ONEAMERICA®

American United Life Insurance Company®
P.O. Box 368, Indianapolis, Indiana 46206-0368
www.oneamerica.com

Marion School District
(Hereinafter called the Group Policyholder)

Group Policy Number: 00612839-0000-000 Class: 001

Change Effective Date: Does Not Apply

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

American United Life Insurance Company® (AUL) certifies that the Employee whose enrollment form is on file with the Group Policyholder 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.

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 and the Group Policyholder without notice to You. The Group Policy may be examined at the main office of the Group Policyholder during the regular office hours.

Thomas M. Zurek
Secretary

J. Scott Davison
Chairman, President and Chief Executive Officer

CERTIFICATE OF INSURANCE
GROUP TERM LIFE INSURANCE
WITH AN ACCELERATED LIFE BENEFIT

NOTE: RECEIPT OF THE ACCELERATED LIFE BENEFIT MAY BE TAXABLE. PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.

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SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE

CLASS 001

CLASSIFICATION:
All Eligible Full-Time Teachers

LIFE AMOUNT:
One Times The Annual Base Salary, Then Rounded Up To The Next Higher $1,000 With A Maximum Of $100,000

AD&D PRINCIPAL SUM:
One Times The Annual Base Salary, Then Rounded Up To The Next Higher $1,000 With A Maximum Of $100,000

ACCELERATED LIFE BENEFIT (ALB): You may request payment of 25%, 50% or 75% of the Life Amount shown above. This benefit is available on a Life Amount of $10,000 or more. The maximum payment is limited to 25%, 50% or 75% of the Life Amount shown above or $75,000, whichever is less. See Section 13.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: This benefit is included in this certificate. See Section 12.

ADDITIONAL ACCIDENTAL DEATH BENEFITS:

SEAT BELT BENEFIT: This benefit is included in this certificate. See Section 12A.
AIR BAG BENEFIT: This benefit is included in this certificate. See Section 12B.
REPATRIATION BENEFIT: This benefit is included in this certificate. See Section 12C.
CHILD HIGHER EDUCATION EXPENSE BENEFIT: This benefit is included in this certificate. See Section 12D.
CHILD CARE BENEFIT: This benefit is included in this certificate. See Section 12E.

ANNUAL BASE SALARY: Annual Base Salary with Teacher’s Annual Base Salary. Annual Base Salary excludes overtime.

CHANGES IN INSURANCE COVERAGE: First of the Month. See Section 6.

CONTRIBUTIONS: Employee premium contributions are not required. See Section 4.

ELIGIBILITY: First of the Month. See Section 3.

FULL-TIME EMPLOYEE REQUIREMENT: 20 hours or more per week. See Section 2, Definitions - Employee, and Section 3, Eligibility.

SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE

CLASS 001

GUARANTEED ISSUE AMOUNT: $100,000. Any amount of coverage for which You request greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 4, Individual Effective Date.

INDIVIDUAL EFFECTIVE DATE: First of the Month. See Section 4.

INDIVIDUAL REINSTATEMENTS: First of the Month. See Section 11.

INDIVIDUAL TERMINATIONS: End of the Month. See Section 9.

REDUCTIONS: The Life Amount will reduce by 50% effective on the policy anniversary date following the date the Employee attains age 70.

Reductions will be based upon the Life Amount prior to the payment of any Accelerated Life Benefit.

TERMINATIONS: Terminations are governed by the Individual Terminations Section. See Section 9.

TOTAL DISABILITY: The definition for Total Disability and Totally Disabled included in this certificate is the standard any occupation definition. See Section 2.

WAITING PERIOD for Present Employees hired before the policy effective date: First of the Month following 30 days. See Eligibility Section 3.

WAITING PERIOD for New Employees hired on or after the policy effective date: First of the Month following 30 days. See Eligibility Section 3.

WAIVER OF PREMIUM FOR TOTAL DISABILITY: This benefit is included in this certificate.
Reductions are applicable to this benefit. See Section 8.

SECTION 2 – DEFINITIONS

ACCIDENTAL BODILY INJURY means an injury occurring, either directly or indirectly, as a result of an accident along with all other related conditions, sustained by You while insured under the policy.

ACTIVE PAY STATUS means You are eligible to and receiving pay from the Group Policyholder, and includes, but is not limited to, vacation leave, sick leave, bereavement leave, administrative leave, compensatory time, holidays, and personal leave.

ACTIVE WORK and ACTIVELY AT WORK mean the use of time, services, and energy by You for the Group Policyholder at the Group Policyholder's regular place of business, an alternate location approved by the Group Policyholder, or an alternate location to which the Group Policyholder requires You to travel. You must be physically and mentally capable of performing each of the material and substantial duties of Your regular position with the Group Policyholder for at least the minimum number of hours listed in the Eligibility Section of the policy. Active Work will include time off for vacation, jury duty, paid holidays, and funeral leave approved by the Group Policyholder when You could have been Actively at Work. When You are in Active Pay Status, You will be considered Actively at Work. Active Work does not include periods of time when You are not Actively at Work following an injury, Accidental Bodily Injury, Sickness, strike, lock-out, layoff unless You are in Active Pay Status.

Teacher's Annual Base Salary
ANNUAL BASE SALARY means the annual gross wages received from the Group Policyholder. Annual Base Salary is based on the amount reported to AUL in writing by the Group Policyholder and approved by AUL before the date of death or events shown in the AD&D provisions if AD&D is included. It does not include income received from commissions, bonuses, overtime or reimbursement for expenses.

BASIC LIVING EXPENSES include the cost of food, shelter, clothing and any other basic living expenses of the average American household. Each household member need not contribute equally or jointly to the payment of these expenses as long as each agrees both are responsible for the basic living expenses.

BI-WEEKLY means every two weeks or 26 times a year.

CHILD means any minor related by blood, marriage or court order that can be claimed as a dependent for federal income tax purposes, and may include:
1) any of Your natural born child(ren);
2) any of Your legally adopted child(ren) from the time of placement in Your home with the intent to adopt;
3) any stepchild(ren) who live with You;
4) any child(ren) for whom You have legal guardianship; or
5) any child(ren) for whom coverage must be provided in accordance with state law or court order.

CONTRIBUTORY INSURANCE means insurance for which You pay part or all of the premium.

COVERAGE MONTH means that period of time beginning on the first day that the Group Policyholder's coverage is in force and ending on the day before that date of the next month.

DATE OF DISABILITY means the first day You are not Actively at Work due to an Accidental Bodily Injury or Sickness and results in Total Disability.

DEPENDENT means:

1) Your legal spouse under age 70;
2) Your Domestic Partner under age 70 whose relationship with You is recognized by and allowed under applicable state law provided both the Domestic Partner and You:
   a) share the same regular and permanent residence;
   b) have a close personal relationship similar to lawful marriage;
   c) have agreed to be jointly responsible for Basic Living Expenses, incurred during the domestic partnership;
   d) are not married to anyone;
   e) are 18 years of age and older;
   f) are not so closely related by blood to be prohibited under applicable state laws;
   g) were mentally competent to consent to a contract when the domestic partnership began;
   h) are each other's sole domestic partner; and
   i) are responsible for each other's welfare;
3) Your unmarried Child from live birth and under the age of 19, if the Child:
   a) is not eligible under the policy for Personal Insurance;
   b) is not in the military of any country; and
   c) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return;
4) Your unmarried Child under the age of 25, if the Child:
   a) is registered at and attending an accredited educational institution on a full-time basis as defined by the regulations of the institution, and
   b) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return; and
5) Your unmarried Child who is disabled and incapable of self-sustaining employment as a result of mental or physical disability. The Child must have been disabled prior to age 19. If the Child is at least age 19 on Your effective date, coverage is subject to AUL's receiving written proof of the disability on that date including but not limited to receipt of Social Security Administration disability benefits. If the Child is not at least age 19, extension of coverage is subject to AUL's receiving written proof of the disability not later than 120 days after the Child attains age 19. Proof of continued disability shall be required not more than once each year thereafter.

