ONEAMERICA®

American United Life Insurance Company®
Indianapolis, Indiana 46206-0368
Certifies that it has issued and delivered a Group Policy numbered AULtimate LTD1E to:

Fifth Third Bank, Indiana, Trustee For
The American United Life Group Insurance Trust For The
Business And Professional Service Industry
(Hereinafter called the Group Policyholder)

Jefferson County Board of Education
shall participate in the coverage as a Participating Unit.

Participating Unit Number: G 00627499-0000-000
Class: 001

Group Policy Number: AULtimate LTD1E
Change Effective Date: 07/01/2026

This certificate replaces any and all certificates previously issued to the insured Person under the Group Policy indicated above.

American United Life Insurance Company® (AUL) certifies that the Person whose enrollment card is on file with the Participating Unit as being eligible for insurance and for whom the required premium has been paid is insured under the above numbered Group Policy for group insurance benefits as designated in the Schedule of Benefits. Benefits are subject to change as described on the Schedule of Benefits page contained in this certificate.

This certificate describes the coverage provided in the Group Policy. The Group Policy determines all rights and benefits in this certificate and may be amended, cancelled, or discontinued at any time by agreement between AUL, the Group Policyholder, and the Participating Units.

The Group Policy may be examined at the main office of the Group Policyholder during the regular office hours.

Richard M. Ellery
Secretary and General Counsel

J. Scott Davison
Chairman, President and Chief Executive Officer

CERTIFICATE OF INSURANCE
GROUP LONG TERM DISABILITY INCOME INSURANCE
TITLE PAGE

GC 3100BNN(T)

2003
(Class 001)
(LTD Plan)

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SECTION 1 - SCHEDULE OF BENEFITS

CLASS NUMBER	001
ELIGIBLE CLASS	All Other Eligible Full-Time Employees
Requirement for full-time Employees	20 hours or more per week.

STANDARD BENEFITS

BASIC MONTHLY EARNINGS	
Description	Basic Monthly Earnings. See Section 2.
CONTINUATION OF PERSONAL INSURANCE UNDER FAMILY MEDICAL LEAVE ACT (FMLA)	This benefit is included for this class. See Section 5B.
CONTINUATION OF PERSONAL INSURANCE DURING A	
Leave of Absence	End of the Month Option. See Section 5C.
Layoff	End of the Month Option. See Section 5C.
CONTINUATION OF PERSONAL INSURANCE DURING LEAVE FOR ACTIVE MILITARY SERVICE	This benefit is included for this class. See Section 5D.
CONTINUITY OF COVERAGE	This benefit is included for this Certificate. See Section 12.
DISABILITY DEFINITION	
Duration	2 Year Regular Occ. See Section 2.
DRUG AND ALCOHOL ABUSE LIMITATION	24-month Lifetime Accumulation Benefit. See Section 10.

SECTION 1 - SCHEDULE OF BENEFITS

CLASS NUMBER	001
ELIMINATION PERIOD	90 days. See Section 2.
EMPLOYEE CONTRIBUTIONS	Contributions are not required.
GUARANTEED ISSUE AMOUNT	$5,000. This amount is also the Maximum Monthly Benefit. See Section 2.
INDIVIDUAL EFFECTIVE DATE	
Initial Employees	First Day of a Coverage Month. See Section 3.
New Employees	First Day of a Coverage Month. See Section 3.
MANDATORY REHABILITATION PROGRAM	Included. See Section 15.
MAXIMUM BENEFIT DURATION	Reducing Benefit Duration. See Table at end of this Section.
MENTAL ILLNESS LIMITATION	24-month Lifetime Accumulation Benefit. See Section 11.
MINIMUM INDEMNITY ACCIDENTAL DISMEMBERMENT & LOSS OF SIGHT	This benefit is included for this class. See Section 8.
MINIMUM MONTHLY BENEFIT	$100. See Section 8.
MONTHLY BENEFIT	60% of Basic Monthly Earnings not to exceed a Maximum Monthly Benefit of $5,000 less Other Income Benefits. See Section 8.
PRE-EXISTING CONDITION EXCLUSION	3/6/12. See Section 9.
RECURRENT DISABILITY	This benefit is included for this class. See Section 8.
RESIDUAL BENEFIT	This benefit is included for this class. See Section 8.

SECTION 1 - SCHEDULE OF BENEFITS

CLASS NUMBER	001
RETURN TO WORK BENEFIT	12 months. See Section 8.
SOCIAL SECURITY INTEGRATION	Direct Family. See Section 8.
SURVIVOR BENEFIT	3 months. See Section 8.
TOTAL BENEFIT CAP	If a Person is eligible to receive benefits under the Group Policy in addition to the Monthly Benefit, the total benefit payable to the Person on a monthly basis (including all benefits provided under the Group Policy) will not exceed 100% of the Person's Basic Monthly Earnings.
TOTAL DISABILITY DEFINITION	2-Year Regular Occupation, any Gainful Occupation thereafter. See Section 2.
WAITING PERIOD	
Initial Employees	First of the month following 30 days
New Employees	First of the month following 30 days
WORKPLACE MODIFICATION BENEFIT	This benefit is included for this class. See Section 16.

CLASS NUMBER 001

MAXIMUM BENEFIT DURATION **REDUCING BENEFIT DURATION**

Age When Total Disability Begins	**Maximum Duration**
	Greater of: SSNRA* or
Less Than Age 60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

* SSNRA means the Social Security Normal Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

SECTION 2 - DEFINITIONS

ACTIVE WORK and ACTIVELY AT WORK means the use of time and energy in the services of the Participating Unit at the regular place of employment, or an alternative worksite as approved by the Participating Unit and AUL, by a Person who is physically and mentally capable of performing each of the Material and Substantial Duties of his Regular Occupation on a regular full-time basis. If the alternative worksite is located outside of the United States or Canada, the Person will be considered to be Actively At Work unless the Person is outside of the United States or Canada for more than 6 months in any 12-month period. Active Work does not include periods of time when an Employee is not Actively At Work following an Injury, accidental bodily injury, Sickness, strike, lock-out, or Temporary Layoff.

This includes time off for vacation, jury duty, and funeral leave, where the Person could have been Actively At Work on that day.

BASIC MONTHLY EARNINGS means the Person's gross monthly income in U.S. dollars before taxes, received from the Participating Unit, not to exceed a maximum workweek of forty (40) hours. Gross monthly income includes pre-tax contributions to an employer-sponsored defined contribution plan and a cafeteria plan, if any. These earnings are based on the amount as last reported to AUL in writing by the Participating Unit, for which premiums were paid and the coverage amount was approved in writing by AUL, before the date of Disability. Earnings do not include income received from commissions, bonuses, or expense accounts.

If the Person is paid his annual gross income in less than 12 months, the Basic Monthly Earnings shall equal 1/12th of the annual gross income.

CHILD(REN) means a minor related by blood, marriage or court order that can be claimed as a dependent for federal income tax purposes, such as:

1) natural born child(ren) of the Person;
2) legally adopted child(ren) of the Person;
3) stepchild(ren) who lives with the Person; and
4) child(ren) for whom the Person has legal guardianship.

CONSUMER PRICE INDEX (CPI) means the statistical measure of the average change in prices figured by the United States Dept. of Labor, Bureau of Labor Statistics. The percent change in the Consumer Price Index for all Urban Consumers (CPI-U), U.S. City Average for All Items, for the prior calendar year will be used in calculations. If the CPI is discontinued or if its method of computation is significantly changed, AUL may use another comparable index.

COSMETIC SURGERY means surgery that is performed to change the texture, shape, or structure of any part of the human body for the purpose of creating a different visual appearance.

CONTRIBUTORY INSURANCE means insurance for which the Person pays part or the entire premium.

SECTION 2 - DEFINITIONS

COVERAGE MONTH means that period of time beginning on the date shown in each Participating Unit's amendment, and ending on the day before that date of the next month.

COVERED MONTHLY EARNINGS means the amount of the Person's income, in U.S. dollars, received from the Participating Unit that is insured by the Group Policy. This amount will be the LESSER of:

1) the Basic Monthly Earnings; or
2) the Maximum Monthly Benefit divided by the benefit percentage shown on the Schedule of Benefits.

CURRENT MONTHLY INCOME means the income a Person receives while Disabled, plus the income the Person could receive if he were working to his Maximum Capacity.

If a Person is employed in a second job, at the same time he is Actively At Work full-time for the Participating Unit, and becomes Disabled under the Group Policy, the following will apply during the Elimination Period and while receiving Disability benefits under the policy:

1) Any income received from the second job will be considered Current Monthly Income only to the extent that it exceeds the average monthly income received from that job during the six-month period immediately prior to becoming Disabled.
2) If the Person has worked for the second employer less than six months, the income will be averaged for the total number of months he was employed.

If a Person receives Current Monthly Income in a Lump Sum, the Lump Sum Payment provision will apply.

DATE OF HIRE means the first day the Employee is Actively At Work in an eligible class for the Participating Unit as shown on the Subscription Agreement.

DISABILITY AND DISABLED mean both Total Disability and Totally Disabled and Partial Disability and Partially Disabled.

DUE DATE means the first day of the Coverage Month for which the premium is payable.

ELIGIBILITY DATE means the date that an Employee, in an eligible class as shown on the Schedule of Benefits, has satisfied his Waiting Period and AUL determines is eligible for Personal Insurance under the Group Policy.

ELIGIBLE SURVIVOR means

1) a Person's legal spouse; or
2) the Person's unmarried Child(ren) under the age of 23, if the Child(ren):
    a) can be claimed as a dependent on a Person's federal income tax return; or
    b) is registered in and attending an accredited educational institution on a full-time basis as defined in the regulations of the institution and can be claimed as a dependent on the Person's federal income tax return. School vacation periods are considered a part of school attendance on a full-time basis.

