



# Conversion employee guide

## Understanding conversion and successfully completing your application

ONEAMERICA® appreciates the opportunity to provide you with valuable insurance protection. Now that insurance through your employer has terminated or reduced, you must consider your alternatives. You may have options that will allow you to convert your group insurance to an individual policy and help maintain your family's financial health now and in the future.

### What is Conversion?

Conversion is a privilege in your employer's group policy that allows you, and in some cases your eligible dependents, an opportunity to convert your group insurance into an individual policy. Premiums for converted coverage may not be the same as those under your group policy, however, rates are guaranteed once the policy is issued and will not increase for the life of the policy.

### Coverage Considerations

If after reviewing your certificate of coverage, you have determined you are eligible for conversion of coverage, there are additional requirements that must be taken into consideration:

- The amount of insurance you purchase under the conversion privilege may not exceed the amount in place when coverage under the group policy terminated.
- The application period begins the date coverage terminates under the group contract.
- Please call us at (800) 553-5318 for additional information and premium rates for conversion of disability coverage.

For questions about the details of your group policy coverage, please contact your employer or call us directly at (800) 553-5318.

### Application Deadline

To be considered for conversion coverage, ***AUL must receive your completed and signed application and required premium within 31 days of termination of coverage*** under your employer's group policy. Incomplete application submissions or submissions that are received more than 31 days after the date of benefits termination will result in denial of the conversion privilege. ***Mail completed application and required premium to:***

American United Life Insurance Company  
PO Box 6123  
Indianapolis, IN 46206

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# Life rates and calculating premium

## Rates

Premium rates are based on the age as of the effective date of the individual life insurance policy and are outlined on the rate charts found on the following pages. To estimate the amount of premium, locate the appropriate rate sheet for your gender and tobacco use status. Next, locate the age you will be as of the effective date of the individual life insurance policy and identify the amount of coverage you would like to convert.

## Example Calculation<sup>1</sup>

To help you better understand the premium calculation process, please refer to the sample calculation below. This calculation is based on a 50 year old, non-tobacco using male interested in converting \$25,000 in coverage.

	Semi-Annual Payment	Monthly APP Payment
Amount to be converted	\$25,000	\$25,000
Annual rate per \$1,000	\$38.34	\$38.34
Multiplied by number of \$1,000 units converted	25	25
<b>=Total Annual Premium</b>	<b>\$958.50</b>	<b>\$958.50</b>
Multiplied by factor for frequency of premium payment <sup>2</sup>	.515	.087
Plus administrative fee <sup>3</sup>	\$1.00	\$0.00
<b>=Premium</b>	<b>\$494.63 every 6 month</b>	<b>\$83.39 per month<sup>5</sup></b>

<sup>1</sup> All examples are hypothetical and provided for illustration purposes only. These examples are not intended to represent the typical cost of life insurance.

<sup>2</sup> For your premium computation, use .515 if paying semi-annually or .087 if paying monthly APP.

<sup>3</sup> An administration fee applies to the semi-annual payment method.

<sup>4</sup> Note three months initial premium is required to be paid with the conversion application if APP is selected.

**Note:** This invitation to inquire allows interested employees the opportunity to inquire further about conversion to an individual life insurance policy and is limited in its description. This policy has exclusions, limitations and terms under which it may be continued in force or discontinued. The amount of death benefit provided depends upon the coverage selected and premiums can vary depending on the amount selected. Actual premiums will be calculated by AUL. Any coverage under the individual life insurance policy is based on the amount existing and available under the group life insurance contract and must be a minimum of \$2000, subject to AUL's approval, contract maximums and according to contract terms and conditions.

## Questions? We're Here to Help!

American United Life Insurance Company

PO Box 6123

Indianapolis, IN 46206

(800) 553-5318

fax (317) 285-7542

[www.employeebenefits.aul.com](http://www.employeebenefits.aul.com)

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# Guide to completing application

## Section 1: Policyholder Information

This section is used to identify your employer and group policyholder information. If you are unsure where to locate this information, please contact your employer directly.

## Section 2: Employee Information

Complete this section with your personal identification and contact information.

## Section 3: Application Information

Provide all required information for the individual applying for coverage. A separate application is required for you and any dependents who are applying.

## Section 4: Reason for Request

Indicate the reason for loss of coverage and provide the date this change in eligibility occurred.

## Section 5: Nonforfeiture Information

Only check the box in this section if you are declining the Automatic Premium Loan (APL) feature.

## Section 6: Dividends

Individual policies may earn annual policy dividends, or a sum of money paid by AUL to our policyholders. Select only one option in this section to make AUL aware of your distribution of earned annual policy dividends preference. **Cash** – Dividends will be distributed directly to the insured. **Accumulate at Interest** – Dividends will be left to accumulate with interest. **Reduce Premiums** – If premiums are paid annually, dividends will be applied toward any annual premium due on the policy. **Paid-Up Additions** – Dividends will be applied to purchase participating paid-up life insurance for a level amount.

