Proposal for: China Spring ISD
Prepared: 10/17/2025

Products and financial services provided by
American United Life Insurance Company®
a OneAmerica Financial® company
One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318

OneAmerica Financial

Proposed Effective Date: 01/01/2026

Group Worksite Disability Insurance Options – Short Term

Class Description:	All Eligible Full-Time Employees[3]
Required Minimum Number of Hours Worked:	30 hours weekly
Employer Contribution Percentage:	0%
Participation Requirement:	Greater of 10 insured employees or 25% of all eligible employees

Features	STD Option 1	STD Option 2
Injury Elimination Period:	14 Days	30 Days
Sickness Elimination Period:	14 Days	30 Days
Maximum Benefit Duration[4]:	11 Weeks	9 Weeks
Monthly Benefit Amount:	Increments of $100 with a minimum of $200 and a maximum of $7,500 not to exceed 66 2/3% of Covered Monthly Earnings	Increments of $100 with a minimum of $200 and a maximum of $7,500 not to exceed 66 2/3% of Covered Monthly Earnings

Pre-Existing Condition Exclusion:	3/3/12
Total Disability Definition:	Regular Job
Partial Disability Benefit:	50%
Residual Benefit:	Yes

[3] Use of the term “Employee” includes employees, owners, members, partners, shareholders, or participants eligible to apply for coverage under American United Life Insurance Company® (AUL) contract.

[4] Disability benefits payable under the contract for Short Term Disability (durations less than or equal to 104 weeks) will be paid weekly instead of monthly. To estimate the potential weekly benefit payable under the contract, multiply the monthly benefit by 12, then divide by 52.

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Benefit Features Offered for Group Worksite Disability Insurance – Short Term:

Continuation of Personal Insurance under Family Medical Leave Act (FMLA)
Continuation of Personal Insurance during Leave of Absence, including Active Military Service and a Temporary Layoff
Coverage Type - Non-Occupational
First Day Hospital Benefit - including outpatient surgery
Individual Reinstatement – 30 days
Minimum Monthly Benefit – The greater of 10% of the gross monthly benefit or $100
Normal pregnancy and certain complications included in definition of Sickness
Portability Privilege
Recurrent Disability – 30 days
Salary Continuance Offset Method – No offsets until 100% of pre-disability earnings
Social Security Integration Method – Family
Tax Reporting Services - pertaining to Employee FICA & W2 (Option 2)
Waiver of Premium
Workplace Modification Benefit

An eligible employee is a full-time employee authorized to work and reside in the United States. Eligible employees must work the required minimum number of hours and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the contract effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

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Proposed Premium Rates for Group Worksite Disability Insurance

*Age Category**	STD Monthly Premium Rate per $100 of Monthly Benefit Option 1	STD Monthly Premium Rate per $100 of Monthly Benefit Option 2
0-19	$1.84	$1.48
20-24	$1.84	$1.48
25-29	$1.84	$1.48
30-34	$1.84	$1.48
35-39	$1.36	$1.18
40-44	$1.08	$0.96
45-49	$1.08	$0.96
50-54	$1.20	$1.08
55-59	$1.60	$1.34
60-64	$1.72	$1.34
65-69	$1.88	$1.64
70+	$1.98	$1.74

The proposed premium rates are guaranteed for 36 months, to 12/31/2028. Any variation in benefits or services will make these rates invalid.

*An eligible employee's age will be determined as of the Policyholder's anniversary date. If the anniversary date and the effective date are identical, the employee's age will be determined as of the Policyholder's effective date of coverage. Premium rates for each employee will increase for events such as when the employee enters a new age category.

This proposal is based on 410 eligible employees.

If an employee is eligible and enrolls timely, the employee will be able to apply for coverage without providing Evidence of Insurability. After the initial enrollment period, eligible employees may apply for coverage under another option only during an approved scheduled enrollment period. However, any change in coverage will then require medical underwriting and written approval by American United Life Insurance Company® (AUL).

Any change in the above amounts of coverage and/or number of employees insured will invalidate the proposed premium rates and require further evaluation by AUL. To be eligible for the above premium rates and coverages, the required number of insured employees must be the greater of 10 enrolled employees or 25% of all eligible employees. When both Group Worksite short term disability and Group Worksite long term disability coverage are issued to the policyholder, the required percentage of insured employees is 25% of all eligible employees.

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The proposed effective date of coverage under AUL's contract will be 1/1/2026. No insurance coverage shall exist or become effective until approved in writing by AUL at its Indianapolis, Indiana home office. AUL shall not be liable or responsible for any loss or benefits incurred prior to AUL's effective date of coverage for any insured.

Tax Reporting Services offered

Deduct and deposit with the IRS employee FICA, if any; supply the policyholder with periodic and annual benefit payment and tax withholding reports; and prepare and issue W-2 Forms only.

Additional information

Any sick pay services will be performed pursuant to IRS Employer's Tax Guide or applicable tax publication and AUL is not considered the employer's agent. The employer/policyholder remains responsible and liable for all withholding, depositing, and reporting obligations not agreed to be provided by AUL.

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Proposed Effective Date: 01/01/2026

Group Worksite Disability Insurance Options – Long Term

Class Description:	All Eligible Full-Time Employees[5]
Required Minimum Number of Hours Worked:	30 hours weekly
Employer Contribution Percentage:	0%
Participation Requirement:	Greater of 10 insured employees or 25% of all eligible employees

Features	LTD Option 1
Elimination Period:	90 days
Maximum Benefit Duration:	SSNRA
Monthly Benefit Amount:	Increments of $100 with a minimum of $200 and a maximum of $7,500 not to exceed 66 2/3% of Covered Monthly Earnings
Pre-Existing Condition Exclusion:	3/3/12
Total Disability Definition:	Regular Occupation – 2 years
Partial Disability Benefit:	50%
Residual Benefit:	Yes

[5] Use of the term "Employee" includes employees, owners, members, partners, shareholders, or participants eligible to apply for coverage under American United Life Insurance Company® (AUL) contract.

