

## ACNA / OneAmerica Benefit Election Form

Employer Legal Name	
Address	
Contact Name	
Contact Phone Number	
Email Address	

**SELECT PRODUCTS Note: All Employees must be active full-time employees\* living in the US**

<p><b>Basic Life and AD&amp;D (Employer –paid)</b></p> <p><input type="checkbox"/> All employees</p> <p><input type="checkbox"/> Specific groups/titles :</p> <p>Please list groups –</p> <p>1)</p> <p>2)</p> <p>Other(s)</p>	<p><input type="checkbox"/> \$150,000</p> <p><input type="checkbox"/> \$100,000</p> <p><input type="checkbox"/> \$75,000</p> <p><input type="checkbox"/> \$50,000</p> <p><input type="checkbox"/> Retirees (Life only - Flat \$5000, must elect one of the above a option to add retire Life</p> <p>Benefit age reduction begins at age 65</p>
<p><b>Voluntary Life and AD&amp;D (Employee –paid)</b></p> <p><input type="checkbox"/> All employees</p> <p><input type="checkbox"/> Specific groups/titles :</p> <p>Please list groups –</p> <p>1)</p> <p>2)</p> <p>Other(s)</p>	<p>Option:</p> <p><input type="checkbox"/> Employee 5x Salary to maximum \$500,000</p> <p>Guarantee Issue (GI): \$110,000</p> <p>Includes Dependent coverage</p> <p>Spouse coverage, 100% of employee amount to max \$500,000, GI \$25,000</p> <p>Child(ren) coverage, 100% of spouse amount to max \$10,000, GI \$10,000</p> <p>Benefit age reduction begins at age 65</p>
<p><b>Short Term Disability</b></p> <p><input type="checkbox"/> All employees</p> <p><input type="checkbox"/> Specific groups/titles :</p> <p>Please list groups –</p> <p>1)</p> <p>2)</p> <p>Other(s)</p>	<p>Option:</p> <p>60% of weekly salary to max \$1000 per week</p> <p>Elimination period: 14 days for sickness or injury</p> <p>Up to 11 weeks</p> <p><input type="checkbox"/> Employer paid</p> <p><input type="checkbox"/> Employee paid</p>

<p><b>Long Term Disability</b></p> <p><input type="checkbox"/> All employees</p> <p><input type="checkbox"/> Specific groups/titles</p> <p>Please list groups –</p> <p>1)</p> <p>2)</p> <p>Other(s)</p>	<p>Option:</p> <p>60% of monthly salary to max \$6000 per month</p> <p>Elimination period: 90 days for sickness or injury</p> <p>2 year residual disability, to SS full retirement age</p> <p><input type="checkbox"/> Employer paid</p> <p><input type="checkbox"/> Employee paid</p>
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**Participation Effective Date:**

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**All employee paid applications must be signed prior to the above effective date.**

**\*Full-time employee status is defined as working 20 hours or more per week.**

**We agree to participate in the OneAmerica products noted above.**

**Any requests to alter or terminate the OneAmerica plan coverages noted above must be submitted in writing and approved by ACNA and OneAmerica.**

**ACNA is authorized to bill our organization for the coverage(s) premiums elected.**

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**Signature**

**Title**

**Date**