If Dependent Insurance is not included in the policy, then references to Dependents and Dependent Insurance are null and void.

DEPENDENT INSURANCE means the insurance provided under the policy covering Your Dependents, Section 20, if included in the policy.

ELIMINATION PERIOD see Waiver of Premium, Section 8, if included in the policy.

EMPLOYEE means any individual who is a full-time, permanent Employee (including owner, member, partner, or shareholder) of the Group Policyholder:

1) who is legally authorized to work and reside in the United States under applicable state and federal laws; and
2) whose employment with the Group Policyholder constitutes his principal occupation; and
3) who regularly works at that occupation at the Group Policyholder's regular place of business a minimum of 20 hours or more per week; and
4) who is not temporarily or seasonally employed by the Group Policyholder; and
5) who is an employee, participant, person, or any member of any employee organization, who is or may become eligible to receive a benefit of any type from the Policyholder's employee welfare benefit plan; and
6) who is not an independent contractor.

EMPLOYER see GROUP POLICYHOLDER. Any references to Employer used in the policy shall include Insured Units.

EVIDENCE OF INSURABILITY means a signed statement of proof acceptable to AUL of an Employee's or Dependent's medical history provided at no expense to AUL, and, if requested by AUL, medical records, tests, and/or examinations at no expense to AUL. Satisfactory Evidence of Insurability must include information and documentation which can be used by AUL to determine if the individual is an acceptable underwriting risk and can be approved for coverage under AUL's guidelines.

GRANDFATHERED RETIREE, see Eligibility, Section 3A, if included in the policy.

GUARANTEED ISSUE AMOUNT means the amount of coverage that does not require Evidence of Insurability. This amount is selected by the Group Policyholder on the Application and later approved in writing by AUL.

GROUP POLICYHOLDER means the entity which applied for and was approved by AUL for coverage. Any references to Group Policyholder used in the policy shall include Insured Units.

MENTAL ILLNESS means a psychiatric or psychological condition classified in the most recent version of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association as of the date of Total Disability and has been diagnosed by a Physician. Such disorders include, but are not limited to, psychotic, emotional, behavioral disorders, or disorders related to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, Mental Illness will be determined based on the diagnostic manual then published by the American Psychiatric Association on the date of Total Disability.

NON-CONTRIBUTORY INSURANCE means insurance for which You pay no portion of the premium.

PERMANENT AND TOTAL DISABILITY/PERMANENTLY AND TOTALLY DISABLED means Your inability as determined by a Physician to engage, due to Accidental Bodily Injury or Sickness in any occupation for which You are fitted by training, education or experience. Permanent and Total Disability/Permanently and Totally Disabled must occur after You become insured under the Policy and it must be conclusively determined the Permanent And Total Disability will continue for Your lifetime.

PERSONAL INSURANCE means the insurance provided under the policy for You.

PHYSICIAN means a qualified, licensed doctor of medicine or osteopathy, and any other licensed health care provider that state law requires to be licensed prior to engaging in the practice of medicine and who is, practicing within the scope of his specialty, license, and applicable law. Physician does not include any medical provider affiliated with the Group Policyholder, or anyone related by blood, marriage, or domestic partnership to an Employee.

REGULAR ATTENDANCE means that You or Your Dependent:

1) are receiving periodic medical treatment and services from a Physician when medically required and according to standard medical protocol to effectively manage and treat Your or Your Dependent's Disability;
2) are receiving the most appropriate treatment and care that will maximize Your medical improvement and aid in Your return to work; and
3) are receiving medical care and services from a Physician whose specialty or practice is related to the Disability.

RETIREE means an individual who, on his last day of Active Work prior to retirement, was an Actively at Work Employee and who is receiving benefits under the Group Policyholder's retirement plan. Retiree does not include an Employee who is receiving benefits under his retirement plan solely due to being Totally Disabled and who otherwise does not meet the Group Policyholder's retirement plan's criteria for receipt of benefits.

SICKNESS means illness, bodily disorder or disease, Mental Illness, normal pregnancy and complications of pregnancy. Complication of Pregnancy is defined as concurrent disease or abnormal conditions significantly affecting the usual medical management of pregnancy.

TEMPORARY LAY-OFF means a period of time during which You are not Actively at Work due to lack of work and are not terminated from employment with the Group Policyholder.

TOTAL DISABILITY AND TOTALLY DISABLED mean that because of Accidental Bodily Injury or Sickness You cannot engage in any occupation for which You are reasonably fitted by training, education, or experience. If You accept any type of employment, other than in a state-approved rehabilitation program or sheltered workshop, You will be considered fitted to that occupation.

WE, OUR, US, and AUL mean American United Life Insurance Company.®

YOU and YOUR means an Employee who meets the requirements of the Eligibility and Individual Effective Date Sections.

SECTION 3 - ELIGIBILITY

DEFINITIONS

NEW EMPLOYEE means an Employee who is employed by the Group Policyholder on or after the Group Policyholder's Effective Date.

PRESENT EMPLOYEE means an Employee who is employed by the Group Policyholder before the Group Policyholder's Effective Date.

WAITING PERIOD means the period of days beginning on the Employee's hire date that an Employee must be continuously Actively at Work prior to becoming eligible for Personal Insurance. Present Employees will be given credit for time insured under the Group Policyholder's prior group life insurance contract if the policy replaces the same coverage available under the prior group life insurance contract. The Waiting Period is stated in the Schedule of Benefits.

On the effective date of the policy, an Employee becomes eligible for Personal Insurance if:

1) the Employee has fulfilled the Waiting Period, if any, and is Actively at Work; or
2) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on an Employer-approved leave of absence other than for injury or Sickness; or
3) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on Temporary Lay-off.

After the effective date of the policy and while the policy is in force, an Actively at Work Employee becomes eligible for Personal Insurance on:

1) the date the Employee fulfills the Waiting Period, if any, if that date is the first day of the Coverage Month; or
2) the first day of the Coverage Month next following the date the Employee fulfills the Waiting Period, if any, if that date is not the first day of the Coverage Month.

TO REMAIN ELIGIBLE FOR PERSONAL INSURANCE AND DEPENDENT INSURANCE, IF ANY, EMPLOYEES MUST CONTINUOUSLY MEET THE ABOVE REQUIREMENTS.

Refer to Your Basic Schedule of Benefits to determine to which coverage this page applies. When applicable, the Schedule of Benefits will indicate employee premium CONTRIBUTIONS are not required and INDIVIDUAL EFFECTIVE DATE is First of the Month.

SECTION 4 - INDIVIDUAL EFFECTIVE DATE NON-CONTRIBUTORY INSURANCE

The eligible Employee, prior to receiving coverage under the policy must make written election on a form approved by AUL and the Employer must contribute the required amount of premium to AUL on a timely basis.

For amounts of coverage that do not exceed the Guaranteed Issue Amount shown in the Schedule of Benefits, the effective date for an eligible Employee is:

1) the first day of the Coverage Month; or
2) the first day of the next Coverage Month if the Employee applies after the first day of the Coverage Month.

To receive any amount of coverage exceeding the Guaranteed Issue Amount, the eligible Employee must make written request to AUL on a form approved by AUL and undergo medical underwriting. The effective date of insurance for an eligible Employee, subject to the further provisions of this Section, will be after the Employee submits satisfactory Evidence of Insurability to AUL and on the date AUL determines the Employee is approved for coverage. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided prior to receiving any amount of coverage greater than the Guaranteed Issue Amount.

