

Administrative Options Election Form for Group Insurance Policyholders

OneAmerica[®]
Financial

American United Life Insurance Company[®] a OneAmerica Financial[®] company
One American Square, P.O. Box 6123, Indianapolis, IN 46206-6123 • 1-800-553-5318 • employeebenefits.aul.com

☐ New Policyholder ☐ Existing Policyholder Change Request

New Policyholder Information (please print)

Employer Legal Name

Existing Policyholder Information (please print)

Policyholder Legal Name

Policyholder Number

Proposed Effective Date of Change

All elections on this form must be made by a New Policyholder. Existing Policyholders should only make elections for items to be changed.

Billing Information and Elections

Mailing Address for Billing Option Selected

101 S Washington Square #900

City

Lansing

State

MI

ZIP Code

48933

Employee Administration, Billing Options and Responsibilities (elect one)

☐ Option 1 – Self (Summary) Bill

Policyholder, Policyholder's Administrator, or producer solely maintains all employee and premium administration. Policyholder or producer will submit to American United Life Insurance Company[®] (AUL[®]) a summary of coverage with premium payment, and provide any back up requested by AUL to validate premium.

Maintained by: ☐ Policyholder ☐ Producer ☐ Policyholder Administrator

If utilizing electronic enrollment system, indicate Vendor Name _____

Policyholder responsibilities include, but are not limited to:

1. Maintaining **all** administrative and premium records related to employee enrollments, changes, and terminations.
2. Providing online Evidence of Insurability guide or submit Statement of Insurability forms for employees requiring medical underwriting (if applicable).
 - a. Upon receipt of approval from AUL, which will include new coverage amount and effective date, Policyholder is responsible for recalculating premium as needed.
3. Calculating premium owed to AUL and remitting premium along with a supporting Summary Bill, which includes the following:
 - a. Total number of employees covered for each benefit;
 - b. Total coverage volume for each benefit; and
 - c. Total premium amount being submitted for each benefit.

☐ Option 2 – List Bill

Policyholder elects to use iBill, AUL employee benefits' internet billing system, for employee benefit and premium administration. A list bill containing employee, coverage, and premium is included.

Choose one: ☐ AUL Generates and Mails List Bill ☐ Policyholder Generates List Bill

Policyholder responsibilities include, but are not limited to:

1. Providing online Evidence of Insurability guide or submit Statement of Insurability forms for employees requiring medical underwriting (if applicable).
 - a. Upon receipt of approval from AUL, which will include new coverage amount and effective date, Policyholder is responsible for recalculating premium as needed.
2. Adding new employees and maintaining enrollment and beneficiary information.
3. Processing all employee changes (salary changes, terminations, etc.).
4. Remitting premium to AUL based on list bill provided.

Employee Administration, Billing Options and Responsibilities (elect one) (continued)☒ **Option 3 – Third Party Administrator (TPA)**

TPA solely maintains all employee and premium administration pursuant to AUL Contract provisions. If TPA will collect or handle premium, then TPA must be licensed as required by state law and TPA license number must be provided.

☒ TPA will collect premium

If checked, is there a written agreement between TPA and policyholder? ☒ Yes ☐ No

☒ TPA has been previously approved by AUL? ☒ Yes ☐ No

Producer TPA License # _____

Billing Frequency

	Months to Skip
☒ Monthly	NA
☐ 8thly (8 bills per year)	_____
☐ 9thly (9 bills per year)	_____
☐ 10thly (10 bills per year)	_____
☐ 11thly (11 bills per year)	_____

Payment Method

☒ Check or ACH/Wire Transfer (push payment to AUL)

☐ ACH – AUL Initiated (AUL pulls payment from Policyholder Account) – Automatic Payment Authorization Form required

Policyholder authorizes AUL to communicate confidential information (health, financial, or other personal identifiable information) to the following parties to service the policy and administer claim(s)

☒ Administrator ☒ Producer/Broker ☐ Third Party Administrator ☐ FMLA Service Provider

Contact Information

Operations Contacts ☐ Check the box if the contact provided can be used for all options.

Disclaimer: If you are using a Benefit Administration system and are submitting a change file to AUL for processing Employee Adds and/or Changes, you may be limited to VIEW ONLY access on iBill.

	Name	Email	Phone
Billing – Edit			
	Member Care	membercare@sbam.org	(800) 362-5461
Billing – View Only			
Administrative			
	Member Care	membercare@sbam.org	(800) 362-5461
Evidence of Insurability			
	Member Care	membercare@sbam.org	(800) 362-5461

Contact Information (continued)**Claims Contacts** ☐ Check the box if the contact provided can be used for all options.

	Name	Email	Phone
Explanation of Benefits			
Tax Reporting - Annual Statements			
Tax Reporting - Sick Pay & FUTA/SUTA			
General Claims Information			
	Member Care	membercare@sbam.org	(800) 362-5461
Claim Reporting			

Tax Reporting Services for Disability Coverage**Tax Reporting Services for Worksite Long-Term Disability, Traditional Short-Term, and Worksite Short-Term Disability Coverage**

For benefits paid under these coverages, please select one of the tax reporting service options below offered by AUL:

☐ **Option 1**

☐ All ☐ Worksite STD ☐ Worksite LTD ☐ Traditional STD

AUL will deduct and deposit with the IRS employee FICA, if any, and supply the policyholder with periodic and annual benefit payment and tax withholding reports.