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Benefit Features Offered for Group Worksite Disability Insurance – Long Term:

Accidental Dismemberment and Loss of Sight
Accumulation of Elimination Period – 2 times the Elimination Period
Continuation of Personal Insurance under Family Medical Leave Act (FMLA)
Continuation of Personal Insurance during Leave of Absence, including Active Military Service and a Temporary Layoff
Gainful Occupation - 80% if working / 60% if not working
Individual Reinstatement – 30 days
Minimum Monthly Benefit – $100
Normal pregnancy and certain complications included in definition of Sickness
Portability Privilege
Recurrent Disability – 6 months
Return to Work Benefit - 12 months
Social Security Integration Method – Family
Survivor Benefit - 3 times last Gross Monthly Benefit
Tax Reporting Services - pertaining to Employee FICA & W2 (Option 2)
Vocational Rehabilitation Program
Waiver of Premium
Workplace Modification Benefit

Limitations:

Mental Illness - 24 months lifetime cumulative
Drug & Alcohol Abuse - 24 months lifetime cumulative
Special Conditions - 24 months lifetime cumulative

An eligible employee is a full-time employee authorized to work and reside in the United States. Eligible employees must work the required minimum number of hours and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the contract effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

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Proposed Premium Rates for Group Worksite Disability Insurance

*Age Category**	LTD Monthly Premium Rate per $100 of Monthly Benefit Option 1
0-19	$0.10
20-24	$0.24
25-29	$0.32
30-34	$0.48
35-39	$0.62
40-44	$0.80
45-49	$1.06
50-54	$1.06
55-59	$1.06
60-64	$1.06
65-69	$0.58
70+	$0.44

The proposed premium rates are guaranteed for 36 months, to 12/31/2028. Any variation in benefits or services will make these rates invalid.

*An eligible employee's age will be determined as of the Policyholder's anniversary date. If the anniversary date and the effective date are identical, the employee's age will be determined as of the Policyholder's effective date of coverage. Premium rates for each employee will increase for events such as when the employee enters a new age category.

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Any change in the above amounts of coverage and/or number of employees insured will invalidate the proposed premium rates and require further evaluation by AUL. To be eligible for the above premium rates and coverages, the required number of insured employees must be the greater of 10 enrolled employees or 25% of all eligible employees. When both Group Worksite short term disability and Group Worksite long term disability coverage are issued to the policyholder, the required percentage of insured employees is 25% of all eligible employees.

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Tax Reporting Services offered

Deduct and deposit with the IRS employee FICA, if any; supply the policyholder with periodic and annual benefit payment and tax withholding reports; and prepare and issue W-2 Forms only.

Additional information

Any sick pay services will be performed pursuant to IRS Employer's Tax Guide or applicable tax publication and AUL is not considered the employer's agent. The employer/policyholder remains responsible and liable for all withholding, depositing, and reporting obligations not agreed to be provided by AUL.

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Proposal Conditions

The following are assumptions and conditions upon which this proposal is offered:

1. This invitation to inquire allows interested employers an opportunity to inquire further about group insurance coverage and is limited in its description of the losses for which benefits may be payable. The contract has exclusions, limitations, reduction of benefits, and terms under which it may be continued in force or discontinued. The contract may contain a waiting or elimination period between the effective date of the contract and the effective date of coverage, and between the date a loss occurs and the date benefits begin to be payable for the loss.
2. Estimated rates are available for 60 calendar days following the proposal date. Actual monthly premium will be calculated and quoted by AUL. Premium rates do increase upon reaching certain age brackets, according to contract terms, and are subject to change. Any deviation from the benefits selected and/or information supplied by employer will invalidate this proposal and require reevaluation of any terms/conditions offered by AUL. Employer warrants and represents, to the best of its knowledge, no participants who may apply for coverage have any illnesses that could affect premium rates, benefits or coverage approval.
3. Rates and coverage are dependent upon the employer being in business and operational at least 2 consecutive years.
4. Coverage continues while required premium is paid and employer receives coverage under the AUL group contract. Benefits payable under the contract may be based on a percentage of an employee's covered earnings subject to AUL's approval, contract maximums, contract reductions, and according to contract terms and conditions. If a choice of the amount of benefits is offered, the amount of benefits provided depends upon the coverage selected and premium can vary with the amount of benefits selected. If a range of benefit levels is present, the applicant is only entitled to the benefit level shown in the contract.
5. Rates assume an SIC code of 8211.
6. Any coverage offered by AUL prior to and after the effective date of coverage is contingent upon information and documents received by AUL being accurate and reliable. Final premium costs will be calculated by AUL based on the final enrollment data of employees insured on the effective date.
7. AUL's group insurance policies are nonparticipating contracts.
8. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to the insured's effective date of coverage. A pre-existing condition is any condition for which a person has done any of the following at any time during the period of time as stated in the policy: 1) received medical treatment or consultation; 2) taken or were prescribed drugs or medicine; or 3) received care or services, including diagnostic measures. Insureds must also be treatment-free for a time-frame specified in some contracts following the individual effective date of coverage.
9. AUL assumes employer has existing Worker's Compensation insurance coverage.
10. All products and benefits may not be available or offered in all states. Contact your AUL regional group insurance representative for availability of products and benefits

EMPLOYER SHOULD RETAIN AND NOT TERMINATE ANY OTHER GROUP INSURANCE COVERAGE UNTIL WRITTEN APPROVAL HAS BEEN RECEIVED FROM AUL.