If an eligible Employee desires to decline coverage for which the Employer would pay 100% of the premium, the Employee must first notify the Employer in writing of this decision prior to coverage being declined. Once coverage is declined, the Employer is not responsible for paying premium for that Employee, and the Employee will not be eligible for any coverage under the policy. If an eligible Employee initially declines coverage and later desires to have coverage, the Employee will be required to undergo medical underwriting and submit satisfactory Evidence of Insurability at no expense to AUL prior to receiving any coverage. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

Any eligible Employee who converted his insurance under the policy to an individual life insurance policy and if that individual life insurance policy is still in force, the Employee is required prior to becoming insured again under the policy to undergo medical underwriting and submit satisfactory Evidence of Insurability, at no expense to AUL. If the Employee does not wish to undergo medical underwriting and submit satisfactory Evidence of Insurability, the Life Amount under the policy will be reduced by the amount of coverage under the individual life insurance policy. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

If an Employee is not Actively at Work on the date coverage would otherwise become effective, the effective date will be:

1) the first day of the Coverage Month, if the Eligible Employee returns to Active Work on the first day of the Coverage Month; or
2) the first day of the Coverage Month following the date the eligible Employee returns to Active Work, if Active Work begins after the first day of the Coverage Month.

Contributions for Basic insurance are not required from Employees for Personal Insurance.

Also see Continuity of Coverage, Section 5, if included in the policy.

SECTION 5 - CONTINUITY OF COVERAGE

This Section applies when coverage under the policy replaces prior group term life insurance issued to the Group Policyholder and the coverage under that policy terminated on the day before the effective date of AUL's policy.

Coverage will be extended under this Section to an Employee who:
1) was insured under the prior carrier's group term life insurance on its termination date; but
2) was not eligible for coverage on the effective date of the policy because:
   a) in the case of an Employee, he was not Actively at Work.

Coverage may be extended if such Employee:
1) applies to AUL for coverage on or before the effective date of the policy;
2) pays the required amount of premium; and
3) is not eligible to continue coverage under the prior carrier's group term life insurance.

The amount of coverage extended will be the lesser of:
1) the coverage for which the Employee would have been eligible to receive under the policy; or
2) the coverage the Employee received under the prior carrier's group term life insurance policy minus the amount payable under that group term life policy.

The coverage under this Section will terminate on the earliest of the following dates:
1) the date for which any required premium was not received by AUL;
2) the date the Personal Insurance becomes effective under the policy;
3) the date the coverage would have terminated under the Individual Termination Section of the policy if the Personal Insurance had become effective; or
4) the date the Employee becomes eligible for coverage under the prior carrier's group term life insurance policy.

This coverage only includes the Life Amount.

SECTION 6 - CHANGES IN INSURANCE COVERAGE

The amount of coverage for which You are eligible is shown in the Schedule of Benefits.

A change in coverage that does not increase the amount of coverage becomes effective the earlier of:
1) the first day of the Coverage Month following any scheduled reduction; or
2) the first day of the Coverage Month following AUL's written approval of the change.

Prior to a change in coverage that increases coverage, You must be Actively at Work and the required amount of premium must be paid.

A change increasing the amount of coverage equal to or less than Your Guaranteed Issue Amount takes effect on:
1) the first day of the Coverage Month if You become eligible for the change on the first day of the Coverage Month; or
2) the first day of the next Coverage Month following the date You become eligible for the change, if the date is after the first day of the Coverage Month.

A change in coverage increasing the amount of coverage above Your Guaranteed Issue Amount is subject to:
1) satisfactory Evidence of Insurability, at no expense to AUL; and
2) takes effect on the first day of the Coverage Month, following AUL's written approval of the change.

If You are not Actively at Work on the effective date of the approved increase, any increase in the amount of coverage takes effect on:
1) the first day of the Coverage Month, if You return to work on the first day of the Coverage Month; or
2) the first day of the Coverage Month following Your return to Active Work, if the date is after the first day of the Month.

SECTION 7 - CONTINUATION OF INSURANCE

CONTINUATION OF INSURANCE

While the policy is in force and if You have ceased Active Work due to:

1) Sickness or injury, Personal Insurance may be continued until 6 months following cessation of Active Work;
2) Temporary Lay-off, Personal Insurance may be continued until the 90th day following cessation of Active Work;
3) an Employer-approved leave of absence, Personal Insurance may be continued until the 90th day following cessation of Active Work; or
4) an Employer-approved leave of absence allowed under the Family and Medical Leave Act (FMLA) or state law. Personal Insurance may then be continued until the end of the period allowed under FMLA or state law, whichever is longer.

In all the above Continuation of Insurance situations, Personal Insurance will terminate on the earliest of the following:

1) the date You return to Active Work;
2) the date the required premium payments are not received by AUL;
3) the date You die;
4) the date You begin full or part-time employment;
5) the date the policy, or the Group Policyholder's coverage under the policy, terminates;
6) the date You notify the Group Policyholder that You will not be returning to Active Work;
7) the date Your class is no longer offered under the policy;
8) the date You are no longer a member in an eligible class;
9) the date You make written request for termination of coverage but not prior to the date of the request; or
10) the date You enter military service for any country, except for temporary duty not scheduled for more than 30 days.

If the Group Policyholder has approved more than one type of leave of absence during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the policy.

If You do not return to Active Work, Personal Insurance terminates at the end of Continuation of Insurance period. At the end of Continuation of Insurance period, You may apply, if eligible, for Waiver of Premium for Total Disability, see Section 8, if available; or may be eligible to apply to convert the Life Amount to an individual life insurance policy pursuant to Section 10.

SECTION 8 - WAIVER OF PREMIUM FOR TOTAL DISABILITY

This Section applies to Basic Life Insurance.

DEFINITIONS

ELIMINATION PERIOD means a 6 month period of consecutive days of Total Disability. The Elimination Period begins on the 1st day of Total Disability and ends on the last day of the 6 month period. You may not have more than three (3) days of Active Work during the Elimination Period.

WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY

AUL will waive further premium payments for Your Life Amount if You:

1) become Totally Disabled before age 60 and while insured under the policy;
2) remain continuously Totally Disabled during the 6 month Elimination Period;
3) submit and AUL receives proof of Total Disability within the three (3) months prior to the end of the Elimination Period;
4) submit and AUL receives acceptable proof of continuous Total Disability at least annually and as requested by AUL; and
5) are under the Regular Attendance of a Physician.

AUL also may require that You be examined:

1) at AUL's expense;
2) by a Physician of AUL's choice.

The required amount of premium must continue to be received by AUL until AUL approves the request for Waiver of Premium Benefit for Total Disability and the Elimination Period has been fulfilled.

While You meet the conditions set forth above and are approved by AUL for the benefit, You will retain coverage without the need to make further premium payments until the first of the following occurs:

1) proof of Total Disability is not received by AUL;
2) You become employed, or are found able to be employed in an occupation for which You are reasonably fitted by training, education or experience;
3) You refuse to undergo a medical examination requested by AUL;
4) the date You are not under the Regular Attendance of a Physician;
5) proof of continuous Total Disability is not submitted within the twelfth month of any benefit period unless it was not possible to do so;
6) You attain age 65; or
7) Your class terminates; or
8) You are no longer Totally Disabled.

SECTION 8 - WAIVER OF PREMIUM FOR TOTAL DISABILITY
Continued

Any Accidental Death and Dismemberment Insurance will continue until the earliest of the following dates:
1) the date of the final benefit determination by AUL;
2) 6 months following the Date of Disability; or
3) the date the required amount of premium was not received by AUL.

