

American United Life Insurance Company<sup>®</sup> a OneAmerica Financial<sup>®</sup> company  
One American Square, P.O. Box 368, Indianapolis, IN 46206-0368 • 1-317-285-1877



## Instructions - Please Read Carefully and Submit All Required Information

### This form is to be completed by the Employer.

All group and traditional life and disability business form should be submitted to Small Business Association of Michigan (SBAM), and the SBAM Member Care team will forward to the appropriate party at OneAmerica Financial.<sup>®</sup> Submit to:

1. Email to [membercare@sbam.org](mailto:membercare@sbam.org)
2. Mail forms to: Small Business Association of Michigan  
101 S. Washington Square, Suite 900  
Lansing, MI 48933
3. Overnight forms to: Small Business Association of Michigan  
101 S. Washington Square, Suite 900  
Lansing, MI 48933

If you have any questions when completing this form, please contact the SBAM Member Care Team at [membercare@sbam.org](mailto:membercare@sbam.org) or 1-877-949-7226.

# Employee Assistance Program Services Election Form

American United Life Insurance Company<sup>®</sup> a OneAmerica Financial<sup>®</sup> company  
One American Square, P.O. Box 6123, Indianapolis, IN 46206-6123 • 1-800-553-5318 • [oneamerica.com](http://oneamerica.com)

In addition to insurance benefits provided by American United Life Insurance Company<sup>®</sup> (AUL<sup>®</sup>), the employer has the option to elect an Employee Assistance Program (EAP). EAP services are provided by ComPsych Corporation (ComPsych), an independent contractor located at NBC Tower, 455 N. Cityfront Plaza Drive, Chicago, IL 60611-5322.

An EAP is a confidential worksite based program designed to assist both employers and employees. An EAP provides assessment, counseling and referral for employees with personal problems as well as employer consultation on issues such as workplace violence, organizational change, critical incidents and conflict resolution. In addition, the EAP provides consultation and referral services for work-life issues including elder care, child care, legal and financial matters.

Policyholder Information			
Company Name		Aliases	
Mailing Address		City	State
ZIP Code			
Total Number of Employees	Other ZIP Codes Where Company Offices are Located		
<b>Note:</b> For employers with multiple locations, please note number of employees located at each additional office location, i.e., 46206 (20 employees), etc.			
Contact Information			
Billing Contact		Phone Number	
Email		Fax Number	
Human Resources Contact		Title	
Phone Number	Email		
EAP Service Election ( <i>check only one plan</i> )			
<input type="checkbox"/> Free Standard 3-Session ( <i>must have at least 1 traditional and 1 other coverage, traditional or voluntary</i> ) <input type="checkbox"/> Buy-up Standard 3-Session ( <i>must have at least 1 coverage, traditional or voluntary</i> ) <input type="checkbox"/> Buy-up Enhanced 6-Session ( <i>must have at least 1 coverage, traditional or voluntary</i> )			
The employer agrees to:			
<ol style="list-style-type: none"> <li>Be responsible for the EAP service fees and remit those fees to AUL along with the insurance premium for a 3- or 6-session buy-up plan;</li> <li>Be responsible for the payment of EAP service fees for the 3- or 6-session buy-up plan during any insurance policy grace period for which the employer may be entitled;</li> <li>Indemnify, defend, and hold harmless AUL, its officers, agents, and employees from all claims, damages and expenses arising from the employer's failure to carry out their responsibilities associated with its election of EAP services and any failure of ComPsych in carrying out their services;</li> <li>Cover 100% of all employees employed by the employer and understand that EAP services under the 3- or 6-session buy-up plan are employer-paid.</li> <li>Upon periodic renewal, provide an updated number of eligible employees under the employer group, understanding that their future billing will reflect this new employee count.</li> </ol>			
EAP services will terminate the earlier of:			
<ol style="list-style-type: none"> <li>The end of the coverage month for which the last fee payment is made for the EAP services for the 3- or 6-session buy-up plan;</li> <li>The date the employer ceases active business operations or is placed in bankruptcy or receivership;</li> <li>The end of the coverage month provided AUL has given at least 31 days prior written notice; or</li> <li>The end of the coverage month provided the employer has given AUL at least 31 days prior written notice.</li> </ol>			

**Signature**

The employer representative declares by his/her signature that he/she accepts and understands the provisions of this EAP program and that all information provided is true and correct to the best of his/her knowledge, and that he/she has the legal authority to sign this agreement on behalf of the employer.

Employer Representative Printed Name

Employer Representative Signature

Date

**AUL Use Only**

Policyholder Number

Effective Date

Regional Group Office/Account Manager

Regional Group Office/Sales Representative

Regional Group Office