SECTION 2 - DEFINITIONS

ELIMINATION PERIOD means a period of consecutive days of Disability for which no benefit is payable. The Elimination Period is set forth on the Schedule of Benefits and begins on the first day of Disability.

EMPLOYEE means any individual who is a full-time, permanent Employee (including owners, proprietors, partners, members or corporate officers) of the Participating Unit:

1) whose employment with the Participating Unit constitutes his principal occupation;
2) who works at that occupation a minimum number of hours shown on the Schedule of Benefits;
3) who is working at the Participating Unit's regular place of business which may include an alternative worksite if approved by the Participating Unit and AUL;
4) who is not a part-time, temporary or seasonal employee;
5) who is authorized to work in the United States under applicable state and federal laws; and
6) if approved by AUL:
    a) who legally works and resides in Canada;
    b) who legally works in the United States and resides in Canada; or
    c) who legally works in Canada and resides in the United States.

EMPLOYER'S RETIREMENT PLAN means any defined benefit or defined contribution plan that provides retirement benefits to Employees and is not funded wholly by Employee contributions. It includes any retirement plan that:

1) is part of any federal, state, county, municipal or association retirement system; and
2) a Person is eligible for as a result of his employment with the Participating Unit.

It does not include:

1) profit sharing plans;
2) thrift or savings plans;
3) Individual Retirement Accounts (IRA) or Roth IRAs, funded wholly by the Person’s contributions;
4) Tax Sheltered Annuities (TSA);
5) Stock Ownership Plans (ESOP);
6) nonqualified deferred compensation plans;
7) Keogh, 401(k), 403(b), 457 plans; or
8) Veteran Administration Benefits except those benefits that are a result of the same Disability for which a Monthly Benefit is payable under the Group Policy.

SECTION 2 - DEFINITIONS

EVIDENCE OF INSURABILITY means a statement or proof of a Person's medical history upon which acceptance for insurance will be determined by AUL.

FAMILY SOCIAL SECURITY BENEFITS means benefits that a Person, his spouse or Child(ren) are entitled to receive as a result of the Person's eligibility for disability insurance benefits or old age insurance benefits through the Federal Social Security Administration.

GAINFUL OCCUPATION means an occupation that is or can be expected to provide a Person with an income within 12 months of the Person's return to work, that exceeds:

1) 80% of the Person's Indexed Pre-Disability Earnings, if the Person is working;
2) 60% of the Person's Indexed Pre-Disability Earnings, if the Person is not working.

GROSS MONTHLY BENEFIT means a Person's Monthly Benefit before any reductions for Other Income Benefits.

GUARANTEED ISSUE AMOUNT means the amount of coverage that does not require Evidence of Insurability. This amount is shown on the Schedule Of Benefits.

INDEXED PRE-DISABILITY EARNINGS means a Person's Pre-Disability Earnings increased annually by the Consumer Price Index, up to a maximum of 10%. The increase will be effective on the July 1st following the first 12 consecutive calendar months of receiving Disability benefits and on each subsequent July 1st.

INDIVIDUAL REINSTATEMENT means that Personal Insurance that has been terminated due to cessation of Active Work may be reinstated in accordance with Section 5A of the Group Policy.

INJURY means bodily injury resulting directly from an accident and that occurs independently of all other causes while a Person is insured under the Group Policy. This includes all other conditions related to the same Injury sustained by a Person while insured under the Group Policy.

MALE PRONOUN whenever used includes the female.

MATERIAL AND SUBSTANTIAL DUTIES means duties that:

1) are normally required for the performance of a Person's Regular Occupation; and
2) cannot be reasonably omitted or modified, except that if the Person is required to work on average in excess of 40 hours per week, then AUL will consider the Person able to perform that requirement if he has the capacity to work 40 hours per week.

MAXIMUM BENEFIT DURATION means the maximum amount of time that benefits will be payable for Disability. This amount of time is stated on the Schedule of Benefits.

SECTION 2 - DEFINITIONS

MAXIMUM CAPACITY means, based on the Person's restrictions and limitations:

1) during the first two (2) years of receiving Monthly Benefit payments, the greatest extent of work the Person is able to do in his Regular Occupation; and
2) beyond two (2) years of receiving Monthly Benefit payments, the greatest extent of work the Person is able to do in any occupation for which he is reasonably fitted by education, training or experience.

MAXIMUM MONTHLY BENEFIT means the maximum benefit amount payable to a Person on a monthly basis as elected by the Participating Unit and shown on the Schedule of Benefits.

MENTAL ILLNESS means a psychiatric or psychological condition classified in the *Diagnostic and Statistical Manual of Mental Health Disorders (DSM)*, published by the American Psychiatric Association, most current as of the start of a Disability. Such disorders include, but are not limited to, psychotic, emotional or behavioral disorders, or disorders related to stress or to substance abuse or dependency. If the *DSM* is discontinued or replaced, these disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the start of a Disability.

MONTHLY BENEFIT means the amount payable monthly by AUL to a Disabled Person. It is the Gross Monthly Benefit reduced by Other Income Benefits.

NON-CONTRIBUTORY INSURANCE means insurance for which a Person pays none of the premium.

OTHER INCOME BENEFITS means those benefits set out below that a Person, his spouse or Child(ren) are entitled to receive. It includes any benefit for which they are eligible, or that is paid to them or a Third Party on their behalf, including:

1) disability income benefits, including any damages or settlements made in place of such benefits (whether or not liability is admitted) under:
   a) any Workers' or Workmen's Compensation Law;
   b) The Jones Act;
   c) Maritime Doctrine of Maintenance, Wages or Cure;
   d) Longshoremen's and Harbor Workers' Act;
   e) any automobile liability insurance or "no fault" motor vehicle plan, whichever is applicable;
   f) a Third Party (after subtracting attorney's fees) by judgment, settlement or otherwise not to exceed 50% of the net settlement;
   g) state compulsory benefit law, including any state disability income benefit law or similar law;
   h) disability benefits from the Veteran's Administration, or any other foreign or domestic governmental agency, that begins after a Person becomes Disabled. This includes the amount of any increase in a benefit that a Person was receiving prior to becoming Disabled if the increase is attributed to the same Disability for which the Person is currently receiving a Monthly Benefit under the Group Policy; and
   i) any other similar act or law;
2) any disability income benefit for which a Person is eligible under any other employee welfare benefit plan, or arrangement of coverage, whether insured or not, as a result of his employment with the Participating Unit. However, when a Person's Basic Monthly Earnings exceed his Covered Monthly Earnings, the Monthly Benefit will not be reduced by such income unless when combined with the Other Income Benefits the total exceeds 80% of his Basic Monthly Earnings. If it does, the Monthly Benefit will be reduced by the amount that is in excess of 80% of his Basic Monthly Earnings.
3) retirement and/or disability income benefits paid under an Employer's Retirement Plan except for amounts attributable to a Person's contributions;
4) any disability income or retirement benefit that has been received or is eligible to be received under:
   a) the United States Social Security Act or any similar law, plan or act, including the initial enactment and all amendments, based on the Family Social Security Benefits;
   b) the Canada Pension Plan;
   c) the Quebec Pension Plan;
   d) the Railroad Retirement Act;
   e) any other state, provincial or local government act or law or any other similar act or law provided in any jurisdiction; and
5) Current Monthly Income.

The following items are NOT considered Other Income Benefits and will not be deducted from the Gross Monthly Benefit payable to a Person:

1) profit sharing plans;
2) thrift or savings plans;
3) Individual Retirement Accounts (IRA) or Roth IRAs, funded wholly by a Person's contributions;
4) Tax Sheltered Annuities (TSA);
5) Stock Ownership Plans (ESOP);
6) nonqualified deferred compensation plans;
7) Keogh, 401(k) or 403(b) plans;
8) Veteran Administration Benefits except those benefits that are a result of the same Disability for which a Monthly Benefit is payable under the Group Policy;
9) credit disability insurance;
10) pension plans for partners;
11) individual disability policy paid for by the Person that is not sponsored by the Participating Unit; and
12) retirement plans from other employers.

PARTIAL DISABILITY and PARTIALLY DISABLED means that because of Injury or Sickness:

1) a Person cannot perform the Material and Substantial Duties of his Regular Occupation on a full-time basis, but:
   a) is performing at least one of the Material and Substantial Duties of his Regular Occupation, or another occupation, on a part or full-time basis;
   b) his Current Monthly Income is less than 80% of his Indexed Pre-Disability Earnings due to the same Injury or Sickness that caused his Disability; and
   c) he is under the Regular Attendance of a Physician for that Injury and Sickness.
2) after Disability benefits have been paid under the Group Policy for a period of two (2) years, or the period stated in the Schedule of Benefits, due to the same Injury or Sickness:
   a) a Person cannot perform the duties of any Gainful Occupation for which he is reasonably fitted by training, education or experience; and
   b) he is under the Regular Attendance of a Physician for that Injury or Sickness.

If a Person's Regular Occupation requires a license, loss of this license for any reason does not in itself constitute Partial Disability.

SECTION 2 - DEFINITIONS

PARTICIPATING UNIT means any sole proprietorship, partnership, corporation, limited liability company, limited liability partnership, firm, school district, individual school, or other instrumentality of a state or political subdivision thereof, that has been approved by AUL and added by amendment to the Group Policy. An entity that is subsidiary to or affiliated with the Participating Unit as defined below is eligible for coverage under the Group Policy if the Participating Unit requests it or it is later added by amendment to the Group Policy.

1) A subsidiary is defined as a corporation in which the Participating Unit owns more than 50% of the voting stock of the subsidiary corporation.
2) An affiliate is defined as a corporation, limited liability company, proprietorship, or partnership under common control with the Participating Unit through stock ownership, contract, common officers or otherwise.

The Participating Unit is liable for all premiums due for a subsidiary and affiliate during any period of time the subsidiary and/or affiliate are insured under the Group Policy. Any notice given to the Participating Unit by AUL shall be considered notice given to the subsidiary and/or affiliate.