When You are approved for benefits under this Waiver of Premium Benefit for Total Disability, the coverage in force under the policy will be the Life Amount and:
1) will not include any Accidental Death and Dismemberment coverage You may have had; and
2) will reduce if:
   a) the coverage for Your class is reduced; or
   b) the Schedule of Benefits includes an automatic reduction for all Employees in Your class at a certain age.

Life and Accidental Death and Dismemberment Insurance premiums must be paid to and received by AUL during the Waiver of Premium Benefit for Total Disability Elimination Period. If the benefit request is approved, any unearned premium beyond the Elimination Period will be refunded.

If You are not approved for this benefit, You may apply to convert Your Life Amount to an individual life insurance policy pursuant to Section 10, Conversion Privilege within 31 days from notice of the adverse benefit determination. If You did not pay premiums during the Elimination Period, You are not eligible to convert Your coverage to an individual life insurance policy upon notice of an adverse benefit determination.

If You die during the Elimination Period and the required amount of premiums were not received by AUL, no benefit will be due under the policy.

If coverage under the Waiver of Premium Benefit for Total Disability terminates, You are entitled to apply to convert Your Life Amount to an individual life insurance policy within 31 days of cessation of such coverage pursuant to Section 10, Conversion Privilege.

If coverage under the Waiver of Premium Benefit for Total Disability terminates because You return to Active Work with the Group Policyholder and the policy is still in force, You are eligible to apply for all coverages available to Your class.

If benefits are payable under the policy after You are approved for Waiver of Premium and You have applied and been issued an individual life insurance policy under Section 10, Conversion Privilege, any amount payable under the policy will be reduced by the amount payable under the individual life insurance policy. IN NO EVENT WILL A BENEFIT BE PAYABLE UNDER BOTH THE INDIVIDUAL LIFE INSURANCE POLICY AND THE POLICY GREATER THAN THE LIFE AMOUNT, NOR WILL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, BE PAYABLE BEYOND THE WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY ELIMINATION PERIOD.

SECTION 9 - INDIVIDUAL TERMINATIONS

Personal Insurance terminates on the earliest of the following dates:

1) the date the policy is terminated;
2) the last day of the Coverage Month in which You request termination but not prior to the date of the request;
3) the last day of the Coverage Month for which any required premium payment was not received by AUL;
4) the last day of the Coverage Month during which You cease to be eligible, see Eligibility, Section 3 and Section 3A, if any;
5) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees;
6) the last day of the Coverage Month during which You enter active military service for any country except for temporary duty of 30 days or less;
7) the last day of the Coverage Month during which You cease Active Work, except for an event listed in the policy in Continuation of Insurance, Section 7; or
8) the date of an adverse benefit determination under the Waiver of Premium provisions, if applicable.

Accidental Death and Dismemberment coverage terminates when Personal Insurance terminates. Accidental Death and Dismemberment coverage also terminates on the earliest of the following dates:

1) the date of an adverse or positive benefit determination under the Waiver of Premium Benefit provisions;
2) the last day of the Coverage Month during which You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees that includes AD&D Principal Sum Amounts;
3) the date Your Life Amount reduces to zero; or
4) the end of the Elimination Period.

SECTION 10 - CONVERSION PRIVILEGE

If Your coverage, or a portion of it, terminates because You are no longer eligible for coverage under the policy, You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

If Your coverage ceases due to termination of the policy, You may apply for and receive an individual life insurance conversion policy if Your group life insurance has been in force with AUL for five (5) continuous years before the termination date. The coverage amount of the individual life insurance conversion policy may not exceed the LESSER of:

1) the amount of life insurance that ceases because of termination minus the amount of any group life coverage for which You become eligible within 31 days of termination; or
2) $10,000.

The conversion privilege is subject to the following:

1) Written application must be made and the first premium must be paid within 31 days after the date of termination of insurance.
2) An individual life insurance policy, other than term life insurance, offered by AUL at the time of conversion, may be selected.
3) The premium on the individual policy must be at AUL's then customary rate applicable to the form and amount of the individual policy, to the class of risk to which You or Your dependent then belong, and to the individual age attained by You or Your dependent on the effective date of the individual policy.
4) The individual life insurance conversion policy takes effect on the last day of the application period and is in lieu of all benefits under the Policy.

If notice of the existence of the conversion right is not given at least 15 days before the expiration of the period during which the conversion application and payment of the first premium must be made under the terms of the policy, You have an additional period within which to exercise the conversion right. The additional conversion application period created to exercise a right of conversion expires 15 days after You are given notice of the conversion right. However, irrespective of the date on which notice is given or of the absence of any notice, the additional conversion application period may not extend beyond 60 days after the expiration date of the period within which conversion application period and payment of the first premium were to be made under the terms of the policy. For purposes of this section, notice of the right of conversion may be given to You in writing, presented to You; mailed by the Group Policyholder to Your last known address; or mailed by the insurer to Your last known address as furnished by the Group Policyholder.

If death occurs during the conversion application period, AUL will pay the Life Amount available for conversion whether or not the application or the first premium payment has been made. After the 31-day period, no conversion application will be accepted unless it is proven that it was not possible for You to apply in a timely fashion. The individual life insurance conversion policy will not include Accidental Death benefits or any other benefits currently in force under the policy.

Premium must be paid to and received by AUL for coverage during the conversion application period.

IF DEATH OCCURS DURING THE CONVERSION APPLICATION PERIOD, IN NO EVENT WILL BENEFITS BE PAYABLE UNDER BOTH THE INDIVIDUAL CONVERSION POLICY AND THE POLICY. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, ARE NOT PAYABLE BEYOND THE DATES OUTLINED IN SECTION 9, INDIVIDUAL TERMINATIONS.

SECTION 11 - INDIVIDUAL REINSTATEMENTS

If Personal Insurance and Dependent Insurance, if any, terminate due to termination of Your employment, You can apply to reinstate that coverage following return to Active Work. The following conditions apply:

1) When return to Active Work occurs within 30 days of the termination of coverage, coverage becomes effective on the first day of the next Coverage Month following the date of return to Active Work. Evidence of Insurability will not be required for any amount of coverage less than the Guaranteed Issue Amount.
2) When return to Active Work occurs after the period specified in paragraph 1 above, You will be considered a new employee and the requirements found in the Eligibility and Individual Effective Date Sections will apply.
3) When the Life Amount has been converted under the Conversion Privilege, Section 10, the Life Amount available for reinstatement under the policy will be reduced by the amount of coverage under the individual life insurance policy. In no event will the amount of coverage reinstated under this Section and the amount of coverage under the individual life insurance policy be greater than the Life Amount existing on Your termination of employment.
4) Prior to applying for reinstatement, AUL must have received the required amount of premium timely.
5) The maximum amount of coverage reinstated will not exceed the maximum amount of coverage which would have been available had Your coverage not terminated.

If reinstatement is requested for any reason other than returning to Active Work, medical underwriting and satisfactory Evidence of Insurability, at no expense to AUL, will be required prior to AUL's approval of coverage. The effective date of reinstatement will be the date determined by AUL in writing. Dependent Insurance cannot be reinstated without reinstatement of Personal Insurance.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

ACCIDENTAL DEATH means death due to an accident, directly and independently of all other causes.

ADDITIONAL ACCIDENTAL DEATH BENEFITS mean the Seat Belt Benefit, the Air Bag Benefit, the Repatriation Benefit, the Child Higher Education Benefit and the Child Care Benefit. The total of the Additional Accidental Death Benefits payable will not exceed 100% of Your AD&D Principal Sum shown in the Schedule of Benefits.

ACCIDENTAL DISMEMBERMENT means loss of sight, speech or hearing or severance of a body member, Loss of Use of a limb of the body, or Severe Burn due to an accident, directly and independently of all other causes.

