

Group Enrollment Form



American United Life Insurance Company®
 a ONEAMERICA® company
 One American Square, P.O. Box 6123
 Indianapolis, IN 46206-6123
 (800) 553-5318
 www.employeebenefits.aul.com



Applicant's Full Legal Name:		Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired	
Applicant's Social Security Number:	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant's State of Residence:	Applicant's Residential Zip Code:	Employer: Colorado Mesa University	
Applicant's Telephone Number: (normal business hours): () -	Applicant's E-mail Address:	Employed Full-Time: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are you authorized to work and reside in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COVERAGE BEING APPLIED FOR: Apply for or decline each desired coverage listed below. Not checking a box or boxes will be considered a declination of that coverage.

Benefit Requested

Long Term Disability Coverage is automatically provided by CMU

Basic Term Life & AD&D Coverage is automatically provided by CMU.
 Employee receives coverage at two times their annual salary (max of \$400,000).

Basic Term Dependent Life Coverage is automatically provided by CMU. Spouse & dependents (up to age 26) automatically receive \$2,000 in coverage. Spouse & dependents must be listed, use additional sheet if necessary.

_____	_____	_____	
Name	Relationship	DOB	
_____	_____	_____	
Name	Relationship	DOB	
_____	_____	_____	
Name	Relationship	DOB	
_____	_____	_____	<input type="checkbox"/> Decline
Name	Relationship	DOB	
_____	_____	_____	
Name	Relationship	DOB	

Voluntary Workplace Short Term Disability Enroll Decline

Employee Voluntary Term Life & AD&D Coverage Amount Requested \$ _____ Enroll Decline
 Guaranteed Issue Amount: \$150,000

Spouse Voluntary Term Life & AD&D Coverage Amount Requested \$ _____ Enroll Decline
 Guaranteed Issue Amount: \$25,000

Child Voluntary Term Life & AD&D Coverage Amount \$10,000 Enroll Decline

NOTE: Coverage is only offered and available to eligible Dependents who are authorized to reside in the United States.

For AUL Term Life Coverages, identify your Beneficiary Designation to ensure proceeds can be paid according to your wishes. Complete separate Beneficiary Designation form.

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- I hereby apply for the requested group life and/or disability insurance coverage for which I and my dependents, if any, are eligible and available under AUL's policy. I understand receipt of any coverage greater than the guaranteed issue amount or application for coverage after the approved enrollment period first requires medical underwriting and written approval by AUL.
- I authorize my employer to deduct from my wages the amount of premium required for the amount of coverage approved by AUL, including any premium increases due to age bracket or salary changes when applicable. Premium payments greater than the amount of premium owed will not result in additional coverage under AUL's policy.
- The undersigned represents any information or documents provided to AUL by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.

The undersigned understands and agrees any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct. The undersigned have read, understand, and retained the notices, limitations, and exclusions for his/her records.

- 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.

Signature of Applicant: _____ Date: _____

MUST BE COMPLETED BY THE EMPLOYER	Group Policy #:	Class # :	Employer:	Occupation:	Employer's State:
	00615334-0000-000		Colorado Mesa University		CO
	Salary: Mode: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually				Date Hired
	F/T Requirements (hours, days, weeks, etc.):				Full Time: