

NORTH AMERICAN BENEFITS COMPANY

ADMINISTRATIVE GUIDE **AUL- LIST BILL ACCOUNTS**

Your Group Insurance is underwritten and insured by American United Life Insurance Company (AUL), a OneAmerica Company.

North American Benefits Company (NABCO) is the Third Party Administrator for your plan. It is our desire to provide you with the best quality products and service. **Please direct your comments, questions or concerns to NABCO at 1-800-537-4565 or 530 East Swedesford Road, Suite 100, Wayne, PA 19087.**

This Administrative Guide has been prepared to make the administration of your Group Insurance plan with American United Life Insurance Company (AUL) as easy as possible. Some sections of this guide may not be applicable to your AUL group insurance plan. For details of your coverage, refer to your contract(s), including the Application(s)/Subscription Agreement(s), Certificate of Insurance and any amendment(s).

Your Group Policy Number or Participating Unit Number can be found on the front of your Certificate of Insurance. Including this number on all correspondence to our office will allow us to serve you more quickly and efficiently.

HOW TO APPLY FOR INSURANCE

Employees eligible for insurance are as defined under your Group Plan. Before enrolling new employees, you must determine the eligibility of the employee for each type of coverage provided and the employees must satisfy any applicable waiting period. Employees who are not actively at work are not eligible for coverage.

The American United Life Enrollment form is the basic insurance record. Without it, insurance coverage on an individual cannot begin. For this reason you should have each employee complete and sign an Enrollment form as he or she is hired. A standard routine for enrolling new employees will help to avoid overlooking someone.

Please review all Enrollment forms for completeness and send to North American Benefits Company (NABCO) with your next Report of Changes form at the address noted above. Give one copy to the employee and keep one copy with your insurance records.

A Health Statement form may be required for each employee and must be submitted with the Enrollment form. Coverage for such employee will not be effective until the Health Statement is approved. (Please reference your Group Plan of Insurance to determine if and when Health Statements are required.)

If an employee contributes toward the cost of his or her insurance, he or she must enroll within 31 days of the date he or she becomes eligible for insurance.

If your plan provides Dependent Life Insurance and if an employee is required to contribute to the cost of Dependent Life Insurance, he or she must enroll his or her dependents within 31 days of the date they become eligible for such insurance.

If the employee and/or dependents are not enrolled within the 31-day period they are considered late entrants and must submit a Health Statement form(s). Coverage will not be effective until the Health Statement(s) are approved. **Do not** begin payroll deductions until you are notified of approval.

BENEFICIARY DESIGNATION

If your plan provides Life and Accidental Death Insurance, the beneficiary designation portion of the enrollment form must be completed by each employee.

The benefits will be paid first to the Primary beneficiary (ies). If that person(s) is deceased, benefits will be paid to the Contingent beneficiary(ies). **(Legal appointment of a guardian is required if a minor is named as beneficiary.)**

Some of the most popular beneficiary designations are listed.

1. One beneficiary only:
Doe, Mary, J., 30, wife
2. Two or more beneficiaries:
Equal amounts:
Doe, William, S., 60, father

Doe, Alice, C., 35, sister
Doe, Richard, B., 32, brother
Equally or to the survivor(s) equally.

Unequal amounts:
50% to Doe, Mary, J., 30, wife
25% to Doe, Alice, C., 35, sister
25% to Doe, Richard, B., 32, brother
the share of any deceased beneficiary (ies)
to be paid equally to the survivor(s).

3. Primary and contingent beneficiary
Primary: Doe, Mary J., 30, wife
Contingent: Doe, William S., 60,
Father

4. Trustee beneficiary: The Trust Company of
Philadelphia, Pennsylvania, as trustee under
a Trust instrument dated November 1, 1992.

Laws governing Group Insurance prohibit an employee
from naming the Policyholder as beneficiary.

CHANGE OF NAME OR CHANGE OF BENEFICIARY

These changes can be reported to North American
Benefits Company (NABCO) on the Group Insurance
Change form. Like the Enrollment form, this form must
be dated and signed by the employee to make the change
valid.

Please review all forms for completeness and send the
original copy to North American Benefits Company
(NABCO) with your next Report of Changes form. Give
one copy to the employee and keep one copy with your
insurance records.