PARTICIPATING UNIT'S EFFECTIVE DATE means the date on which coverage is actually effective for the Participating Unit under the Group Policy as determined by AUL.

PARTICIPATING UNIT'S ANNIVERSARY DATE means the month and day of each year as stated on the Subscription Agreement and agreed to by the Participating Unit and AUL.

PERSON means an Employee who has met the requirements of the Eligibility and Individual Effective Date section of the Group Policy.

PERSONAL INSURANCE means the insurance provided under the Group Policy for an insured Person.

PHYSICIAN means a qualified, licensed doctor of medicine or osteopathy, and any other licensed health care provider that state law requires to be recognized as a Physician, practicing within the scope of his license and applicable law. Physician does not include a Physician employed by the Participating Unit, a Person or anyone related by blood or marriage to a Person.

PRE-DISABILITY EARNINGS means a Person's Basic Monthly Earnings in effect immediately prior to his date of Disability.

PRE-EXISTING CONDITION means any condition for which a Person would have done any of the following at any time during the 3 months immediately prior to a Person's Individual Effective Date of Insurance, whether or not that condition was diagnosed at all or was misdiagnosed:

1) received medical treatment or consultation;
2) taken or were prescribed drugs or medicine; or
3) received care or services including diagnostic measures.

PRIMARY SOCIAL SECURITY BENEFITS means benefits that a Person is entitled to receive for himself as a result of his eligibility for benefits through the Federal Social Security Administration.

PRIOR PLAN means the Participating Unit's plan of long term disability insurance that terminated on the day immediately before the Participating Unit's original Effective Date of coverage under the Group Policy.

REGULAR ATTENDANCE means that a Person:

1) personally visits a Physician as medically required according to standard medical practice, to effectively manage and treat his Disability;
2) is receiving the most appropriate treatment and care that will maximize his medical improvement and aid in his return to work; and
3) is receiving care by a Physician whose specialty or clinical experience is appropriate for the Disability.

REGULAR OCCUPATION means a Person's occupation as it is recognized in the general workplace and according to industry standards. A Person's occupation does not mean the specific job tasks a Person does for a Participating Unit or at a specific location. For Physicians, Regular Occupation means the area in the practice of medicine that they were practicing immediately prior to the date Disability started. For attorneys, Regular Occupation means the practice of law as defined under applicable laws.

SALARY CONTINUANCE means payments to a Person, by the Participating Unit, of all or part of his Basic Monthly Earnings after he becomes Disabled.

SICKNESS means illness, bodily disorder or disease, Mental Illness, normal pregnancy and complications of pregnancy. Complications of pregnancy are defined as concurrent disease or abnormal conditions significantly effecting the usual medical management of pregnancy.

SOCIAL SECURITY means the United States Social Security Act or any similar law, plan or act including the initial enactment and all amendments.

THIRD PARTY means an individual, entity or insurance company other than AUL.

TOTAL COVERED PAYROLL is the total amount of Basic Monthly Earnings for which all Employees of the Participating Unit are insured by the Group Policy.

TOTAL DISABILITY and TOTALLY DISABLED mean that because of Injury or Sickness a Person is:

1) under the Regular Attendance of a Physician for that Injury or Sickness;
2) is not working in any occupation; and
3) cannot perform the Material and Substantial Duties of his Regular Occupation; and
4) after benefits have been paid for two (2) years, a Person cannot perform the duties of any Gainful Occupation that he is reasonably fitted for by training, education or experience.

If the Person is employed as a pilot, co-pilot, or crew of an aircraft, Total Disability and Totally Disabled mean that because of Injury or Sickness, a Person cannot perform the duties of any Gainful Occupation for which he is reasonably fitted by training, education or experience.

If a Person's Regular Occupation requires a license, loss of this license for any reason does not in itself constitute Total Disability.

TREATMENT FREE means the Person has not received medical treatment, consultation, care or services including diagnostic measures, and the Person has not taken or been prescribed drugs or medicines for the Pre-existing Condition.

WAITING PERIOD means the period of days, starting on the Date Of Hire, that an Employee must be continuously Actively at Work while in an eligible class. Initial Employees will be given credit for time served under the Participating Unit’s prior carrier if the Group Policy replaced the same type of coverage an Employee had with the prior carrier. The Waiting Period is stated in the Schedule of Benefits.

SECTION 3 - ELIGIBILITY AND INDIVIDUAL EFFECTIVE DATE

INITIAL EMPLOYEE: This is an eligible Employee who is Actively At Work and has completed the Waiting Period for Initial Employees before the Participating Unit's original Effective Date.

NEW EMPLOYEE: This is an eligible Employee who was Actively At Work before the Participating Unit's original Effective Date, but did not complete the Waiting Period for an Initial Employee prior to that date. It also refers to an eligible Employee who has completed the Waiting Period for New Employees and was Actively At Work on or after the Participating Unit's original Effective Date.

ELIGIBILITY DATE: An Employee who is in an Eligible Class as shown on the Schedule of Benefits and has satisfied his Waiting Period, becomes eligible for Personal Insurance under the Group Policy:

1) *Initial Employees:* on the Participating Unit's original Effective Date of coverage under the Group Policy; or
2) *New Employees*: the first day of the Coverage Month immediately following completion of the Waiting Period as shown on the Schedule of Benefits.

INDIVIDUAL EFFECTIVE DATE OF INSURANCE. This means the date an Employee's Personal Insurance becomes effective under the Group Policy. This date only applies to the Maximum Monthly Benefit amount less than or equal to the Guaranteed Issue Amount shown on the most recent Schedule of Benefits for a Person's class and will be the Eligibility Date.

If an Employee is not Actively At Work on the date insurance would otherwise become effective, the Individual Effective Date of Insurance is the date the Employee returns to full-time Active Work for the Participating Unit.

AMOUNTS IN EXCESS OF THE GUARANTEED ISSUE AMOUNT: Any portion of the Maximum Monthly Benefit that exceeds the Guaranteed Issue Amount will require Evidence of Insurability satisfactory and without expense to AUL. If the excess portion is approved, the effective date for that portion will be named by AUL. If the excess portion is not approved by AUL, the Maximum Monthly Benefit will be an amount equal to the Guaranteed Issue Amount shown on the Schedule of Benefits.

SECTION 4 - CHANGES IN INSURANCE

CHANGE IN EFFECTIVE DATE: The change effective date for a Person is:

1) the date the request for change is approved by AUL, if the approval date is the first day of a Coverage Month; or
2) the first day of the next Coverage Month, if the request for change is approved after the first day of a Coverage Month.

If a Person is not Actively At Work on the effective date of change, the Person becomes eligible for the change on the first day that he returns to Active Work.

If the change is an increase in the Maximum Monthly Benefit of $1,000 or more, the provision entitled Pre-Existing Condition Exclusion On An Increased Maximum Monthly Benefit, as shown in Section 9 - Exclusions, will apply to the increased amount.

SECTION 5 - TERMINATIONS

INDIVIDUAL TERMINATION: A Person will cease to be insured on the EARLIEST of the following dates:

1) the date the Group Policy or the Participating Unit's coverage under the Group Policy terminates;
2) the date the Person is no longer in an eligible class;
3) the date the Person's class, as stated on the Schedule of Benefits, is no longer insured under the Group Policy;
4) the last day of the period for which the premium was paid, if the premium is not paid when due;
5) the date the Person requests termination, but not prior to the date of the request;
6) the date employment terminates. **Cessation of Active Work will be deemed termination of employment**. However, insurance will be continued for a Person, as described in the Group Policy:
   a) during the Elimination Period, if the Person is Disabled, as described in the Group Policy; and
   b) during any period that premiums are being waived under the Waiver of Premium provision; and
   c) during any temporary leave of absence according to the appropriate Continuation of Personal Insurance benefit if premiums continue to be paid during the leave, and the benefit was elected by the Participating Unit on the Schedule of Benefits and approved by AUL; and
   d) to the end of the Coverage Month following the month that a Person is temporarily laid off as long as premiums continue to be paid, if coverage during a temporary layoff was requested by the Participating Unit on the Subscription Agreement and approved by AUL.

TERMINATION OF A PARTICIPATING UNIT: Insurance for a Participating Unit ceases on the EARLIEST of the following dates:

1) the date the Participating Unit no longer meets the definition of a Participating Unit;
2) the date the Participating Unit ceases active business operations or is placed in bankruptcy or receivership;
3) the date the Participating Unit loses its entity by means of dissolution, merger, or otherwise;
4) the date the Participating Unit is eliminated as a Participating Unit by an amendment to or change in the Group Policy;
5) the date ending the Coverage Month for which the last premium payment is made for the Participating Unit’s insurance;
6) at the end of a Coverage Month, provided that AUL has given at least 60 calendar days prior written notice to the Participating Unit; or
7) at the end of a Coverage Month, if the Participating Unit has given AUL at least 31 calendar days prior written notice.

If a Person’s insurance is terminated due to the termination of a Participating Unit, a Person’s rights under the Group Policy are determined as if the Group Policy had terminated on the date that the Participating Unit’s coverage terminated.

If coverage for a Participating Unit terminates, the Participating Unit will be liable to AUL for all unpaid premiums for the period during which the coverage was in force.

SECTION 5 - TERMINATIONS

TERMINATION OF THE GROUP POLICY: AUL may terminate the Group Policy at the end of any policy month by giving at least 60 days prior notice to the Group Policyholder.

Termination of the Group Policy, or termination of coverage for a Participating Unit, under any conditions will be without prejudice to any claim originating prior to termination.

EXTENDED BENEFIT: If the Person is Disabled on the date of insurance termination, AUL will pay benefits for Disability:

1) after the Elimination Period has been met, if a Person is not already receiving a Monthly Benefit;
2) during the uninterrupted continuance of the same period of Disability; and
3) subject to the provisions and benefits of the Group Policy.

