

Statement of Claim for Higher Education Benefit under the American United Life Insurance Company® (AUL) Group Life Insurance Policy

Products and financial services provided by American United Life Insurance Company® a ONEAMERICA® company
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Indianapolis, IN 46207-7106
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1-800-553-3522
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Instructions – Please read carefully

- 1) Beneficiary should complete this form in its entirety.
- 2) Attach a copy of certified school transcripts showing student's enrollment status and account statement showing amount of tuition paid.
- 3) Please provide information showing how full-time student status is determined by the school, including when the school considered the student enrolled on a full-time basis.
- 4) Please provide a copy of the insured's most recent federal income tax return listing the student as a dependent.
- 5) This completed form and all communications should be sent to: **Employee Benefits Claims Department**, American United Life Insurance Company®, P. O. Box 7106, Indianapolis, Indiana 46207-7106.

Statement of Beneficiary

Information Regarding the Decedent:

Decedent is : Employee Dependent Spouse

Employee Name (required): _____ Employee Social Security #: _____

Dependent Spouse Name (if applicable): _____ Spouse's Social Security #: _____

Student Information:

Student's Legal Name: _____ Social Security #: _____

Permanent Address: _____
Street City State Zip

Date of Birth: _____

Relationship to Decedent:

Natural Adopted Step-Child Legal Guardianship Other, Explain: _____

Post-Secondary School Information:

Post-Secondary School Name: _____ Federal School Code: _____
(shown on Free Application for Federal Student Aid)

Address: _____
Street City State Zip

Date enrolled: _____ Telephone number of registrar/business office: _____

Number of credit hours completed: Fall: _____ Spring: _____ Quarter: _____ Other, please explain: _____

Was student enrolled full-time for the entire academic year? Yes No If no, please explain: _____

The undersigned represents and warrants any information or documents provided to American United Life Insurance Company® (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 undersigned 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 decides in its discretion the applicant is entitled to them. The undersigned has read, understands, and retained the notices, limitations, and exclusions for his/her records.

Beneficiary's Name (please print): _____ Social Security #: _____

Beneficiary's signature (required): _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Date: _____

Fraud Warnings (For use in AL, AR, DC, LA, NM, TX and WV)

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.

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.

California

For your protection California law requires the following to appear on this form. Any person who knowingly presents 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.

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 or 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, Indiana, Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any statement of claim for the proceeds of an insurance policy containing any 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.

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, 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.

Maryland, Rhode Island

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

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, Ohio

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

New Jersey

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

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 any 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.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.