AIR BAG means an inflatable restraint device that is activated in an Automobile accident and
1) was installed by the Automobile manufacturer;
2) is not altered after the original installation by the Automobile manufacturer;
3) is functioning properly; and
4) complies with Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model and year of the Automobile.

AUTOMOBILE means a motor vehicle properly registered with local authorities and permitted under applicable laws for use on highways.

CHILD - see SECTION 2, DEFINITIONS.

LOSS OF SIGHT means total, permanent blindness.

LOSS OF SPEECH means total, permanent and irrecoverable loss of vocal communication.

LOSS OF HEARING means total, permanent deafness in both ears which cannot be restored by any means.

LOSS OF HAND means complete severance of the hand through or above the wrist.

LOSS OF THUMB AND INDEX FINGER means complete severance of both the thumb and index finger at or above the metacarpophalangeal joints on the same hand.

LOSS OF FOOT means complete severance of the foot through or above the ankle.

LOSS OF USE OF UPPER AND LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF BOTH LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of both lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF UPPER AND LOWER LIMBS ON ONE SIDE OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs on one side of the body which has continued for 12 continuous months.

LOSS OF USE OF ONE LIMB OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of one limb of the body which has continued for 12 continuous months.

HEMIPLEGIA means the total, permanent and irrecoverable paralysis of the upper and lower limbs on the same side of the body which has continued for 12 continuous months.

MONOPLEGIA means the total, permanent and irrecoverable paralysis of one limb of the body which has continued for 12 continuous months.

PARAPLEGIA means the total, permanent and irrecoverable paralysis of both lower limbs of the body which has continued for 12 continuous months.

QUADRIPLEGIA means the total, permanent and irrecoverable paralysis of both upper and lower limbs of the body which has continued for 12 continuous months.

SEAT BELT means a properly installed safety belt meeting the standards stated in the Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model, and year of the Automobile.

SEVERE BURNS means third-degree burns on at least fifty percent of the body.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
Continued

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If You have an accident while insured under the policy which results in a loss or condition shown below, AUL will pay the amount shown opposite the loss or condition if:

1) the loss or condition occurs within 365 days from the date of the accident; and
2) AUL receives acceptable proof of loss or condition.

FOR ACCIDENTAL LOSS OF	AMOUNT PAYABLE
Life	AD&D Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	AD&D Principal Sum
Speech and Hearing	AD&D Principal Sum
One Hand and One Foot	AD&D Principal Sum
One Hand and Sight of One Eye	AD&D Principal Sum
One Foot and Sight of One Eye	AD&D Principal Sum
Sight of One Eye	One-half of the AD&D Principal Sum
One Hand or One Foot	One-half of the AD&D Principal Sum
Speech or Hearing	One-half of the AD&D Principal Sum
Thumb and Index Finger	One-quarter of the AD&D Principal Sum
FOR CONDITIONS OF	
Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body	AD&D Principal Sum
Paraplegia or Loss of Use of Both Lower Limbs of the Body	One-half of the AD&D Principal Sum
Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body	One-half of the AD&D Principal Sum
Monoplegia or Loss of Use of One Limb of the Body	One-quarter of the AD&D Principal Sum
Severe Burns	AD&D Principal Sum

The AD&D Principal Sum is shown in the Schedule of Benefits.

AUL will only pay a benefit for either paralysis or loss of a limb, but not a benefit for both.

The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by You. The amount payable for loss of life is paid according to Payment of Death Benefits, Section 15. Amounts payable for other losses are paid to You.

LIMITATIONS

Benefits are not payable for loss due directly or indirectly to:
1) suicide or attempted suicide, whether sane or insane;
2) air travel as a crew member;
3) participation in a riot or from war or an act of war, whether declared or undeclared;
4) caused or contributed to by the insured's commission of or attempt to commit a criminal act under relevant state law;
5) the voluntary taking of:
   a) a prescription drug in a manner other than as prescribed by a Physician;
   b) any other federally- or state-regulated substance in an unlawful manner;
   c) non-prescription medicine, in a manner other than as indicated in the printed instructions; or
   d) poison;
6) the voluntary inhaling of gas (unless due to occupational accident);
7) Sickness other than infection occurring as a result of accidental injury;
8) voluntary use of alcohol resulting in intoxication above the legal limit;
9) voluntary use of a hallucinogen or substance causing intoxication;
10) operating a vehicle while intoxicated above the legal limit or while under the influence of hallucinogen or substance causing intoxication;
11) violation of traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident; or
12) participation in hang-gliding, bungee jumping, skydiving, rock climbing or mountain climbing.

Notice and Proof of Injury/Accidental Death: AUL's Home Office must receive written notice of the injury/Accidental Death on which the claim is based within 31 days of the date of the accident. AUL's Home Office must receive acceptable proof of loss within 90 days after the date of the loss. Acceptable proof of loss must be furnished as follows:
1) A certified death certificate;
2) A complete and accurate AUL death claim form and if available, a copy of the police, autopsy, and medical reports related to the death;
3) A statement by the Group Policyholder certifying the amount of coverage existing on the date of loss; and
4) At AUL's option, other documents or information as needed to investigate the loss and determine whether or not benefits are payable under the policy.

AUL has the right to examine You:
1) as often as necessary;
2) at AUL's expense; and
3) by a medical professional of AUL's choice.

TERMINATION OF ACCIDENTAL DEATH and DISMEMBERMENT BENEFIT

Accidental Death and Dismemberment coverage for You will terminate as outlined in Section 9, Individual Terminations.

The Group Policyholder may terminate the insurance under this Section at the end of any Coverage Month by giving AUL 31 days prior written notice.

AUL may terminate the insurance under this Section at the end of any Coverage Month by giving 31 days prior notice to the Group Policyholder.

AUL WILL STILL BE LIABLE FOR PAYMENT OF VALID CLAIMS INCURRED BEFORE THE TERMINATION DATE.

THIS COVERAGE AND ANY BENEFITS UNDER THIS SECTION ARE NOT AVAILABLE DURING THE CONVERSION APPLICATION PERIOD, DURING THE ELIMINATION PERIOD, OR WHILE ELIGIBLE FOR BENEFITS UNDER THE WAIVER OF PREMIUM PROVISIONS.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

EXPOSURE

If You are unavoidably exposed to heat or cold as a direct result of a covered accident, and as a direct result of the exposure, You suffer a loss for which benefits would be payable under this Section, an AD&D benefit will be paid. Any loss associated with exposure to heat or cold must occur within 365 days of the accident.

The total amount payable will never exceed the AD&D Principal Sum for all losses sustained by You.

This provision is subject to the further limitations and provisions of this Section 12.

DISAPPEARANCE

If You are an occupant in a vessel, vehicle, or plane at the time of accidental destruction, sinking, or disappearance of the vessel, vehicle, or plane and Your body cannot be found within one year of the date of the accidental destruction, sinking, or disappearance, You will be presumed to have died. AUL will only presume Accidental Death if:

1) there is no evidence to the contrary;
2) there is a determination by the appropriate governmental authorities or court issuing a valid and legally binding determination that You have died;
3) a certified copy of the governmental authority findings or court order is provided to AUL; and
4) benefits would have been paid assuming a death certificate could have been issued if the body was recovered.

If You are later determined not to have died following AUL's payment of any benefits under the policy, the individuals and entities which received any portion of the amounts paid by AUL will immediately return all amounts received upon receiving information indicating You are alive.

If You are later located after AUL has paid an Accidental Death benefit, any other benefit that may be payable under the policy will be reduced by the amount of any benefit already paid.

Coverage under the policy must exist with AUL at the time of Accidental Death. The total amount payable will not exceed the AD&D Principal Sum. This provision is subject to further limitations and provisions of Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12A - SEAT BELT BENEFIT

This Section applies to Basic Accidental Death Insurance.