Benefits will be extended to the EARLIEST of the following:

1) the date Current Monthly Income equals or exceeds 80% of the Indexed Pre-Disability Earnings;
2) the date the Person ceases to be Disabled;
3) the date the Person dies;
4) the date the Maximum Benefit Duration elected on the Subscription Agreement is completed;
5) the date the Person fails to give AUL required proof of Disability or information required to determine if any benefits are owed under the Group Policy;
6) the date the Person refuses to allow an examination requested by AUL;
7) the date a Person is no longer under the Regular Attendance and care of a Physician;
8) the date a Person refuses to provide information to AUL to verify the Person's Current Monthly Income; or
9) the date a Person leaves the United States or Canada and establishes his residence in any other country. A Person will be considered to reside outside these countries when the Person has been outside the United States or Canada for a total period of six (6) months during any 12 consecutive months of benefits.

SECTION 5A - INDIVIDUAL REINSTATEMENT

INDIVIDUAL REINSTATEMENT: If Personal Insurance terminates under the Group Policy due to cessation of Active Work for the Participating Unit, it may be reinstated subject to the terms of this provision. Individual Reinstatement must be requested during the 31-day period immediately following return to Active Work for the Participating Unit in accordance with the terms stated in this provision. Individual Reinstatement will be for the same coverage amount and eligible class that the Employee belonged to immediately prior to his termination. AUL may require Evidence of Insurability if reinstatement is requested for an amount or eligible class that differs from the coverage the Employee had with the Participating Unit immediately prior to his cessation of Active Work. Reinstatement is subject to payment of required premiums and that the Participating Unit is currently insured by AUL under the Group Policy.

In addition to the above requirements, the following also applies:

1) If an Employee returns to Active Work within 30 days (consecutive calendar days) of his Individual Termination date and requests Individual Reinstatement:
   a) Personal Insurance will become effective the first day of the Coverage Month immediately following the date of request for Individual Reinstatement.
   b) Evidence of Insurability will not be required for Individual Reinstatement to the same coverage amount and eligible class held by the Employee under the Group Policy immediately prior to cessation of Active Work.
   c) Credit will be given towards satisfaction of the eligibility Waiting Period and of the Pre-Existing Condition exclusion or limitation period the Person previously served under the Group Policy, if he returns to Active Work within 30 days of his termination. However, any days accumulated during the period of lapse in coverage will not be credited. The original Individual Effective Date of Insurance will be used when applying the eligibility Waiting Period and the Pre-Existing Condition exclusion or limitation period.
2) If an Employee returns to Active Work more than the number of consecutive calendar days, shown in 1) above, after his Individual Termination date and requests Individual Reinstatement:
   a) The Employee will be considered a New Employee subject to the terms of the Group Policy.
   b) Eligibility for Personal Insurance, enrollment and his Individual Effective Date Of Insurance will be determined as stated in the Group Policy.
   c) The Waiting Period and Pre-Existing Condition exclusion or limitation period will start anew. The Individual Reinstatement date will be used when applying the Pre-Existing Condition exclusion or limitation period.
3) If the Employee is currently insured under the Group Policy's Conversion Privilege and returns to Active Work with the Participating Unit and requests Individual Reinstatement to the Group Policy:
   a) Personal Insurance will become effective the first day of the Coverage Month immediately following the date of request for Individual Reinstatement.
   b) Evidence of Insurability will not be required for Individual Reinstatement to the same coverage amount and eligible class held by the Employee under the Group Policy immediately prior to cessation of Active Work
   c) Credit will be given towards satisfaction of the Pre-Existing Condition exclusion or limitation period he already served under the Group Policy and the Conversion Policy. The Employee's original Individual Effective Date of Insurance will be used when applying the Pre-Existing Condition exclusion or limitation period.
   d) AUL will terminate his coverage under the Conversion Policy immediately prior to the date of Individual Reinstatement under the Group Policy.

4) If Personal Insurance terminates because of a leave under the Federal Family Medical Leave Act (FMLA), or applicable state law, approved by the Participating Unit and the Employee returns to full-time Active Work immediately following the end of the leave:
   a) Personal Insurance will become effective immediately upon the date of request for Individual Reinstatement.
   b) Credit will be given towards satisfaction of the Pre-Existing Condition exclusion or limitation period previously served under the Group Policy, however, the days accumulated during the period of lapse in coverage will not be credited. The original Individual Effective Date of Insurance will be used when applying the Pre-Existing Condition exclusion or limitation period.
   c) Evidence of Insurability will not be required for Individual Reinstatement to the same coverage amount and eligible class that the Employee would have been entitled to prior to the leave.
5) If Personal Insurance terminates because a Person becomes a full-time member of the armed forces of the United States and he returns to full-time Active Work, the Person's coverage may be reinstated in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law.

SECTION 5B - CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT

CONTINUATION OF PERSONAL INSURANCE UNDER THE FAMILY AND MEDICAL LEAVE ACT. If the Participating Unit approves a leave of absence under the Federal Family and Medical Leave Act (FMLA), a Person's coverage under the Group Policy will be continued as stated in this Section. Personal Insurance will continue while a Person's leave is covered under FMLA until, the end of the later of:

1) the leave period permitted under the FMLA or
2) the leave period permitted by applicable state law.

Coverage continued under this Section is subject to the following requirements:

1) the Participating Unit has approved a Person's leave in writing as a leave taken under FMLA;
2) applicable premiums must continue to be paid to AUL in accordance with the Group Policy (see Section 6 - Premium Payment); and
3) Basic Monthly Earnings will be the amount last reported to AUL in writing and in effect prior to the date the Person's family or medical leave began.

Continuation of Personal Insurance under this provision will cease on the earliest of the following:

1) the date a Person dies;
2) the date a Person's coverage terminates for nonpayment of premiums;
3) the date a Person begins full or part-time employment with another employer;
4) the date the Group Policy, or the Participating Unit's coverage under the Group Policy, terminates;
5) the date a Person notifies the Participating Unit that he will not be returning to Active Work;
6) the date a Person's class is no longer offered under the Group Policy;
7) the date a Person no longer qualifies for an eligible class, as stated on the Schedule of Benefits;
8) the date a Person requests termination of coverage under the Group Policy, but not prior to the date of request.

All terms and conditions of the Group Policy will apply during the approved continuation period provided under this Section, unless otherwise stated. While Personal Insurance is being continued under this Section, the Person will be considered exempt from the requirements listed below:

1) the Actively At Work definition; and
2) the applicable number of hours needed to meet the requirement for full-time Employee, as stated on the Schedule of Benefits.

If the Participating Unit has approved more than one type of Leave of Absence for the Person during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long the Person's coverage may continue under the Group Policy.

SECTION 5C - CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE AND TEMPORARY LAYOFF

LEAVE OF ABSENCE references in this Section means the Person is absent from Active Work for a temporary period of time that has been agreed to in advance and in writing by the Participating Unit and includes temporary layoffs unless otherwise stated.

CONTINUATION OF PERSONAL INSURANCE WHILE TEMPORARILY LAID OFF. If the Participating Unit approves a Temporary Layoff, a Person's coverage under the Group Policy will be continued to the end of the Coverage Month following the month that a Person's layoff began, as long as premiums continue to be paid, subject to same requirement as a Leave Of Absence.

CONTINUATION OF PERSONAL INSURANCE UNDER A LEAVE OF ABSENCE: If the Participating Unit approves a Leave of Absence, a Person's coverage under the Group Policy will be continued to the end of the Coverage Month following the month that a Person begins a Leave of Absence, as long as premiums continue to be paid, subject to the following requirements:

1) the Participating Unit has approved a Person's Leave of Absence in writing;
2) applicable premiums must continue to be paid to AUL in accordance with the Group Policy (see Section 6 - Premium Payment); and
3) Basic Monthly Earnings will be the amount last reported to AUL in writing and in effect prior to the date the Person's Leave of Absence began.

Continuation of Personal Insurance under this provision will cease on the earliest of the following:

1) the date a Person dies;
2) the date a Person's coverage terminates for nonpayment of premiums;
3) the date a Person begins full or part-time employment with another employer;
4) the date the Group Policy, or the Participating Unit's coverage under the Group Policy, terminates;
5) the date a Person notifies the Participating Unit that he will not be returning to Active Work;
6) the date a Person's class is no longer offered under the Group Policy;
7) the date a Person no longer qualifies for an eligible class, as stated on the Schedule of Benefits;
8) the date a Person requests termination of coverage under the Group Policy, but not prior to the date of request.

All terms and conditions of the Group Policy will apply during the approved continuation period provided under this Section, unless otherwise stated. While Personal Insurance is being continued under this Section, the Person will be considered exempt from the requirements listed below:

1) the Actively At Work definition; and
2) the applicable number of hours needed to meet the requirement for full-time Employee, as stated on the Schedule of Benefits.

If the Participating Unit has approved more than one type of Leave of Absence for the Person during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long the Person's coverage may continue under the Group Policy.

SECTION 5D - CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE

LEAVE OF ABSENCE means the Person is absent from Active Work for a temporary period of time that has been agreed to in advance in writing by the Participating Unit.

CONTINUATION OF PERSONAL INSURANCE DURING A LEAVE OF ABSENCE FOR ACTIVE MILITARY SERVICE: If the Person is on a leave of absence for military service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law, the Person's coverage may be continued until the later of:

1) the length of time the coverage may be continued under the Group Policy for an FMLA leave of absence; or
2) the length of time the coverage may be continued under the Group Policy for Leave of Absence other than an FMLA leave of absence.

Coverage continued under this Section is subject to the following requirements:

1) applicable premiums must continue to be paid to AUL in accordance with the Group Policy (see Section 6 - Premium Payment); and
2) Basic Monthly Earnings will be the amount last reported to AUL in writing and in effect prior to the date the Person's Leave of Absence for active military service began.