Employer is responsible and liable for:

1. IRS Form W-2 preparation;
2. Employer matching FICA taxes; and
3. All withholding, depositing, and reporting obligations not shown above.

☒ **Option 2**

☐ All ☐ Worksite STD ☐ Worksite LTD ☒ Traditional STD

AUL will deduct and deposit with the IRS employee FICA, if any, prepare and issue IRS Form W-2 only, and supply the policyholder with periodic and annual benefit payment and tax withholding reports.

Employer is responsible and liable for:

1. Employer matching FICA taxes; and
2. All withholding, depositing, and reporting obligations not shown above.

☐ **Option 3**

☐ All ☐ Worksite STD ☐ Worksite LTD ☐ Traditional STD

AUL will deduct and deposit with the IRS employee FICA, if any, pay Employer FICA portion, if any, prepare form 941 or 944, and prepare and issue IRS Form W-2.

Employer is responsible and liable for:

1. All withholding, depositing, and reporting obligations not shown above.

Tax Reporting Services for Traditional Long-Term and Lump Sum Disability Coverages

For benefits paid under these coverages, AUL will deduct and deposit with the IRS employee FICA, if any, pay Employer FICA portion, if any, prepare form 941 or 944, and prepare and issue IRS Form W-2.

Employer is responsible and liable for:

1. All withholding, depositing, and reporting obligations not shown above.

Note For All Products: Any tax reporting services will be performed pursuant to IRS Publication 15-A (www.irs.gov/pub/irs-pdf/p15a.pdf) and AUL is not considered the employer's agent.

ERISA Plan Information

Is your plan governed by or subject to ERISA? ☐ Yes ☒ No ☐ Unknown

Note: This question is requested in order for AUL to comply with Employee Benefit Claims Process and Appeals Procedures according to federal and state regulations. If the Policyholder is not aware if the group is ERISA governed, AUL shall elect to follow ERISA guidelines until communicated otherwise to AUL by the Employer.

Notes

Please identify below the line which plan design(s) your Group is electing.

Options include:

Basic Group Life/AD&D GI Amount - \$10k, \$15k, \$25k, \$30k, \$50k or 1x BAE to \$100k

Basic Group Dependent Life/AD&D

Basic STD - 66.67% or 60% - 0/7/13, 0/7/26, 14/14/11, 14/14/24

Basic LTD - 60% - 90/5, 90/SSNRA, 180/5, 180/SSNRA

Voluntary Employee Life/AD&D - Minimum \$10k / Maximum \$500k

Voluntary Spouse Life/AD&D- Minimum \$5k / Maximum \$25k

Voluntary Child(ren) Life/AD&D

Voluntary STD - 0/7/13, 0/7/26, 14/14/11, 14/14/24

Voluntary LTD - 90/5, 90/SSNRA, 180/5, 180/SSNRA

The Group is electing:

Policyholder Representations and Signature

The undersigned, acting as the Authorized Representative of the policyholder, hereby requests the above information and selections be shown in AUL policyholder records.

The policyholder agrees to the terms, conditions, guidelines, and responsibilities outlined in the Administrative Guide and to withhold and/or pay the amount of premiums required for the coverage approved by AUL, including any premium increases due to age bracket changes or changes in insurance, when applicable. Premium payments greater than the amount of premiums owed, for individuals or entities not approved for coverage, will not result in additional coverage under AUL policy.

The policyholder understands if it utilizes a third party to provide administrative services and/or collect premium for AUL contracts, the policyholder agrees, as a condition precedent to utilizing the third party to perform such services, it will be subject to and comply with the terms and conditions of the Administrative Services Agreement located under the Forms section at www.employeebenefits.aul.com, ("Administrative Services Agreement"). Policyholder represents and warrants it has read, understands, has retained a copy for its records, and will abide by the terms and provisions of Administrative Services Agreement.

The policyholder understands and agrees to diligently and promptly: 1) distribute copies of insurance contracts and notices to eligible participants indicating the date coverage begins and terminates; 2) instruct eligible participants to refer to their certificates or evidence of coverage to determine their rights, if any, that are available to them, while they are covered and upon their termination; and 3) distribute any forms and information needed to file claim, billing, administration, and underwriting requests.

The policyholder represents any information or documents provided to 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 policyholder 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 or its third party administrator for disability claims decides in its discretion the applicant is entitled to them.

Authorized Representative Printed Name	Title/Position	
Authorized Representative Signature		Date

Fraud Warnings (revised on 11/5/25)

General Fraud Warning: 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.

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

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.

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia: 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 is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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, 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: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement or claim containing 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.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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, Virginia, 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.

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: 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, as provided in RSA 638:20.

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

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

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 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.

Texas: Any person who knowingly presents a 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.

Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.