SEAT BELT BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die as a result of a non-occupational Automobile accident while You are properly wearing a Seat Belt at the time of the accident. The following rules apply:

1) The Seat Belt Benefit equals the lesser of:
   a) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $25,000.
2) AUL must receive satisfactory written proof that Your death resulted from an Automobile accident and that You were properly wearing a Seat Belt at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Seat Belt was properly worn.
3) This benefit will not be paid if You, while operating the Automobile, were legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12B - AIR BAG BENEFIT

This Section applies to Basic Accidental Death Insurance.

AIR BAG BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die as a result of a non-occupational Automobile accident while You are properly wearing a Seat Belt at the time of the accident and the Air Bag deployed properly at the time of the accident. The following rules apply:

1) The Air Bag Benefit equals the lesser of:
   a) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits; or
   b) $5,000.
2) AUL must receive satisfactory written proof that Your death resulted from an Automobile accident and that You were properly wearing a Seat Belt at the time of the accident, You were positioned in a seat that is designed to be protected by an Air Bag, and that the Air Bag deployed at the time of the accident. A copy of all police reports must be submitted with the claim, and must show conclusively the Air Bag inflated properly at the time of the accident.
3) This benefit will not be paid if You, while operating the Automobile, were legally intoxicated as defined by applicable laws, violating traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12C - REPATRIATION BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

REASONABLE EXPENSES means usual and customary fees or charges assessed in the marketplace for the services performed.

REPATRIATION BENEFIT

AUL will pay an Additional Accidental Death Benefit if You die either greater than 200 miles away from Your principal place of residence or are outside of the country at the time of Accidental Death. The following rules apply:

1) The Repatriation Benefit equals the lesser of:
   a) Reasonable Expenses for transportation of Your body to a funeral home or mortuary near Your principal place of residence;
   b) $5,000; or
   c) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits.
2) AUL must receive satisfactory written proof documenting the location of Your Accidental Death. Any Repatriation Benefit will be paid following receipt that reasonable transportation expenses were paid.
3) Only one Repatriation Benefit will be paid to the beneficiary who has paid the cost for any covered expenses, regardless of any additional coverages for which You may be insured with AUL.
4) Acceptable written proof and documentation of the reasonable transportation expenses paid must be received by AUL within 12 months of Accidental Death.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12D - CHILD HIGHER EDUCATION BENEFIT

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

ACADEMIC YEAR means the annual period of educational sessions of an accredited post-secondary educational institution.

ELIGIBLE STUDENT under this Section means Your unmarried Child under age 25, who on the date of Your Accidental Death:

1) is enrolled in and is attending an accredited post-secondary educational institution on a full-time basis; or
2) is at the 12th grade level and enrolls and attends an accredited post-secondary educational institution within 16 months from the date of Your death; and
3) is dependent upon You for principal support and is claimed as a dependent on Your federal income tax return.

EDUCATION EXPENSES means tuition that is assessed by the accredited post secondary educational institution and is required to be paid in order for the Child to be classified as a full time student.

CHILD HIGHER EDUCATION BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

1) The Child Higher Education Benefit payment will be no more than $4,000 for each Eligible Student per Academic Year for Education Expenses. The cumulative benefit payments for all eligible students will not exceed the lesser of:
   a) $20,000; or
   b) 10% of Your AD&D Principal Sum Insurance shown in the Schedule of Benefits.
2) The Child Higher Education Benefit will be paid:
   a) for Education Expenses that are incurred and paid after Your Accidental Death;
   b) once annually at the conclusion of the Academic Year;
   c) not for more than 5 consecutive years after the date of Your Accidental Death;
   d) until such date that the Child no longer satisfies eligibility requirements under the policy or the accredited post-secondary educational institution;
   e) following AUL's receipt of documentation showing proof of paying Education Expenses, the Child Higher Education Benefit will be paid to any named beneficiary who paid Education Expenses; and
   f) in direct proportion to the amount of Education Expenses paid by each named beneficiary.
3) If there is no Eligible Student, no Child Higher Education Benefit will be paid.
4) Child Higher Education Benefits will only be paid based on enrollment in one accredited post-secondary educational institution.
5) No annual Child Higher Education Benefits will be paid beyond the date the policy terminates. If the policy terminates within 60 days of the end of the current Academic Year, a final Child Higher Education Benefit will be paid when eligible.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section.

This Section applies to Basic Accidental Death Insurance.

DEFINITIONS

CHILD CARE EXPENSES mean any reasonable and customary weekly or monthly child-care fees assessed by a Child Care Facility.

CHILD CARE FACILITY means a properly state-licensed child-care center not owned or operated by a member of the Child's Family.

ELIGIBLE CHILD(REN) means Your Child(ren) under age 13.

FAMILY means any parent, step-parent, grandparent, brother, sister, uncle or aunt.

CHILD CARE BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

1) The Child Care Benefit applies to each Eligible Child enrolled in a Child Care Facility on the date of Your Accidental Death or subsequently enrolls in a Child Care Facility within 12 months of Your Accidental Death.
2) Only Child Care Expenses incurred and paid after Your Accidental Death will be paid.
3) No more than $4,000 will be paid for each Eligible Child per calendar year for Child Care expenses. The cumulative benefit payments for all Eligible Children will not exceed the lesser of:
   a) $20,000, or
   b) 10% of Your AD&D Principal Sum shown in the Schedule of Benefits.
4) The Child Care Benefit will be paid once per year at the completion of the calendar year to the earlier of the following:
   a) the date the Child no longer satisfies eligibility requirements;
   b) the date the Child attains age 13; or
   c) 5 consecutive years after the date of Your Accidental Death.
5) If there is no Eligible Child, no Child Care Benefit will be paid.
6) Following AUL's receipt of documentation showing proof of paying Child Care Expenses, the Child Care Benefit will be paid to any named beneficiary who paid Child Care Expenses, and in proportion to the amount of Child Care Expenses paid by each named beneficiary.
7) No Child Care Benefit will be paid beyond the date the policy terminates. If the policy terminates within 60 days of the end of the calendar year, a final Child Care Benefit will be paid when eligible.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of Your AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

SECTION 13 - ACCELERATED LIFE BENEFIT

This Section applies to Basic Life Insurance.

DEFINITION

TERMINAL CONDITION means an injury or Sickness that, despite appropriate medical care, is conclusively established to AUL will result in Your death within 12 months from the date of claim. AUL may require that You be examined at AUL's expense by AUL's choice of Physician.

ACCELERATED LIFE BENEFIT

If You are Permanently and Totally Disabled and are diagnosed with a Terminal Condition and are eligible for benefits under this Section, You may apply for payment of the Accelerated Life Benefit. The amount of Accelerated Life Benefit available is shown in the Schedule of Benefits, unless any portion of Your Life Amount has already been paid. The amount of Accelerated Life Benefit available will then be based on the amount remaining after payment of any portion of the Life Amount. Benefits will be paid in one lump sum to You.

CONDITIONS

To be eligible to apply for the Accelerated Life Benefit:
1) You must have Personal Insurance;
2) You must be determined by AUL to be Permanently and Totally Disabled from any occupation;
3) You must be under age 60;
4) You must be diagnosed by a Physician with a Terminal Condition while eligible for benefits under this Section;
5) If You are subject to laws of a community property state, you must obtain Your spouse's written consent for payment to You of the Accelerated Life Benefit; and
6) You can receive an Accelerated Life Benefit only once.

PROOF REQUIRED FOR THE ACCELERATED BENEFIT

Proof is a completed claim form and other information AUL requires in order to determine whether benefits are owed under this Section. AUL may require that You be examined by a Physician selected by AUL and at AUL's expense.

