EAST ALLEN COUNTY SCHOOLS

VOLUNTARY TERM LIFE INSURANCE

JANUARY 2007
INDIVIDUAL EFFECTIVE DATES:

Skip this section if: a) it was completed in the first section (G-APP); and b) information is the same for ALL coverages.

<table>
<thead>
<tr>
<th>Waiting Period</th>
<th>Initial Enrollment Period (upon completion of Waiting Period)</th>
<th>Individual Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>Class 2</td>
<td>Class 3</td>
</tr>
<tr>
<td>Initial (Present)* Employees</td>
<td>30 Days Months Years</td>
<td>Days Months Years</td>
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</tbody>
</table>
| New** Employees | 30 Days Months Years                                      | Days Months Years         | 31 Days                             | Immediate after Waiting Period
|                |                                                             |                           | 1st of Coverage Month after Waiting Period |

The Following Options are Available

☑ Scheduled Enrollment Period (SEP) 60 days prior to 1/1 (Month/Day)
☐ 1st of Coverage Month following SEP
☐ Employer Anniversary following SEP

* Initial (Present): Employee has completed Waiting Period before Employer's Effective Date
** New: Employee hired before Employer's Effective Date but has not completed the Initial Employee Waiting Period, or Employee hired on or after Employer's Effective Date

Individual Effective Dates noted above may be subject to satisfactory Evidence of Insurability and receipt of premium. If Evidence of Insurability is required, or Employee is not Actively at Work on said date, the Individual Effective Date will be named by AUL.

GENERAL INFORMATION:

1. a) Total number of eligible Employees: __________  
   b) Total number of Employees enrolling: __________

2. Are any classes of eligible Employees to be excluded: ☐ Yes ☑ No  
   If yes, explain: ________________________________________________________________

3. Description of Classes:  
   Class 1: All Full-Time Eligible Employees
   Class 2:                                                                                   
   Class 3:                                                                                   

   # of Employees Per Class:  
   Class 1: __________  
   Class 2: __________  
   Class 3: __________

4. Employee Life Benefit Options (check one):
   ☑ Option 1 - Flat dollar amounts in $1,000 increments with a minimum amount of coverage of $10,000 and a maximum amount of $500,000, not to exceed 5 times the Employee's Annual Base Salary rounded to the next $1,000  
     Minimum: $10,000  
     Maximum: $500,000
   ☐ Option 2 - A multiple of the Employee's Annual Base Salary not to exceed 5 times salary, rounded to the next $1,000 with a minimum amount of coverage of $10,000 and an maximum amount of coverage to $500,000  
     Minimum: $10,000  
     Maximum: $500,000
GENERAL INFORMATION (continued):

☐ Option 3 - If there is only ONE class of Employees, up to 5 multiple salary options for the class may be elected not to exceed 5 times salary with a minimum benefit of $10,000 and a maximum benefit of $500,000.

Salaries Options: ☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x

NOTE: Life and AD&D elections match unless otherwise noted in the SPECIAL CONSIDERATIONS section.

BENEFIT ELECTIONS FOR EMPLOYEE:

1 Annual Base Salary includes (choose only one per class):

<table>
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<tr>
<th>Class 1</th>
<th>Class 2</th>
<th>Class 3</th>
<th>36 Mo/Class</th>
<th>Other/Class</th>
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2 Annual Base Salary will be rounded: ☐ to nearest $100 ☐ to nearest $500 ☐ to nearest $1,000 ☐ to next $100

☐ to next $500 ☐ to next $1,000 ☐ Truncated down to dollar.

- Amounts of coverage requested during an Initial Enrollment Period in excess of the Guaranteed Issue amount will require Evidence of Insurability.
- Amounts of coverage requested during a Scheduled Enrollment Period will require Evidence of Insurability unless offered under the Guaranteed Increase Benefit.