Continuation of Personal Insurance under this provision will cease on the earliest of the following:

1) the date a Person dies;
2) the date a Person's coverage terminates for nonpayment of premiums;
3) the date a Person begins full or part-time employment with another employer;
4) the date this Group Policy, or the Participating Unit's coverage under the Group Policy, terminates;
5) the date a Person notifies the Participating Unit that he will not be returning to Active Work;
6) the date a Person's class is no longer offered under the Group Policy;
7) the date a Person no longer qualifies for an eligible class, as stated on the Schedule of Benefits; or
8) the date a Person requests termination of coverage under the Group Policy, but not prior to the date of request.

All terms and conditions of the Group Policy will apply during the approved continuation period provided under this Section, unless otherwise stated. While Personal Insurance is being continued under this Section, the Person will be considered exempt from the requirements listed below:

1) the Actively At Work definition; and
2) the applicable number of hours needed to meet the requirement for full-time Employee, as stated on the Schedule of Benefits.

If the Participating Unit has approved more than one type of Leave of Absence for the Person during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long the Person's coverage may continue under the Group Policy.

SECTION 6 - PREMIUM PAYMENT

PREMIUM PAYMENTS: The Participating Unit is responsible for properly and accurately remitting premium to AUL on or before the Due Date. All premiums will be calculated and paid in U.S. dollars. At the request of the Participating Unit and AUL's written approval, the interval of premium payments may be changed. Payment of any premium does not maintain the insurance in force beyond the end of the period for which it has been paid, except as provided under the Grace Period provision. If a Person's coverage is Contributory Insurance, premiums paid by the Person may be paid by means of payroll deduction administered by the Participating Unit. Overpayment of premiums will not result in increases in any coverage amounts for the Participating Unit or Persons eligible for benefits under the Group Policy.

Premiums for a Person's coverage under the Group Policy shall be charged from the Person's Individual Effective Date of Insurance. Premium charges will cease on the Person's Individual Termination date. However, premium charges will continue if the Person is Disabled on his Individual Termination date and is, or becomes, eligible for the Extended Benefit. Premiums will continue to be payable until the date they are waived according to the Waiver Of Premium provision.

The above manner of charging premiums applies only to a Person's insurance that is terminating, but not the termination of a Participating Unit. Each premium payment will include adjustments in past premiums for changes that have not previously been taken into account.

PREMIUM RATES: AUL reserves the right to change premium rates on any date:

1) after the Participating Unit's coverage has been in effect for 30 months by giving written notice to the Participating Unit at least 60 days before the date the change is to become effective; or
2) the eligibility or benefit provisions are changed;
3) the number of Persons insured through the Participating Unit changes by 25% or more; or
4) a subsidiary or affiliate is added to, or deleted from, the Participating Unit's coverage under the Group Policy.

WAIVER OF PREMIUM: Premium payments will be waived during any period for which the Monthly Benefit is paid to a Disabled Person.

SECTION 7 - GENERAL POLICY PROVISIONS

AGENCY: For all purposes of the Group Policy, the Participating Unit acts on behalf of itself or as agent of the Person. Under no circumstances will the Participating Unit be deemed the agent of AUL without a written authorization.

AMENDMENT AND CHANGES: The Group Policy may be amended, in writing, by mutual agreement between the Group Policyholder, the Participating Unit and AUL, but without prejudice to any loss incurred prior to the effective date of the amendment. No change in the Group Policy is valid until approved in writing by the Chief Executive Officer, President, or Secretary of AUL. No agent has the authority to change the Group Policy or waive any of its provisions.

ASSIGNMENT: No assignment of any present or future right or benefit under the Group Policy will bind AUL without its prior written consent.

CERTIFICATES: AUL will issue a certificate for delivery, by the Participating Unit, to the insured Persons. The certificate will summarize a Person's coverage elected, from those available under the Group Policy, and will state:
1) the benefits provided; and
2) to whom the benefits are payable.

If there is any discrepancy between the provisions of any certificate and the provisions of the Group Policy, the provisions of the Group Policy will govern.

CLERICAL ERROR: Clerical error on the part of the Participating Unit or AUL will not invalidate insurance otherwise in force nor continue insurance otherwise terminated.

CONFORMITY WITH STATE LAWS: Any provisions of the Group Policy in conflict with the laws of the state in which it is delivered are amended to conform to the minimum requirements of those laws.

DATA AND RECORDS: The Group Policyholder and Participating Unit must furnish all information that AUL reasonably requires. The Participating Unit must furnish all relevant information to AUL about Persons:
1) who qualify to become insured;
2) whose amounts of insurance or earnings change; and
3) whose insurance terminates.

At any reasonable time, AUL or its representatives shall have the right to inspect the records of the Group Policyholder or Participating Unit that, in the opinion of AUL, may have a bearing on the insurance coverage provided under the Group Policy.

DISCRETIONARY AUTHORITY: Benefits under the Group Policy will be paid only if AUL decides in its discretion that the applicant is entitled to them. Except for the functions the Group Policy explicitly reserves to the Participating Unit or Trustee, AUL reserves the right to:
1) manage the Group Policy and administer claims under it; and
2) interpret the provisions and resolve any questions arising under it.

AUL's authority includes, but is not limited to, the right to:
1) establish and enforce procedures for administering the Group Policy and claims under it;
2) determine Employees' eligibility for insurance and entitlement to benefits;
3) determine what information AUL reasonably requires to make such decisions; and
4) resolve all matters when a claim review is requested.

Any decision that AUL makes, in the exercise of its authority, will be conclusive and final subject to any rights under the Employee Retirement Income Security Act (ERISA). This provision applies only where the interpretation of the Group Policy is governed by ERISA.

SECTION 7 - GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: The Group Policy and the applications of the individuals, the Participating Units, and the Group Policyholder constitute the entire contract.

GRACE PERIOD: If the Participating Unit or AUL does not give notice in writing that the Group Policy is to be terminated, a grace period of 31 days will be granted for the payment of any premium falling due after the first premium. During the grace period, the Participating Unit's coverage under the Group Policy continues in force but automatically terminates on the last day of the grace period. The Participating Unit is liable to AUL for payment of premiums for the days of grace during which the Participating Unit's coverage under the Group Policy remains in force. However, AUL is not obligated to pay claims incurred during the grace period until the premium due is received.

INSURANCE FRAUD: AUL wants to ensure that its customers do not incur additional insurance costs as a result of the act of insurance fraud. Applicable state laws require AUL to undertake measures to detect, investigate and prosecute fraud.

Anyone that knowingly completes an application for insurance or statement of claim containing any materially false information or facts, with the intent to deceive, conceal or mislead is committing a fraudulent insurance act. This is a crime and may subject that Person to criminal and civil penalties.

MISSTATEMENT OF FACTS: If the age or any other fact that affects the benefits for a Person or Participating Unit has been misstated, the benefits will be payable based on the true facts. Premium adjustment will be made so that AUL will receive the actual premium required based on the true facts.

RELATIONSHIP: AUL and the Participating Unit are, and will remain, independent contractors. Nothing in the Group Policy shall be construed as making the parties joint venturers or as creating a relationship of employer and employee, master and servant or principal and agent. Neither party has any power, right or authority to bind the other or to assume or create any obligation or responsibility on behalf of the other. AUL and the Participating Unit each retain exclusive control of their time and methods to perform their respective duties. AUL and Participating Unit will employ, pay and supervise their own employees and pay their own expenses during the term of the Group Policy.

STATEMENTS MADE IN AN APPLICATION/SUBSCRIPTION AGREEMENT: All statements made by the Group Policyholder, the Participating Unit, or insured Persons shall be deemed representations and not warranties. No such statements will be used to reduce or deny any claim or to cancel the Person's coverage unless:

1) the statement is in writing; and
2) a copy of that statement is given to the Person or his Eligible Survivor.

TIME LIMIT ON CERTAIN DEFENSES: Except in the case of fraud, no statement made by the Person relating to his insurability will be used to contest the insurance for which the statement was made after the Person's coverage has been in force for two years.

WORKER'S COMPENSATION AND WORKMEN'S COMPENSATION NOT AFFECTED: The Group Policy is not in lieu of, and does not affect any requirement for coverage by Worker's or Workmen's Compensation Insurance.

SECTION 7A - CLAIM PROCEDURES

INITIAL NOTICE OF DISABILITY: Written notice of Disability must be given to AUL during the Elimination Period. If written notice cannot be made due to no fault by the claimant, AUL must be notified as soon as it is reasonably possible to do so. Written notice should contain sufficient information to identify the Person. Notices are not considered given until received by AUL at its Home Office in Indianapolis, Indiana, or by one of its Claims offices.

CLAIM FORMS FOR PROOF OF LOSS: Upon receipt of the Initial Notice of Disability, AUL will furnish the Participating Unit with any necessary claim forms to be given to the Person. These forms must be properly, accurately and truthfully completed and returned to AUL. If, for any reason, a Person does not receive a claim form within 15 days of request, the Person should submit written proof of Disability. The initial claim form or proof of Disability must show:

1) claimant's name;
2) Employer's name and address;
3) Group number;
4) the date Disability started;
5) the cause of Disability; and
6) the nature and extent of the Disability.

The initial claim form or proof of Disability must be signed by a Physician and sent to AUL within 90 calendar days following the Elimination Period. If it is not possible to give proof within these limits, it must be given as soon as reasonably possible thereafter. Proof of claim may not be given later than one year after the time proof is otherwise required, except in the absence of legal capacity.

AUL will also periodically send the Person additional claim forms or requests for information necessary to determine eligibility for benefits under the Group Policy. These subsequent claim forms or requests for additional information must be returned to AUL within 30 days after the Person receives them.

