

ACNA / OneAmerica Benefit Election Form

Employer Legal Name	
Address	
Contact Name	
Contact Phone Number	
Email Address	

SELECT PRODUCTS Note: All Employees must be active full-time employees* living in the US

<p>Basic Life and AD&D (Employer –paid)</p> <p><input type="checkbox"/> All employees</p> <p><input type="checkbox"/> Specific groups/titles :</p> <p>Please list groups –</p> <p>1)</p> <p>2)</p> <p>Other(s)</p>	<p><input type="checkbox"/> \$150,000</p> <p><input type="checkbox"/> \$100,000</p> <p><input type="checkbox"/> \$75,000</p> <p><input type="checkbox"/> \$50,000</p> <p><input type="checkbox"/> Retirees (Life only - Flat \$5000, must elect one of the above a option to add retire Life</p> <p>Benefit age reduction begins at age 65</p>
<p>Voluntary Life and AD&D (Employee –paid)</p> <p><input type="checkbox"/> All employees</p> <p><input type="checkbox"/> Specific groups/titles :</p> <p>Please list groups –</p> <p>1)</p> <p>2)</p> <p>Other(s)</p>	<p>Option:</p> <p><input type="checkbox"/> Employee 5x Salary to maximum \$500,000</p> <p>Guarantee Issue (GI): \$110,000</p> <p>Includes Dependent coverage</p> <p>Spouse coverage, 100% of employee amount to max \$500,000, GI \$25,000</p> <p>Child(ren) coverage, 100% of spouse amount to max \$10,000, GI \$10,000</p> <p>Benefit age reduction begins at age 65</p>
<p>Short Term Disability</p> <p><input type="checkbox"/> All employees</p> <p><input type="checkbox"/> Specific groups/titles :</p> <p>Please list groups –</p> <p>1)</p> <p>2)</p> <p>Other(s)</p>	<p>Option:</p> <p>60% of weekly salary to max \$1000 per week</p> <p>Elimination period: 14 days for sickness or injury</p> <p>Up to 11 weeks</p> <p><input type="checkbox"/> Employer paid</p> <p><input type="checkbox"/> Employee paid</p>

<p>Long Term Disability</p> <p><input type="checkbox"/> All employees</p> <p><input type="checkbox"/> Specific groups/titles</p> <p>Please list groups –</p> <p>1)</p> <p>2)</p> <p>Other(s)</p>	<p>Option:</p> <p>60% of monthly salary to max \$6000 per month</p> <p>Elimination period: 90 days for sickness or injury</p> <p>2 year residual disability, to SS full retirement age</p> <p><input type="checkbox"/> Employer paid</p> <p><input type="checkbox"/> Employee paid</p>

Participation Effective Date:

All employee paid applications must be signed prior to the above effective date.

***Full-time employee status is defined as working 20 hours or more per week.**

We agree to participate in the OneAmerica products noted above.

Any requests to alter or terminate the OneAmerica plan coverages noted above must be submitted in writing and approved by ACNA and OneAmerica.

ACNA is authorized to bill our organization for the coverage(s) premiums elected.

Signature

Title

Date