LIMITATIONS

An Accelerated Life Benefit will not be paid if:
1) You have named an irrevocable Beneficiary or made an assignment of Your Life Amount;
2) all or a portion of Your Life Amount is to be paid to another person or entity pursuant to a valid court order;
3) Your coverage terminates; or
4) the policy terminates.

After payment of an Accelerated Life Benefit, Your Life Amount payable at death to Your Beneficiary equals:
1) Your Life Amount as if an Accelerated Life Benefit payment had not been made, minus
2) the amount of the Accelerated Life Benefit paid, minus
3) the interest charge.

The interest charge equals the Accelerated Life Benefit amount, times the number of days from the date of payment to Your date of death divided by 365, times the interest rate. The interest rate will be based on the current 90-day Treasury bill rate existing on the date of payment of the Accelerated Life Benefit.

NOTE: Your Accidental Death and Dismemberment Insurance, if any, terminated upon approval of the Waiver of Premium benefit.

The required amount of premiums must continue to be received by AUL on the original Life Amount, unless premiums have ceased due to coverage under the Waiver of Premium benefit of the policy.

The AD&D Principal Sum, if any, will not be reduced by payment of the Accelerated Life Benefit.

The following information is used for illustrative purposes only:

Example: Life insurance in force = $100,000*
Date of receipt of proof of terminal condition = 10/31/05
Date of payment of Accelerated Life Benefit = 11/1/05
Date of death = 2/15/06
Interest rate** = 3.5%

1) Amount of Accelerated Life Benefit = .50 x $100,000 = $50,000
2) Interest Charge = $50,000 x (106 days / 365 days) x .035 = $508.22
3) Death Benefit Payable = $100,000 - $50,000 - $508.22 = $49,491.78

*Your Life Insurance amount is shown in the Schedule of Benefits in Your insurance certificate.
**The interest rate is equal to the 90-day Treasury bill rate on the date of the Accelerated Life Benefit payment.

NOTE: The Accelerated Life Benefit offered under the policy is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the Accelerated Life Benefit qualifies for such favorable tax treatment, the benefit will be excludable from the Employee's income and not subject to federal taxation. The laws relating to Accelerated Life Benefits are complex. Employees are advised to consult with a qualified tax advisor about circumstances under which they could receive an Accelerated Life Benefit excludable under federal law. Eligibility for Public Assistance: Receipt of an Accelerated Life Benefit may affect the Employee's, their Dependent spouse's, or their family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Employees are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the Employee's, their Dependent spouse's, and their family's eligibility for public assistance.

SECTION 15 - PAYMENT OF DEATH BENEFITS

If You die while insured under the policy, AUL will pay the benefits owed under the policy to the Beneficiary:
1) upon timely receipt of acceptable proof of death; and
2) subject to all other provisions of the policy and to Your dated and signed designation.

The following Sections describe the manner in which death benefits are paid.

SECTION 16 - NAMING OF BENEFICIARY

BENEFICIARY means the individual, individuals or entity named by You to receive Your Life Amount.

Unless the policy provides otherwise, AUL will pay benefits according to Your Beneficiary designation.

When You apply for coverage on an AUL-approved form, You should:
1) designate the name of one or more Beneficiaries;
2) classify the Beneficiaries by order of preference, either primary or contingent; and
3) indicate distribution of the proceeds among members of the class of Beneficiaries.

If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally. If no primary Beneficiaries outlive You and there is no distributive share indicated among the contingent Beneficiaries, then all contingent Beneficiaries will share equally.

If the policy replaces insurance coverage of another carrier, AUL may, upon written request of the Group Policyholder, recognize Beneficiary designations in effect under the prior coverage as effective until a new designation is made with AUL, provided that prior designations are in a form acceptable to AUL and the Group Policyholder receives AUL's written approval of the form.

CHANGING A BENEFICIARY

You may change a Beneficiary at any time by written request. The request must be completed, signed, dated and filed through the Group Policyholder.

AUL may recognize a beneficiary change as of the date the form was signed by You even if You are not alive when AUL receives it. However, AUL is not liable if benefits are paid according to the previous designation before AUL receives the change. If You apply for an individual life insurance conversion policy under Section 10, Conversion Privilege and name a new Beneficiary, AUL will use any beneficiary designated in that application when determining which beneficiary to pay.

AUL reserves the right to require that any Beneficiary designation be acceptable to it and be made pursuant to applicable laws.

SECTION 17 - THE DEATH CLAIM

If You die while insured under the policy, proof of death should be furnished as soon as possible. The claim must be submitted within 12 months of the date of death. The claim may still be considered if it can be shown that timely submission of the claim was not possible due to events beyond the control of the beneficiary, but will not be considered after the applicable statute of limitations has passed.

Proof of death must include:
1) a certified death certificate; and
2) a completed claim form.

AUL, at its option, may also require:
1) return of Your insurance certificate;
2) submission of pertinent medical records, including an autopsy report;
3) police reports; or
4) any other documents AUL may deem reasonably necessary to determine what benefits and to whom benefits are owed.

If the cause of death cannot be clearly established by other means, AUL reserves the right to have a medical examination performed. The examination will be performed:
1) at AUL's expense; and
2) by a Physician of AUL's choice.

If the policy is no longer in force, proof furnished more than two (2) years from the date of loss must also include:
1) proof of employment at death; and
2) proof of coverage under the policy at death.

SECTION 18 - DETERMINATION OF BENEFICIARY

Once acceptable proof of death is received, AUL will determine the Beneficiaries or payees in the following order:

1) If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally.
2) If no primary Beneficiaries outlive You and there is no distributive share indicated among contingent Beneficiaries, then all contingent Beneficiaries will share equally.
3) If no named Beneficiaries outlive You or none were named, then at AUL's option, the closest surviving heir(s) if the benefits could be paid to these heir(s) under applicable small estate laws. Heirs will be considered in descending order of preference as follows:
   a) spouse;
   b) child(ren);
   c) parent(s); or
   d) brother(s) and sister(s).
4) If no named Beneficiaries outlive You or none were named and the benefits could not be paid to the closest surviving heir(s) under applicable small estate laws, then Your estate.

AUL may, at its option, pay the proceeds in an amount up to $2,000 to any individual appearing to AUL to be legally entitled to payment by reason of having paid funeral or other burial expenses related to Your death.

In the event You and Your Dependents should die simultaneously or if there is no clear evidence as to which individual died first, it shall be presumed that the Dependents should have predeceased You.

If any Beneficiary dies within 15 days after Your death, the Beneficiary will be treated as having died before You. This provision does not apply to any payment mailed to such Beneficiary during the 15 days following Your death, and any payment made in good faith shall fully discharge AUL.

SECTION 19 - SELECTION OF PAYMENT METHOD

The proceeds will be paid in a lump sum unless another payment method is selected or changed by giving written notice to AUL prior to Your death. If no payment method is in effect at death, the payee may select a payment method. For information concerning payment method options, You or payee should contact AUL.

Benefits will be paid only if AUL decides in its discretion the person is entitled to them and after AUL approves the payment method. Any person who becomes entitled to receive any portion of the proceeds under the policy shall be entitled to receive payment of interest if any payment is not received by such person within 30 days after the event giving rise to the obligation and after all requested information is received by AUL. Interest payable shall be calculated at an annual rate after all requested information is received by AUL. The rate of interest payable shall be the lesser of 3% or that rate, as determined from time to time by AUL, applicable to proceeds of life insurance left on deposit with AUL and subject to withdrawal on demand. For the purposes of this section, payment shall be deemed to have been received by the person when deposited by AUL in United States mail, postage prepaid, and directed to the person's last known address or the Group Policyholder's address shown in AUL's records.

Other than lump sum payment, AUL reserves the right to specify the minimum periodic payment when a method is to become effective.

