Employee Benefits Insurance Proposal

Issued by American United Life Insurance Company®, a OneAmerica® company

City of Foley

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Proposal Date: 03/29/2012

Proposed Effective Date: 02/1/2013

About OneAmerica® and AUL®

OneAmerica Financial Partners, Inc., is headquartered in Indianapolis, IN. The companies of OneAmerica can trace their solid foundations back more than 125 years in the insurance and financial services marketplace.

OneAmerica's nationwide network of companies offers a variety of products to serve the financial needs of their policyholders and other clients. These products include retirement plans, products and services; individual life insurance, annuities, long-term care solutions and employee benefits. The goal of OneAmerica is to blend the strengths of each company to achieve greater collective results.

American United Life Insurance Company® (AUL) is the founding member of OneAmerica. We deliver on our promises when customers need us most. AUL is licensed and authorized to conduct insurance and retirement business in every state (except New York) and the District of Columbia. OneAmerica is a holding company and is not a licensed insurance company. Visit us at http://www.oneamerica.com.

Proposal for: City of Foley

Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® *company*
One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318

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Proposed Effective Date: 02/01/2013

Group Term Life and AD&D Insurance Options Offered for Class 1 [1]

Class Description:	All Full-Time Eligible Employees [1]
Required Minimum Number of Hours Worked:	30 hours weekly
Amount of Life Insurance:	$10,000
Amount of AD&D Insurance:	Matches Life Amount
Guaranteed Issue Amount:	$10,000

Reduction Schedule:

Coverage will reduce upon reaching certain ages as follows:

Employee's age when reduction occurs	65	70	75
Percent of Life Amount Remaining	65%	50%	35%

Waiver of Premium Benefit:	Age 60 w/ 6 month waiting period, terminates at SSFRA
Employer Contribution Percentage:	100%
Participation Requirement:	100%

Benefit Features Offered for Group Term Life and AD&D Insurance:

Accelerated Life Benefit
Individual Reinstatement - 90 Days
Continuation of Insurance Options
Continuity of Coverage
Conversion Privilege
Repatriation Benefit
Paralysis/Loss of Use Benefit
Child Higher Education Benefit
Child Care Benefit
Disappearance/Exposure Benefit
Severe Burns

Number of insured employees for life insurance coverage within this class:	235
Number of insured employees for AD&D coverage within this class:	235
Total amount of life insurance for this class:	$2,329,000.00
Total amount of AD&D insurance for this class:	$2,329,000.00

An eligible employee is a full-time employee authorized to work and reside in the United States. Eligible employees must work the required minimum number of hours and cannot be considered a part-time,

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temporary or seasonal employee. If any eligible employee is not actively at work on the contract effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

Proposed Premium Rates for Group Term Life and AD&D Insurance

Coverage	Number of Insured Employees	Total Amount of Insurance	Monthly Premium Rate per $1,000 of Coverage	Total Monthly Premium	Rate Guarantee Offered
Life:	235	$2,329,000.00	$0.110	$256.19	3 years
AD&D:	235	$2,329,000.00	$0.030	$69.87	
Total:			$0.140	$326.06	

Any change in amounts of coverage and/or number of employees insured will invalidate the proposed premium rates and require further evaluation by American United Life Insurance Company® (AUL).

The proposed effective date of coverage under AUL's contract will be 02/01/2013. No insurance coverage shall exist or become effective until approved in writing by AUL at its Indianapolis, Indiana home office. AUL shall not be liable or responsible for any loss or benefits incurred prior to AUL's effective date of coverage for any insured.

Dependent Term Life Insurance Options Offered

Proposal assumes the employee will pay 100% of his premium for each dependent's insurance. All dependents must be legally authorized to reside in the United States under applicable state and federal laws. Use of the term spouse also includes domestic partners, if recognized by and allowed under applicable state laws.

Dependent Term Life Insurance Options Available:

Dependent Type	Option 1
Spouse	$5,000
Child(ren) - 6 months to 19* years or 25* years if a full-time student	$2,000
Child(ren) - live birth to 6 months	$250

*Ages may vary by state; 19 and 25 are standard.

Benefit Features Offered for Dependent Term Life Insurance:

Accelerated Life Benefit for eligible Spouse
Conversion Privilege

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Amount of Coverage Offered:

The amount of coverage for a Dependent spouse cannot exceed 50% of the employee's basic Group Term Life Amount and dependent child coverage amounts cannot exceed the spouse's coverage amount. Both are subject to state limitations.

Any coverage for a spouse or children cannot become effective before the employee's coverage is approved. If a dependent is confined in any medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility on the date an employee's coverage is approved, that dependent coverage will not become effective until the dependent is discharged from the facility and contract requirements are satisfied.

Dependent life insurance coverage will follow the same reduction schedule as the employee's coverage. Reducing age will be based on employee's age.

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Proposed Premium Rates for Dependent Term Life Insurance

Dependent Term Life	Option 1 Monthly Premium Rate per Unit*
Family	$1.37

Dependent rates will be guaranteed for the same period of time as the employee rates.