PHYSICAL EXAMINATION: AUL, at its own expense, has the right to have a Person examined to determine the existence of any Disability that is the basis for a claim. This right may be exercised as often as is reasonably necessary, as determined by AUL, and must be performed by a Physician of AUL's choice.

LEGAL ACTION: No legal action may be brought to obtain benefits under the Group Policy:

1) for at least 60 days after proof of loss has been furnished; or
2) before any denial or reduction of benefits by AUL has been appealed properly in writing; or
3) beyond the expiration of the applicable statute of limitations from the time proof of loss is required to be given.

TIME OF PAYMENT OF CLAIMS: When AUL receives a claim form or proof of Disability, benefits payable under the Group Policy will be paid monthly during any period for which AUL is liable.

PAYMENT OF CLAIMS: All benefits, other than survivor benefits, are payable to the Person. If a Person dies before a benefit to which he was entitled is paid, AUL has the right to pay up to $1,000 to any of the Person's relatives to whom AUL considers entitled to such benefits. If AUL pays benefits in good faith to a person who it considers entitled to such benefits, then AUL will have no obligation to pay such benefits again. The Monthly Benefit will be calculated and paid in United States dollars, and when necessary, it will be based on the exchange rate effective on the first day of the Elimination Period.

RIGHT TO APPEAL: If a Person wishes to appeal AUL's decision, claimants are allowed 180 days following receipt of a notification of an adverse benefit determination within which to appeal the determination. Claimants are allowed the opportunity to submit written comments, documents, records and other information relating to the claim for benefits. The claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the claimant's claim for benefits. Whether a document, record or other information is relevant to a claim for benefits shall be determined by reference to paragraph (m)(8) of 29 C.F.R. Section 2560.503-1. AUL's review will take into account all comments, documents, records and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. A claimant has a right to obtain the information about any voluntary appeal procedures offered by the plan described in paragraph (c)(3)(iv) of 29 C.F.R. Section 2560.503-1 and has a right to bring an action under section 502(a) of ERISA. A final determination will be provided pursuant to 29 C.F.R. Section 2560.503-1.

RIGHT OF RECOVERY: If benefits have been received for which the Person was not entitled to receive under the Group Policy, then full reimbursement to AUL is required. Such reimbursement is required whether the overpayment is due to intentional or innocent misrepresentations by the Person, intentional or innocent misrepresentations by an entity supplying AUL with information, a claims processing error or miscalculation by AUL or for any other reason. If reimbursement is not made, then AUL has the right, as allowed under law to:

1) reduce future benefits or any amounts payable under the Group Policy until full reimbursement is made, and
2) recover such overpayments from the Person, from his beneficiary, or estate.

If AUL chooses not to use benefit payments towards the reimbursement, this will not constitute a waiver of AUL's rights to reimbursement. This provision will be in addition to, and not in lieu of, any other compensation available to AUL by law.

SECTION 8 - INSURING PROVISIONS

MONTHLY BENEFIT PAYMENTS: AUL will pay Disability benefits, according to the Group Policy, if a Person becomes Disabled while insured under the Group Policy. When AUL receives proof that a Person is Disabled due to Sickness or Injury and requires the Regular Attendance of a legally qualified Physician, AUL will pay the Person a Monthly Benefit after he satisfies the Elimination Period. The Elimination Period must be satisfied by Total Disability, Partial Disability or a combination of both.

The Monthly Benefit will be paid as long as Disability continues provided that proof of continued Disability is submitted to AUL upon request and the Person is under the Regular Attendance and care of a Physician. The proof must be submitted at the Person's expense.

The Monthly Benefit will not exceed the Person's Maximum Monthly Benefit, nor will it be payable for longer than the Maximum Benefit Duration. The Maximum Monthly Benefit and the Maximum Benefit Duration are shown on the Schedule of Benefits. Monthly Benefits will not be paid during any period that a Person is incarcerated in a penal or correctional institution.

PRORATING OF MONTHLY BENEFIT: The Monthly Benefit will be paid on a pro-rata basis at the rate of 1/30 per day for any period of Disability less than one month.

REDUCTIONS TO THE MONTHLY BENEFIT: The method by which the Monthly Benefit will be reduced by Other Income Benefits is determined by the integration method shown on the Schedule of Benefits.

MONTHLY BENEFIT: To figure the amount of the Total Disability Benefit take the Person's Basic Monthly Earnings multiplied by the Benefit Percentage shown on the Schedule of Benefits reduced by Other Income Benefits.

LUMP SUM PAYMENTS: Other Income Benefits that are paid in a lump sum, excluding benefits received from the Employer's Retirement Plan, will be prorated by AUL over the stated period of time the lump sum was projected to apply. Lump sums projected to cover a Person's life expectancy will be prorated based on appropriate actuarial tables. If the projected period of time that a lump sum is intended to cover is not stated, the lump sum will be prorated over a period of 60 months.

A lump sum payment from an Employer's Retirement Plan will be prorated over 60 months. However, if such lump sum is rolled to an annuity or retirement account that does not pay a benefit prior to the end of the Maximum Benefit Duration stated in the Schedule of Benefits, then the Gross Monthly Benefit will not be reduced by that lump sum payment.

Regardless of how benefits from the Employer's Retirement Plan are distributed, AUL will treat contributions made by a Person and Participating Unit as if they were distributed simultaneously throughout a Person's lifetime.

APPLICATION FOR OTHER INCOME BENEFITS: If a Person, spouse or Child(ren) are or become eligible for any Other Income Benefit, they must:
1) apply for the Other Income Benefits; and
2) appeal any denial for the Other Income Benefit that appears unreasonable.

Until approval or denial of any Other Income Benefits, AUL will make payments under either Method A or B below as chosen by a Person in a written agreement provided by AUL.

Method A: AUL will estimate the amount of the Other Income Benefits that will be received and reduce the regular Monthly Benefit by this amount. If the Other Income Benefits are estimated, a Person's regular Monthly Benefit will be adjusted when AUL receives proof of the amount awarded or that benefits have been denied. If the application is denied, the amount withheld based upon estimates will be returned to the Person in a lump sum. During subsequent appeals of denial of benefits, Method B will be used.

Method B: AUL will pay the regular Monthly Benefit after the Elimination Period with no reduction for estimated benefits until the appropriate entity reaches a decision. When a decision is reached, a Person must send AUL a copy of the determination and reimburse AUL for any overpayment made as a result of that decision, regardless of whether or not the coverage is still in force on the date the Person recovers such amount. Additionally, if an award is made, AUL will reduce the Monthly Benefit by the amount of the Other Income Benefits the Person received, in accordance with the terms of the Group Policy. If a Person chooses Method B and has not applied for the Other Income Benefits to which he may be entitled, the Person must agree to apply for such benefits immediately. If a Person does not apply for the Other Income Benefits immediately, AUL will automatically use Method A.

SOCIAL SECURITY APPLICATION ASSISTANCE. When AUL determines that a Person is a likely candidate for Social Security Disability Insurance (SSDI), AUL may assist the Person with the application process for these benefits.

Upon written request, a representative from AUL's Group Claims Department may supply pertinent information to the Person about:

1) eligibility for SSDI benefits;
2) how to begin the application process;
3) how to submit an appeal;
4) guidelines established by the Social Security Administration for submitting appeals; and
5) names of organizations offering assistance

SECTION 8 - INSURING PROVISIONS

MINIMUM MONTHLY BENEFIT: While a Monthly Benefit is payable under the Group Policy, the Monthly Benefit shall not be reduced to an amount less than the Minimum Monthly Benefit indicated on the Schedule of Benefits.

COST OF LIVING ADJUSTMENT FREEZE: If the Person receives a cost of living increase, with regard to Other Income Benefits, after the date benefits actually become payable under the Group Policy, the Monthly Benefit will not be further reduced by such cost of living increase. For purposes of this provision, a cost of living increase is any annual increase reasonably related to the annual increase in any generally recognized cost of living measurement that applies to all Persons who are entitled to receive such benefits.

TERMINATION OF THE MONTHLY BENEFIT: The Monthly Benefit will cease on the EARLIEST of the following:

1) the date Current Monthly Income equals or exceeds 80% of his Indexed Pre-Disability Earnings;
2) the date a Person ceases to be Disabled;
3) the date a Person dies;
4) the date the Maximum Benefit Duration shown on the Schedule of Benefits is completed;
5) the date a Person fails to give AUL required proof of his Disability;
6) the date a Person refuses to allow an examination requested by AUL;
7) the date a Person is no longer under the Regular Attendance and care of a Physician;
8) the date a Person refuses to provide any evidence required by AUL to verify his Current Monthly Income; or
9) the date a Person leaves the United States or Canada and establishes his residence in any other country. A Person will be considered to reside outside these countries when the Person has been outside the United or Canada for a total period of six (6) months or more during any 12 consecutive months of Monthly Benefit payments.

ACCUMULATION OF ELIMINATION PERIOD: For the purposes of accumulating the Elimination Period the following will apply if the Residual Benefit* is elected by the Participating Unit on the Subscription Agreement:

For Participating Units with Elimination Periods of 90 days, if the Person satisfies the Elimination Period within 180 days, then the Disability will be treated as continuous.

*If the Participating Unit does NOT elect the Residual Benefit, substitute “Total Disability” for the term “Disability,” and Totally Disabled for Disabled, as used in the above provision.

The ACCUMULATION OF THE ELIMINATION PERIOD provision is only applicable as long as the Participating Unit’s coverage remains in force with AUL.

RESIDUAL BENEFIT: If the residual benefit is elected on the Subscription Agreement then the Elimination Period can be met using Total Disability, Partial Disability, or combination of both. Vacation pay, salary continuation and/or sick leave pay will not be considered Current Monthly Income during the Elimination Period under this benefit.