SECTION 21 - GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: The policy, the enrollment forms of the individuals, the application of the Group Policyholder, and any amendments made from time to time constitute the entire contract between the parties.

AMENDMENT and CHANGES: The policy may be amended by mutual agreement between the Group Policyholder and AUL but without prejudice to any valid claim incurred prior to the effective date of the amendment. The policy may be changed or corrected by AUL at any time. However, no change in the policy will be valid unless written notice is provided by AUL containing the signature of its Chief Executive Officer or Secretary. No other person can alter or waive the conditions of the policy or make any agreement that shall be binding upon AUL. No agent may or has the authority to waive, alter or change any terms and conditions of the policy or coverage.

INCONTESTABILITY: The validity of any coverage under the policy may not be contested, except for nonpayment of premiums, after the policy has been in force for two years after its date of issue, and other than a misrepresentation of a material fact, no statement made by Group Policyholder or You or Your Dependent relating to Your insurability may be used in contesting the validity of the insurance with respect to which the statement was made, unless: (1) the insurance has not been in force for a period of two years or longer; or (2) the statement is contained in a written instrument signed by the Group Policyholder or You or Your Dependent. However, AUL is not precluded from asserting at any time any defenses based upon provisions in the policy relating to eligibility for coverage. All statements made by the Group Policyholder or by the Employees or Dependents insured are to be deemed representations and not warranties, and that other than a misrepresentation of a material fact no statement made by any person insured may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the Employees or Dependents or, in the event of death or incapacity of the Employee or Dependent, to the Employee's or Dependent's beneficiary or personal representative.

INSURANCE FRAUD: AUL wants to ensure that its customers do not incur additional insurance costs as a result of the act of insurance fraud. AUL promises to focus on all means necessary to support fraud detection, investigation and prosecution.

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

RELATIONSHIP: AUL and the Group Policyholder are, and will remain, independent contractors. Nothing in the policy shall be construed as making the parties joint ventures 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 Group Policyholder each retain exclusive control of their time and methods to perform their respective duties. AUL and the Group Policyholder will employ, pay and supervise their own employees and pay their own expenses during the term of the policy.

DISCRETIONARY AUTHORITY: Benefits under the policy will be paid only if AUL decides in its discretion that the applicant is entitled to them. Except for the functions the policy explicitly reserves to a Group Policyholder, AUL reserves the right to:

1) manage the policy and administer claims under it; and
2) interpret the provisions and resolve questions arising under it.

AUL's authority includes, but is not limited to, the right to:

1) establish and enforce procedures for administering the policy and claims under it;
2) determine applicant's 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; subject to Your or Your beneficiary's right to request reviews allowed under applicable laws.

GRACE PERIOD: Premiums are due monthly and must be received by AUL within the required time frame for coverage to remain in force. You are entitled to a grace period of 31 calendar days for the payment of any premium due except the first. During the grace period, the insurance coverage shall continue in force, unless AUL has received written notice of termination in advance of date of termination and in accordance with the terms of the policy. Group Policyholder is liable to AUL for the payment of a pro rata premium for the time the policy was in force during the grace period. If the required amount of premium is not received by the end of the grace period, the insurance will terminate as of the last day of coverage for which premium was paid.

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

1) for at least 60 days after proof of loss has been furnished and before arbitration is held pursuant to the arbitration provisions in the policy; or
2) after three (3) years from the time written proof of loss is required to have been furnished to AUL.

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

DATA AND RECORDS: The Group Policyholder must furnish information which AUL reasonably requires. The Group Policyholder's documents which may have a bearing on the insurance shall be open for inspection by AUL at all reasonable times.

GENDER PRONOUNS: Whenever the male pronoun is used, it shall also mean the female.

CERTIFICATES: If there is any discrepancy between the provisions of any certificate and the provisions of the policy, the provisions of the policy will govern.

ASSIGNMENT: You may make an absolute assignment of all benefits and rights of Your coverage. Any coverage is assignable to the extent permitted by law except that no collateral assignment is permitted. No assignment is binding unless filed with AUL in a form acceptable to it. AUL assumes no responsibility for the validity or effect of any assignment.

CLAIMS OF CREDITORS: The benefits paid under the policy will be exempt from the claims of creditors to the maximum extent permitted by law.

CLERICAL ERROR: Clerical error on the part of the Group Policyholder or AUL will not invalidate insurance otherwise in force or continue insurance otherwise validly terminated. Upon discovery of an error, an equitable adjustment will be made in the premiums and/or benefits, if appropriate.

MISSTATEMENT OF AGE: If Your age or Your Dependent 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. Any adjustment of benefits due to the correction of age will also be made.

ARBITRATION: Any controversy or claim arising out of or relating to the policy, the sale or solicitation of the policy, or its breach thereof whether in tort, contract, breach of duty (including but not limited to) any alleged fiduciary, good faith and fair dealing duties, shall be decided by arbitration in accordance with the Federal Arbitration Act, the procedures of the commercial arbitration rules of the American Arbitration Association, and this agreement. The Court of Arbitrators, which is to be held in the county seat where the Policyholder resides, shall consist of three (3) arbitrators familiar with group insurance and employee welfare benefit plans. The selection of the arbitrators shall be conducted within thirty (30) days after proper service of a demand for arbitration. One of the arbitrators shall be appointed by AUL, one by the insured, and the third shall be selected by the first two appointees prior to the beginning of arbitration. Should the two arbitrators be unable to agree upon the choice of a third, the appointment shall be left to the President or any Vice President of the American Arbitration Association. The arbitrators shall decide by a majority of votes, the award shall be in writing, the decision shall be signed by a majority of the arbitrators, and they shall include a statement regarding the reasons for the disposition of any claim. Judgment on the award rendered by the arbitrators may be entered by any court having jurisdiction thereof. The parties are not precluded from challenging the decision under the Federal Arbitration Act or applicable law. Unless not allowed under applicable law, each party shall bear the expense of its own attorney and arbitrator, and shall share equally with the other party the expenses of the third arbitrator and of the arbitration.

The parties agree that AUL is engaged in interstate commerce, and the transaction is governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16.

Consistent with the expedited nature of arbitration, each party will, upon the written request of the other party, promptly provide the other with copies of documents relevant to the issues raised by any claim or counterclaim on which the producing party may rely in support of or in opposition to any claim or defense. Any dispute regarding discovery, or the relevance or scope thereof, shall be determined by the arbitrator(s), which determination shall be conclusive. All discovery shall be completed within 60 days following the appointment of the arbitrator(s) or longer following mutual agreement by the parties.

ERISA APPEAL GUIDELINES WHEN POLICY IS GOVERNED BY ERISA: If a claimant wishes to appeal AUL's decision, claimants are allowed 60 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.

COMPLAINT NOTICE

If you have questions about your policy or need assistance with a problem you may contact:

American United Life Insurance Company®
One American Square
P.O. Box 368
Indianapolis, IN 46206-0368
(800) 553-5318

Should any dispute arise about your premium or about a claim that you have filed, write or call your soliciting agent.

YOUR AGENT OF RECORD: Jts Financial Services Llc
(501) 227-0194
415 N MCKINLEY STREET
SUITE 305
LITTLE ROCK, AR 72205

If the problem is not resolved, you may also write or call:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
(501) 371-2640
(800) 852-5494

This notice of complaint procedure is for information only and does not become a part or condition of this policy or certificate.

NOTICE TO ARKANSAS POLICYHOLDERS

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);

- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of $300,000 in life and annuity benefits and $500,000 in health insurance benefits - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within these overall limits, the Association will not pay more than $300,000 in disability and long term care benefits, $500,000 in health insurance benefits, $300,000 in present value of annuity benefits, or $300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a $1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.