

I have read the Notices, Limitations and Exclusions G-14320, prior to the completion of this statement. I understand them and have retained a copy. I hereby apply for benefit for which I and my dependents, if any, are eligible. I authorize my employer to take deductions for this insurance from my earnings, including any premium increases due to age bracket or salary changes, if applicable. I understand I have the right to revoke this deduction authorization at any time on written notice. I understand if I request an amount that exceeds my employer's guaranteed issue amount, the excess amount will be subject to Evidence of Insurability and approval by AUL.

I understand if I decline any of the above coverages, enrollment of the coverage at a later date will require Evidence of Insurability at my own expense.

**Fraud Notice:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of the crime of insurance fraud as determined by a court of competent jurisdiction. In FL, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. In NJ or VA, any person who includes any false or misleading information on any application for an insurance policy is subject to criminal and civil penalties. In LA, PA, or TN, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. In WA, a person who knowingly makes a false or misleading statement or impersonation, or who willfully fails to reveal a material fact in or relative to an application for insurance, to an insurer, is guilty of a gross misdemeanor.

Date: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

In Michigan only:

Signature(s) of Dependent Spouse and Child(ren) over age 18 \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYER**

Group Policy #:	Class by Coverage:	Date Hired Full-Time:
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 type="checkbox"/> Annually	