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

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.

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

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