TERMINATION OF INSURANCE

An employee's insurance can terminate due to
termination of employment or eligibility, lay-off or leave
of absence or death. Please reference your Group Plan
of Insurance for the specifics.

REINSTATEMENT OF INSURANCE

Insurance benefits may be reinstated if agreed upon
by the Insurance Company. Reinstatements are
subject to the payment of any required premium.

If an employee is reinstated they may need to satisfy
employee Eligibility, Enrollment, Individual Effective
Date and Evidence of Insurability requirements.

REPORTING CHANGES

When changes occur, you should immediately report
them to North American Benefits Company (NABCO)

using the Report of Changes (form 4405). This will help
to avoid overlooking changes, which affect your
premium statement and claim payments. To allow time
for processing these changes, reports should reach North
American Benefits Company (NABCO) no later than 15
days before your next premium due date. Be sure exact
dates of termination are given so that the proper credit
can be shown on your billing statement. No premium is
charged or credited for changes that occur between
consecutive monthly due dates. All other necessary
forms such as Enrollment forms, Group Insurance
Change forms, etc. must accompany your report.

A separate Report of Changes (form 4405) must be
submitted for each billing unit for which you receive a
premium statement.

PREMIUMS

Each month you will receive a statement listing all those
insured under your Group Insurance Plan, the premium
charge for each, and the total premium due. We strongly
urge you to pay the total premium due. Changes
reported to North American Benefits Company
(NABCO) too late to be reflected on your current
statement will be applied to your next statement with
appropriate back premium credits or charges.

To ensure proper credit, please be sure to return the
Premium Notice with your payment, made payable to
North American Benefits Company (NABCO).

A grace period of 31 days is allowed for the payment of all
premiums. Reminder notices are mailed on or about the
20th day following the premium due date. If the premium
remains unpaid past the grace period, coverage will lapse
on the due date. Prompt premium payments help to ensure
uninterrupted claim service.

CONVERSION

Under state laws, terminated employees must be notified
by their employer of their right to convert the Group Life
Insurance to an individual policy. Should the eligible
employee take an interest in converting the Group Life
Insurance, the appropriate Conversion form(s) must be
completed by the employer and employee then mailed to
North American Benefits Company (NABCO).

CERTIFICATE OF INSURANCE

You have been provided with a paper supply of
Certificates of Insurance or electronic copy. As the plan
administrator you are required to ensure a certificate(s)
is received by each insured individual in either paper or
electronic format.

ORDERING ADDITIONAL SUPPLIES

When ordering supplies you may access North American Benefits Company (NABCO) website at www.nabenefits.com or contact us at 1-800-537-4565 ext. 2021. You can also send a written request to NABCO to the address as noted on the front of this guide. Please include your Group Policy Number or Participating Unit Number, type of supplies needed (Claim forms, Enrollment forms, Certificates, etc.) and the contact name and address of where the supplies should be mailed.

Please allow at least two (2) weeks for delivery.

IMPORTANT

If the terms shown on this instruction sheet differ from your Group Plan of Insurance, then the Group Plan of Insurance will govern.

INSTRUCTIONS TO FILE A CLAIM

Disability Claims: All sections of the claim form(s) must be completed in order to expedite the claim. The completed statements must be submitted to the address below or fax to 1-207-591-3048.

If the claimant has any questions when completing the form(s), please call an AUL representative at 1-866-258-8744 (toll-free).

American United Life Insurance Company
c/o Disability RMS
One Riverfront Plaza
Westbrook, ME 04092-9700

Life Claim: All sections of the claim form(s) must be completed in order to expedite the claim. The completed statements must be submitted to the address below or fax to 610-995-0181.

If the claimant has any questions when completing the form(s), please call a NABCO representative at 1-800-346-7813 (toll-free).

North American Benefits Company
Attn: Claims Dept.
P.O. Box 3056
Southeastern, PA 19398-3056

BILLING QUESTIONS

All questions should be directed to:

North American Benefits Company
Attention Administration Department
1-800-537-4565

GROUP BENEFIT PLAN CHANGES

All benefit plan changes should be in writing and submitted to:

North American Benefits Company
Attn: Underwriting Dept.
530 East Swedesford Road, Suite 100
Wayne, PA 19087