Island

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire, Ohio

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud

New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or any other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

Discretionary Authority

*Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 7106
Indianapolis, IN 46207-7106
1-800-553-3522*



The following discretionary authority rights shall apply to all Life Insurance policies except the states below:

DISCRETIONARY AUTHORITY: Benefits under the policy will be paid only if American United Life Insurance Company® (AUL) decides in its discretion the claimant is entitled to them. Except for the functions the policy explicitly reserves to the Participating Unit or Trustee, AUL reserves the right to: 1) manage the policy and administer claims under it; and 2) interpret the provisions and resolve any questions arising under it.

AUL's authority includes, but is not limited to, the right to:

- 1) establish and enforce procedures for administering the policy and claims under it;
- 2) determine participants' eligibility for coverage and entitlement to benefits;
- 3) determine what information it reasonably requires to make such decisions; and
- 4) resolve all matters when a claim review is requested.

Any decision that AUL makes, in the exercise of its authority, will be conclusive and final subject to any rights under applicable laws such as the Employee Retirement Income Security Act (ERISA). This provision applies only where the interpretation of the policy is governed by ERISA.

Such discretionary authority shall not apply in the following states:

1. Arkansas
2. Alaska
3. California
4. Hawaii
5. Kentucky
6. Illinois
7. Maine
8. Montana
9. New Jersey
10. New York
11. Oregon
12. Rhode Island
13. Vermont
14. Washington
15. Non-ERISA governed policies in New Hampshire and Utah