

## Notices and Limitations for Group Products

American United Life Insurance Company®  
a ONEAMERICA® financial partner  
One American Square, P.O. Box 368  
Indianapolis, IN 46206-0368  
(317) 285-1877



### Actively at Work Notice:

If an employee is not Actively at Work, as defined in the policy, on the date personal insurance would otherwise become effective, the Individual Effective Date of Insurance is the date the Employee returns to full-time Active Work. However, an Employee not Actively at Work may have limited coverage if Continuity of Coverage is provided. If Dependent coverage is elected and a Dependent is confined in a hospital, convalescent care facility, or nursing home on the date Dependent insurance would otherwise become effective for that Dependent, the Individual Effective Date of insurance for that Dependent is the date following the Dependent's final discharge from the hospital, convalescent care facility, or nursing home. On the Effective Date of Coverage, the Employee must make written request to AUL for coverage to be considered for any incapacitated Child beyond normal termination age.

### Community Property Notice:

If you reside in a community property state, it may be unlawful to name someone other than your spouse as your beneficiary, without your spouse's consent. Community property states include but may not be limited to: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

### Effective Date and Claims Payment Notice:

No coverage shall become effective until approved by the Home Office of American United Life Insurance Company® which is located in Indianapolis, Indiana. In addition, the company shall not be liable for any claim prior to the effective date of coverage for the employee or his dependents, if any.

## Limitations/Exclusions\*

### Life:

#### Suicide Limitation, if applicable, except for Missouri and Washington residents:

If the employee, or his dependent(s) if Dependent coverage is in force, commits suicide, while sane or insane:\*\*\* 1) within two years\*\* from the effective date of Personal Insurance or Dependent insurance, the benefits payable will be limited to the premiums paid; or 2) two or more years\*\* after the effective date of Personal insurance or Dependent insurance, but within two years\*\* of the effective date of an increase in the amount of coverage previously obtained, the benefits payable will be limited to the coverage obtained prior to the effective date of the increase, if any, plus the premiums paid for the increased coverage.

\*\*1 year for residents of Colorado and North Dakota

\*\*\*In Colorado suicide/attempted suicide while insane does not apply.

#### Accidental Death and Dismemberment Exclusion, if applicable:

The insurance does not cover any loss resulting directly or indirectly from: 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 any act of war, whether declared or undeclared; 4) commission of an assault or felony; 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-controlled 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; and for Voluntary AD&D coverage only, if any, 8) participation in hang gliding, bungee jumping, automobile racing, motorcycle racing, skydiving, rock climbing or mountain climbing.