RECURRENT DISABILITY: If, after a period of Disability for which benefits are payable, a Person resumes his Regular Occupation on a full-time basis and performs each Material and Substantial Duty of that occupation for a continuous period of six (6) months or more, any recurrent Disability will be part of a new period of Disability and a new Elimination Period must be completed before any further Monthly Benefits are payable.

If a Person resumes his Regular Occupation on a full-time basis and performs each Material and Substantial Duty of that occupation for less than six (6) months, a recurrent Disability will be part of the same period of Disability. The recurrent Disability must be the direct result of the Injury or Sickness that caused the prior Disability. A Person will not have to complete a new Elimination Period. Benefit payments will be subject to the terms of the Group Policy for the prior Disability. The benefit will be based on the amount of Basic Monthly Earnings in effect immediately prior to the Person's original Elimination Period.

In order to prevent over-insurance because of duplication of benefits, benefits payable under this RECURRENT DISABILITY provision will cease if benefits are payable to a Person under any other group long term disability policy.

The Recurrent Disability provision in this section is only applicable as long as the Participating Unit’s coverage remains in force with AUL.

PRESUMPTIVE DISABILITY: When a Person is Disabled and his Current Monthly Income is 20% or less than his Indexed Pre-Disability Earnings, AUL will not reduce the Monthly Benefit by the Current Monthly Income.

BENEFITS WHILE PARTIALLY DISABLED: When proof is received that a Person is Partially Disabled, then the Return to Work Benefit and Partial Disability Benefits apply. Benefits are payable upon completion of the Elimination Period. Partial Disability must be the direct result of the Injury or Sickness that caused the Disability immediately preceding it.

RETURN TO WORK BENEFIT: While Partial Disability continues, this benefit will apply until the end of a 12-month period, beginning on the first day that Monthly Benefits are payable for Partial Disability.

Under this Return To Work Benefit, the Current Monthly Income will not reduce the Monthly Benefit, unless the Current Monthly Income, combined with income from all other sources, including the Monthly Benefit, exceeds 100% of the Pre-Disability Earnings. If the combined income exceeds that amount, the Monthly Benefit will be reduced by any amount that is in excess of 100% of the Pre-Disability Earnings.

PARTIAL DISABILITY BENEFIT: Upon completion of the Return To Work Benefit period, the benefit for Partial Disability will be calculated as follows:

1) Multiply the Person's Current Monthly Income by 50%.
2) From the Person's Gross Monthly Benefit, subtract the answer in Item 1) and any Other Income Benefits. The answer in Item 2) is the Person's benefit for Partial Disability.

Benefits for Return To Work Benefit and Partial Disability will never exceed a Person's Maximum Monthly Benefit, nor be less than the Minimum Monthly Benefit as shown on the Schedule of Benefits. The Return To Work Benefit and the Partial Disability Benefit will continue until the EARLIEST of the date:

1) a Person ceases to be Partially Disabled;
2) a Person dies;
3) the Maximum Benefit Duration shown on the Schedule of Benefits is completed;
4) a Person fails to give AUL required proof of Disability;
5) a Person refuses to allow an examination requested by AUL;
6) a Person is no longer under the Regular Attendance and care of a Physician; or
7) a Person refuses to provide any evidence required by AUL to verify his Current Monthly Income; or
8) a Person leaves the United States or Canada and establishes his residence in any other country. A Person will be considered to reside outside these countries when the Person has been outside the United States or Canada for a total period of six (6) months during any 12 consecutive months of benefits.

For purposes of determining a Person's eligibility for the Return to Work Benefit and Partial Disability Benefit provisions, Pre-Disability Earnings will be increased annually using the Consumer Price Index. The increase will be effective on the July 1st following the first 12 consecutive calendar months of Disability and on each subsequent July 1st. The annual increase is only to determine eligibility and will not increase the Return to Work Benefit or Partial Disability Benefit.

AUL may require any evidence needed to verify the Person's Current Monthly Income and proof of continuing Disability.

ACCIDENTAL DISMEMBERMENT AND LOSS OF SIGHT:

If an accidental Injury:
1) occurs while a Person is insured under the Group Policy; and
2) results in any of the losses shown in the schedule below within 100 days after the date of Injury, then AUL will pay the Monthly Benefit to a Person for the longer of:
   a) the number of payments listed on the schedule below; or
   b) the number of months a Person remains Disabled, not to exceed the Maximum Benefit Duration.

Payment of this benefit will not be subject to completion of the Elimination Period. However, after the Elimination Period has been completed, this benefit will be paid in lieu of the regular Monthly Benefit, not in addition to it. If the Person returns to work, AUL will continue to pay the scheduled Monthly Benefit payments, not to exceed the maximum number of Monthly Benefit payments in the schedule below. The Monthly Benefit will not be reduced by any Current Monthly Income received from the Participating Unit after the Person returns to work. If the Person dies, the Monthly Benefit payments will cease. If a Person remains Disabled beyond the number of monthly benefit payments under this provision, benefits may continue as provided under the Group Policy.

SCHEDULE OF MONTHLY BENEFIT PAYMENTS

FOR LOSS OF:	NUMBER OF MONTHLY BENEFIT PAYMENTS*
Sight of both eyes	46
Both hands	46
Both feet	46
One hand and one foot	46
One hand and sight of one eye	46
One foot and sight of one eye	46
One hand or one foot	23
Sight of one eye	15
Thumb and Index Finger of either hand	12

*NOTE: The maximum number of monthly payments for all losses suffered in any one Injury shall be limited to that one loss for which the greatest number of monthly payments is provided in the above schedule.

"Loss of hands and feet" means the loss by severance at or above the wrist or ankle joint.
"Loss of sight" means total and irrecoverable loss of sight.
"Loss of thumb and index finger" means actual severance at or above the knuckles joining each to the hand.

SECTION 8 - INSURING PROVISIONS

SURVIVOR BENEFIT: AUL will pay a lump sum benefit to the Eligible Survivor when proof acceptable to AUL is received that the Person died:

1) after Disability had continued for 180 or more consecutive days; and
2) while a Person was receiving a Monthly Benefit.

The lump sum benefit will be an amount equal to three (3) times a Person's last Gross Monthly Benefit.

If payment of a lump sum benefit becomes due to a Person's Child(ren) as an Eligible Survivor, payment will be made to the Child(ren) or to a person entitled to receive payments on behalf of the Child(ren) under applicable law. Payment to such person will be valid and effective against all claims of others representing or claiming to represent the Child(ren).

If there are no Eligible Survivors, then no lump sum benefit will be paid.

SECTION 9 - EXCLUSIONS

GENERAL EXCLUSIONS: This Group Policy does not cover any Disability caused by, contributed to by, or resulting from:

1) participation in war or any act of war, declared or undeclared;
2) active participation in a riot;
3) attempted suicide, regardless of mental capacity;
4) attempted or actual self-inflicted bodily injury or self-destruction, including but not limited to the voluntary inhaling or taking of:
   a) a prescription drug in a manner other than as prescribed by a Physician;
   b) any federal or state regulated substance in an unlawful manner;
   c) non-prescription medicine in a manner other than as indicated in the printed instructions;
   d) poison; and
   e) toxic fumes;
5) commission of or attempt to commit a criminal act under relevant state law;
6) Cosmetic Surgery. However, Cosmetic Surgery will be covered when it is due to:
   a) reconstructive surgery incidental to, or follows surgery resulting from, trauma, infection or other diseases of the involved part; or
   b) congenital disease or anomaly that has resulted in a functional defect;
7) caused by a Person legally intoxicated as defined by the law of the jurisdiction in which the incident occurs;
8) that occurs while a Person is incarcerated in a penal or correctional institution;
9) participation in autoerotic asphyxiation;
10) elective surgery except when required for the Person's Regular Attendance as a result of the Person's Injury or Sickness;
11) traveling or flying on any aircraft operated by or under authority of military or any aircraft being used for experimental purposes; or
12) engaging in any illegal or fraudulent occupation, work, or employment.

PRE-EXISTING CONDITION EXCLUSION:

Benefits will not be paid if the Person's Disability begins in the first 12 months following the effective date of the Person's coverage; and the Person's Disability is caused by, contributed to by, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which:

1) the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed drugs or medicines in the three (3) months just prior to the Person's Individual Effective Date of Insurance; and
2) the Person was not Treatment Free for six (6) consecutive months after the Person's Individual Effective Date of Insurance.

PRE-EXISTING CONDITION EXCLUSION ON AN INCREASED MAXIMUM MONTHLY BENEFIT: This provision applies to an increase in Maximum Monthly Benefit of $1,000 or more that occurs after the effective date of coverage of the Participating Unit.

The Group Policy will not cover the increase in Maximum Monthly Benefit of $1,000 or more if the Person's Disability begins in the first 12 months following the Participating Unit's effective date of the increase in coverage; and the Person's Disability is caused by, contributed to by, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed drugs or medicines in the three (3) months just prior to his effective date of increase in amount of insurance.

PRE-EXISTING CONDITION EXCLUSION ON AN INCREASED MAXIMUM MONTHLY BENEFIT WHEN CHANGING CARRIERS: This provision applies to an increase in the Maximum Monthly Benefit when:

1) **coverage under the Group Policy replaces a Participating Unit's prior Long Term Disability coverage;**
2) **coverage under the Group Policy has a Maximum Monthly Benefit that is $1,000 or more than the Participating Unit's prior coverage; and**
3) **the Pre-Existing Condition limitation on the Participating Unit's prior coverage was for a period of time of three (3) months or less.**

The Group Policy will not cover the increase in Maximum Monthly Benefit of $1,000 or more if the Person's Disability begins in the first 12 months following the Participating Unit's effective date of the increase in coverage; and the Person's Disability is caused by, contributed to by, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed drugs or medicines in the three (3) months just prior to his effective date of increase in amount of insurance.