## Section 7: Coverage Type, Amount of Insurance and Payment Options

Legacy Whole Life Insurance policy is the only option available for life insurance. You may elect a lower amount of coverage than you had under the group policy. For assistance with disability coverage, please contact us at (800) 553-5318.

## Section 8: Automatic Payment Plan Information

Complete this section only if selecting the Automatic Payment Plan (APP) as your payment method in section 7. When selecting APP, you are authorizing ongoing premium payments to be deducted directly from the account indicated on your application.

## Section 9: Beneficiary Information

You must assign at least one primary beneficiary. Assigning a secondary beneficiary is optional. You cannot name yourself as beneficiary.

## Employee Signature and Date

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The completed application must be signed and dated before submission.

**Application Deadline Reminder**

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## AUL Group Life Insurance Contract Conversion Annual Premium Rates per \$1,000 of Coverage

Issue Age	Gender/Smoker Status			
	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco
0	9.94	*	8.38	*
1	10.30	*	8.67	*
2	10.68	*	8.99	*
3	11.09	*	9.33	*
4	11.52	*	9.69	*
5	11.97	*	10.07	*
6	12.42	*	10.46	*
7	12.91	*	10.86	*
8	13.40	*	11.29	*
9	13.93	*	11.72	*
10	14.47	*	12.18	*
11	14.98	*	12.65	*
12	15.25	*	13.15	*
13	15.52	*	13.67	*
14	15.77	*	14.21	*
15	16.04	*	14.75	*
16	16.29	*	15.30	*
17	16.60	*	15.79	*
18	17.05	21.20	16.27	20.00
19	17.26	21.53	16.52	20.36
20	17.48	21.85	16.77	20.73
21	17.71	22.23	17.03	21.16
22	17.97	22.61	17.32	21.58
23	18.21	23.00	17.60	22.02
24	18.48	23.42	17.88	22.47
25	18.74	23.83	18.16	22.92
26	19.14	24.41	18.52	23.49
27	19.55	25.02	18.90	24.11
28	19.98	25.65	19.29	24.73
29	20.43	26.30	19.68	25.38
30	20.90	26.98	20.09	26.04
31	21.39	27.73	20.52	26.78
32	21.90	28.49	20.96	27.51
33	22.43	29.26	21.42	28.27
34	22.96	30.10	21.87	29.08
35	23.51	30.93	22.33	29.89
36	24.19	31.93	22.91	30.81
37	24.90	32.96	23.52	31.75
38	25.66	34.06	24.17	32.76
39	26.42	35.19	24.80	33.78
40	27.21	36.35	25.47	34.84
41	28.12	37.69	26.25	36.06
42	28.96	38.96	26.96	37.24

\* Not Offered

Issue Age	Gender/Smoker Status			
	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco
43	29.87	40.34	27.74	38.48
44	30.86	41.69	28.54	39.70
45	31.90	43.11	29.39	40.97
46	33.06	44.94	30.38	42.56
47	34.28	46.92	31.47	44.28
48	35.57	48.97	32.58	46.04
49	36.91	51.19	33.74	47.93
50	38.34	53.51	34.97	49.91
51	40.71	57.04	37.12	53.01
52	42.35	59.81	38.50	55.33
53	44.04	62.70	39.93	57.72
54	45.85	65.80	41.45	60.24
55	47.76	69.14	43.05	62.96
56	49.96	72.30	44.92	66.22
57	52.29	75.68	46.91	69.73
58	54.78	79.22	49.03	73.41
59	57.47	82.99	51.27	77.39
60	60.34	86.93	53.67	81.55
61	65.88	94.11	58.59	89.00
62	69.29	98.73	61.42	93.97
63	72.99	103.52	64.47	99.21
64	76.98	108.58	67.76	104.79
65	81.21	113.94	71.24	110.81
66	85.29	119.93	74.43	116.26
67	89.45	126.01	77.66	121.77
68	93.95	132.49	81.11	127.63
69	98.82	139.38	84.84	133.90
70	104.10	146.75	88.88	140.62
71	108.99	152.69	92.73	146.35
72	115.06	160.72	97.35	153.91
73	121.65	169.20	102.36	162.10
74	128.77	178.13	107.79	171.00
75	136.52	187.56	113.69	180.68
76	143.73	197.85	119.98	191.04
77	151.54	208.92	126.82	202.34
78	160.01	220.95	134.27	214.78
79	169.23	234.18	142.39	224.27
80	179.28	247.43	151.20	234.53
81	195.46	267.47	164.20	253.98
82	215.03	287.76	180.44	274.03
83	243.46	311.74	200.20	296.09
84	277.56	338.16	222.67	320.88
85	314.61	368.98	249.11	347.31