3 Guaranteed Issue Amount for groups with 50-299 eligible Employees: ☐ $50,000 ☐ Other __________________
엉 Guaranteed Issue Amount for groups with 100+ eligible Employees: ☐ $100,000 ☐ Other __________________

4 Changes in Amount of Insurance for life benefits shall take place on (check one):

☑ First of the next Coverage Month ☐ Date of change ☐ The next following anniversary* ☐ Other

*If the next following anniversary is selected, and Employee is not Actively at Work on an anniversary date, change is effective on:

☐ First of the next Coverage Month after return to Active Work ☐ Immediately upon return to Active Work

OPTIONAL AD&D SEAT BELT BENEFIT FOR EMPLOYEES:

1 ☑ Yes ☐ No (If yes, Seat Belt Benefit for Dependents is included if Employee purchases Dependent AD&D coverage)

LIFE REDUCTION SCHEDULE:

1 Reductions:

☑ Standard ADEA Reduction at age 70 for classes

☐ Standard ADEA Reduction at age 65 for classes

☐ Reduce ________% at age ______ for classes

☐ Other ___________________ for classes

2 ☑ Terminate insurance at retirement ☐ Other ___________________

If AD&D included, reduction schedule for life will also apply to AD&D
INDIVIDUAL TERMINATIONS:

1. Terminations shall take place on: ☑️ Last day of the Coverage Month ☐ The date of termination

   • Includes Waiver of Premium for Total Disability as follows unless otherwise stated.
     Total Disability must occur prior to age 60
     Elimination Period is 9 months
     Benefits will reduce based on the reduction schedule
     This benefit terminates when the Person retires or attains the Social Security Normal Retirement Age (SSNRA) whichever is earlier.

   • Includes Accelerated Life Benefit (ALB) for all states unless otherwise stated.
     (ALB for Dependent Spouse is included if Employee purchases Dependent Spouse Coverage of $5,000 or more)
     NOTE: THE PAYMENT OF THE ACCELERATED LIFE BENEFIT MAY BE TAXABLE. PLEASE SEEK
     ASSISTANCE FROM A PERSONAL TAX ADVISOR

   • Includes 2 Year* Suicide Exclusion except for Missouri and Washington residents.
     * 1 year in Colorado and North Dakota

   • Does not include retiree coverage unless otherwise stated.

2. Changes in Amount of Insurance for life benefits shall take place on (check one):
   ☑️ First of the next policy month ☐ Date of Change ☐ the next following Anniversary** ☐ Other

   **If the next following anniversary is selected, and Employee is not Actively at Work on an Anniversary date, change is effective on:
   ☐ First of the next Policy Month and upon return to Active Work ☐ Immediately upon return to Active Work

CONTINUITY OF COVERAGE:

1. ☐ Yes ☑️ No (If a takeover group, required in AZ, CA, CT, GA, ID, MN, MO, NJ, NM, ND and WI. If requested in other states, Home
  Office approval required)

LIFE BENEFIT ELECTIONS FOR DEPENDENTS:

Dependent coverage elections match Employee elections except for the following options

1. Optional Dependent Life Insurance*: ☑️ Yes ☐ No
   If yes, you may choose from the following Guaranteed Issue options. You may choose more than one

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3***</th>
<th>Option__</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse under age 70</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Children age 6 months to 19 years**, or age 25** if a full-time student</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Children live birth to age 6 months</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>
LIFE BENEFIT ELECTIONS FOR DEPENDENTS (continued):

Or you may choose up to three Guaranteed Issue Plans based on the following:
Amounts for spouse under age 70 can be from $5,000 to $20,000 in $500 increments.
Amounts for Children age 6 months to 19 years**, or age 25*** if a full-time student can be from $2,500 to $10,000 in $500 increments. This amount cannot exceed the spouse amount.
Amounts for Children from live birth to age 6 months can be from $100 to $1,000 in $100 increments.

* Dependent amounts cannot exceed 50% of Employee’s coverage and reduces according to the Employee’s reduction schedule based on the Employee’s age.
** Ages may vary by state, 19 and 25 are standard.
*** This plan only available for groups with 100 or more Employees.

2. Changes in Amount of Insurance for life benefits shall take place on (check one):
   ☑ First of the next Policy Month   ☐ Date of Change   ☐ The next following Anniversary   ☐ Other ________________

3. Dependent Life Waiver of Premium: ☑ Yes  ☐ No
   (Note: Only available if Employee elects Waiver of Premium. Does not include Retiree Coverage unless otherwise stated)

Note: Life and AD&D elections match unless otherwise noted in the SPECIAL CONSIDERATIONS section.

SPECIAL BENEFITS OR CONSIDERATIONS:

Employer Acknowledgement of Selected Benefits