SECTION 10 - DRUG AND ALCOHOL ABUSE LIMITATION

DRUG AND ALCOHOL ABUSE LIMITATION: Monthly Benefits for Disability due to drug and alcohol abuse, whether or not benefits were originally sought because of the condition, will not be payable beyond the Maximum Benefit Duration. In addition, if the Maximum Benefit duration is longer than 24 months, benefits for Disability due to drug and alcohol abuse will not exceed 24 months of Monthly Benefit payments. Benefit payments for Disabilities due to drug and alcohol abuse are cumulative for the lifetime of the contract. The Monthly Benefit may be paid beyond 24 months if:

1) a Person is in a hospital or institution at the end of the 24-month period; and
2) confinement begins:
   a) during the Elimination Period; or
   b) during the 24 months next following the Elimination Period; and
3) confinement is for at least 14 consecutive calendar days.

The Monthly Benefit will be payable until a Person is discharged. If Disability continues after discharge, the Monthly Benefit will be payable for a recovery period not to exceed 90 days.

If a Person is re-confined in a hospital or institution for the same Sickness or Injury that caused the Disability, the Monthly Benefit will be payable during the re-confinement if:

1) it begins during the recovery period; and
2) it is for at least 14 consecutive calendar days.

If Disability continues after a Person is discharged from such a re-confinement, the Monthly Benefit will be payable for a final recovery period not to exceed 90 days.

For any period of confinement beyond those stated above the Monthly Benefit will continue to be payable only:

1) if confinement is for at least 14 consecutive calendar days; and
2) until a Person is discharged; and
3) if a Person is continuously Disabled.

To be covered, confinement must be in a facility licensed to provide care and treatment for the disabling condition due to drug or alcohol abuse.

SECTION 11 - MENTAL ILLNESS LIMITATION

MENTAL ILLNESS LIMITATION: Monthly Benefits for Disability due to Mental Illness whether or not benefits were sought because of the condition will not be payable beyond the Maximum Benefit Duration. In addition, if the Maximum Benefit Duration is longer than 24 months, benefits for Disability due to Mental Illness will not exceed 24 months of Monthly Benefit payments. Benefit payment for Disabilities due to Mental Illness are cumulative for the lifetime of the contract. The Monthly Benefit may be paid beyond such period if:

1) the Person is in a hospital or institution at the end of the 24-month period; and
2) confinement begins:
   a) during the Elimination Period; or
   b) during the 24 months next following the Elimination Period; and
3) confinement is for at least 14 consecutive calendar days.

The Monthly Benefit will be payable until the Person is discharged. If Disability continues after discharge, the Monthly Benefit will be payable for a recovery period not to exceed 90 days.

If the Person is re-confined in a hospital or institution for the same Sickness or Injury which caused the Disability, the Monthly Benefit will be payable during the re-confinement if:

1) it begins during the recovery period; and
2) it is for at least 14 consecutive calendar days.

If Disability continues after the Person is discharged from this re-confinement, the Monthly Benefit will be payable for a final recovery period not to exceed 90 days.

For any period of confinement beyond those stated above the Monthly Benefit will continue to be payable:

1) only if confinement is for at least 14 consecutive calendar days; and
2) only until the Person is discharged; and
3) only if the Person is continuously Disabled.

To be covered, confinement must be in a facility licensed to provide care and treatment for the disabling condition due to Mental Illness.

AUL will not apply the Mental Illness Limitation to a Disability due to dementia if it is a result of:

1) stroke;
2) trauma;
3) viral infection; or
4) Alzheimer's disease.

SECTION 12 - CONTINUITY OF COVERAGE

This provision applies when coverage under the Group Policy replaces a Participating Unit's Prior Plan of Long Term Disability insurance that terminated on the day before the effective date of the Participating Unit under the Group Policy. This Section will apply only to Persons insured under the Participating Unit's Prior Plan on its termination date.

Continuity of Coverage will apply to a Person who would not get full coverage under the Group Policy because of the following situations:
1) failure of the Person to be Actively At Work due to Disability or an approved Leave of Absence or temporary layoff on the effective date of the Participating Unit's coverage under the Group Policy; or
2) a Pre-Existing Condition limitation or exclusion of the Group Policy.

BENEFITS FOR A PERSON WHO FAILS TO BE ACTIVELY AT WORK DUE TO DISABILITY

The Group Policy will cover, subject to proper premium payments, a Person who:
1) was insured under the Prior Plan on its termination date; and
2) is not Actively At Work due to Disability or an approved Leave of Absence or temporary layoff on the effective date of the Participating Unit's coverage under the Group Policy.

Coverage under this provision will begin on the Participating Unit's effective date under the Group Policy and will continue until the earliest of:
1) the date the Person returns to Active Work; or
2) the end of any period of continuance or extension provided under the Prior Plan; or
3) the date coverage would otherwise end, according to the provisions of the AUL Group Policy.

The benefits payable will be the same, as the Prior Plan would have paid, had coverage remained in force, less any amount for which the Prior Plan is liable.

This Section of the Continuity of Coverage provision does not establish eligibility for such a Person under the Group Policy. Eligibility can only be met when the Person returns to full-time, Active Work as described in the Eligibility and Individual Effective Date Section.

BENEFITS PAYABLE FOR A DISABILITY DUE TO A PRE-EXISTING CONDITION

Benefits may be payable for a Disability due to a Pre-Existing Condition for a Person who:
1) was insured by the Prior Plan on its termination date; and
2) has been continuously covered under the AUL Group Policy from the effective date of the Participating Unit's coverage under the Group Policy through the date the Person's Disability began.

The benefit payable will be determined by applying the Group Policy's Pre-Existing Condition exclusion. If the Injury or Sickness that causes a Person's Disability is not excluded under the Pre-Existing Condition exclusion, then a Person will be paid the benefits of the Group Policy as selected by the Participating Unit.

If the Injury or Sickness that causes a Person's Disability is excluded under the Pre-Existing Condition exclusion of the Group Policy, and such Injury or Sickness is not excluded under the Prior Plan's Pre-Existing Condition exclusion, giving consideration for continuous time covered under both plans, the Person will be paid the lesser of:
1) the benefits of the Group Policy for the Participating Unit determined without application of the Pre-Existing Condition exclusion; or
2) the benefits of the Prior Plan.

If the Injury or Sickness is excluded under the Prior Plan's Pre-Existing Condition exclusion, giving consideration for continuous time covered under both Plans, no benefits will be paid.

SECTION 15 - MANDATORY REHABILITATION PROGRAM

MANDATORY REHABILITATION PROGRAM: AUL's Rehabilitation Program is designed to assist a Person in returning to work. A Person's claim is reviewed and medical and vocational information is analyzed to determine if rehabilitation services might assist in this process.

AUL's Rehabilitation Program specialists, who coordinate with a Person's Physician and other specialists, complete an initial review. After this review, AUL may elect to offer and pay for a reasonable and necessary Rehabilitation Program. A Person must receive written approval from AUL before beginning any program in order to be eligible for benefits under this provision. AUL will not reimburse unapproved or unnecessary rehabilitation expenses.

AUL's Rehabilitation Program may include coordination with other parties to:

1) assist in a Person's return to work;
2) evaluate adaptive equipment to allow a Person to work;
3) provide child care assistance during a Person's participation in a rehabilitation program;
4) provide vocational evaluation;
5) provide job placement services;
6) provide resume preparation;
7) provide job-seeking skills training;
8) provide retraining for a new occupation;
9) provide alternative treatment plans, such as:
    a) support groups;
    b) physical therapy;
    c) occupational therapy;
    d) speech therapy;
    e) exercise programs;
    f) mental health programs; or
    g) other medical rehabilitation programs.

If at any time a Person declines to take part or cooperate in a rehabilitation evaluation or program, that AUL determines is appropriate for his Disability and has been approved by his Physician, AUL may discontinue paying a Person a Monthly Benefit for Disability.

SECTION 16 - WORKPLACE MODIFICATION BENEFIT

WORKPLACE MODIFICATION means reasonable and necessary changes to a Person's work environment or to the way a Person's job is performed that enables the Person to return to full or part-time work for the Participating Unit.

WORKPLACE MODIFICATION BENEFIT: AUL may pay the expense for any reasonable and necessary modification to a Person's workplace to accommodate the Person's Disability and enable him to return to Active Work for the Participating Unit. The amount AUL may pay will not exceed the lesser of:

1) two times the Person's last Monthly Benefit payment; or
2) $5,000.

To qualify for this Benefit:

1) a Person must be receiving a Monthly Benefit under the Group Policy;
2) the Participating Unit must agree to make reasonable and necessary modifications to the workplace that reasonably accommodates and enables a Person's return to work on a full or part-time basis; and
3) all proposed modifications and costs must be approved by AUL in advance and in writing prior to making any modification.

AUL may evaluate the appropriateness of a proposed modification.

AUL reserves the right, at its expense, to have a Person examined and evaluated by a Physician or other health care professional and a vocational expert or rehabilitation specialist of its choice, as frequently as it deems necessary.

If the Participating Unit incurs reasonable and necessary costs for AUL approved modifications, the Participating Unit will be reimbursed after:

1) proposed modifications made on the Person's behalf are completed;
2) written proof of incurred expenses for all modifications have been provided to and approved by AUL; and
3) the Person has returned to full or part-time employment with the Participating Unit.

This Benefit will not be payable if:

1) expenses were not incurred in making the actual modification;
2) AUL did not provide written approval for the modification or its cost prior to the expense;
3) a Person becomes self-employed or returns to work for an employer other than the Participating Unit;
4) a Person or Participating Unit is able to apply or receives reimbursement for any costs under any other governmental program, grant, insurance policy, law or settlement; or
5) a Person ceases to be Disabled before or during the Workplace Modification.

This benefit is available on a one-time basis, per Person.

ENDORSEMENT

Discrimination Against Victims of Family Violence

This endorsement is made a part of the contracts to which it is attached.

The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

American United Life Insurance Company®
Indianapolis, Indiana 46202



Secretary