* A unit may be defined as: spouse only, spouse and Child(ren), or Child(ren) only

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Proposed Effective Date: 02/01/2013

Group Short Term Disability Insurance Options for Class 1 [1]

Class Description:	All Eligible Full-Time Employees [1]
Required Minimum Number of Hours Worked:	30 hours weekly
Benefit Percentage:	66.67%
Maximum Weekly Benefit:	$700
Minimum Weekly Benefit:	$25
Injury Elimination Period[2]:	30 Days
Sickness Elimination Period[2]:	30 Days
Maximum Benefit Duration:	22 Weeks
Pre-Existing Condition Exclusion:	None
Partial Disability Benefit:	Yes
Employer Contribution Percentage:	100%
Participation Requirement:	100%

Benefit Features Offered for Group Short Term Disability Insurance:

Continuation of Personal Insurance under Family Medical Leave Act (FMLA)
Continuation of Personal Insurance during Leave Of Absence
Continuation of Personal Insurance during a Temporary Lay Off
Continuation of Personal Insurance during Leave of Absence for Active Military Service
Continuity of Coverage
Integration Type – Non-Occupational
Individual Reinstatement – 90 days
Normal pregnancy and certain complications are included in definition of sickness
Social Security Integration Method – Family
Recurrent Disability Provision
Residual Benefit
Workplace Modification
Tax Reporting Services – pertaining to Employee FICA & W2

Number of insured employees for this class: 235
Total Weekly Benefit for this class: $116,592.24

An eligible employee is a full-time employee authorized to work and reside in the United States. Eligible employees must work the required minimum number of hours and cannot be considered a part-time,

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[2] If the Residual Benefit is not selected, the elimination period begins on the first day of total disability and ends on the later of the end of the period shown above or the end of the period for which salary continuance and/or sick leave is received.

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Proposed Premium Rates for Group Short Term Disability Insurance

Number of Insured Employees	Total Weekly Benefit	Monthly Premium Rate per $10 of Weekly Benefit	Total Monthly Premium	Rate Guarantee Offered
235	$116,592.24	$0.16	$1,865.48	2 Year

Proposed premium rates are dependent upon the employer paying 100% of the premium and subject to change if the employer has amended its Disability Benefit Plan(s) pursuant to applicable law. The law may allow for after tax premium deductions.

Any change in the amounts of coverage and/or number of employees insured will invalidate the proposed premium rates and require further evaluation by American United Life Insurance Company® (AUL).

The proposed effective date of coverage under AUL's contract will be 07/01/2012. No insurance coverage shall exist or become effective until approved in writing by AUL at its Indianapolis, Indiana home office. AUL shall not be liable or responsible for any loss or benefits incurred prior to AUL's effective date of coverage for any insured.

Tax Reporting Services offered
Deduct and deposit with the IRS employee FICA, if any; supply the policyholder with periodic and annual benefit payment and tax withholding reports; and prepare and issue W-2 Forms only.

Additional information
Any sick pay services will be performed pursuant to IRS Employer's Tax Guide or applicable tax publication and AUL is not considered the employer's agent. The employer/policyholder remains responsible and liable for all withholding, depositing, and reporting obligations not agreed to be provided by AUL.

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Group Long Term Disability Insurance Options for Class 1 [1]

Class Description:	All Full-Time Eligible Safety Employees [1]
Required Minimum Number of Hours Worked:	30 hours weekly
Benefit Percentage:	66 2/3%
Maximum Monthly Benefit:	$5,000
Minimum Monthly Benefit	$100
Elimination Period:	180 Days
Maximum Benefit Duration:	SSFRA
Pre-Existing Condition Exclusion:	3/12
Partial Disability Benefit:	Proportionate Loss
Residual Benefit:	Yes
Employer Contribution Percentage:	100%
Participation Requirement:	100%

Benefit Features Offered for Group Long Term Disability Insurance:

Continuation of Personal Insurance under Family Medical Leave Act (FMLA)
Continuation of Personal Insurance during Leave Of Absence
Continuation of Personal Insurance during a Temporary Lay Off
Continuation of Personal Insurance during Leave of Absence for Active Military Service
2 Year Regular Occupation Period
Gainful Occupation – 80% if working / 60% if not working
Recurrent Disability Provision – 6 months
Return to Work Benefit – 12 months
Social Security Integration Method – Family Integration
Continuity of Coverage
Accidental Dismemberment & Loss of Sight Benefit
Accumulation of Elimination Period – 2 times the elimination period
Individual Reinstatement – 90 days
Mandatory Rehabilitation Program
Normal pregnancy and certain complications included in definition of sickness
Survivor Income Benefit – 3 months
Waiver of Premium
Workplace Modification Benefit
Tax Reporting Services - pertaining to Employee FICA, Employer FICA, IRS Form W2 & 941

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Limitations:

Drug & Alcohol Abuse - 24 months lifetime cumulative
Mental Illness - 24 months lifetime cumulative
Special Conditions - 24 months lifetime cumulative

Number of insured employees for this class: 90
Total Covered Monthly Earnings for this class: $346,745.91

An eligible employee is a full-time employee authorized to work and reside in the United States. Eligible employees must work the required minimum number of hours and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the contract effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

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Group Long Term Disability Insurance Options for Class 2 [1]

Class Description:	All Other Full-Time Eligible Employees [1]
Required Minimum Number of Hours Worked:	30 hours weekly
Benefit Percentage:	66 2/3%
Maximum Monthly Benefit:	$5,000
Minimum Monthly Benefit	$100
Elimination Period:	180 Days
Maximum Benefit Duration:	SSFRA
Pre-Existing Condition Exclusion:	3/12
Partial Disability Benefit:	Proportionate Loss
Residual Benefit:	Yes
Employer Contribution Percentage:	100%
Participation Requirement:	100%

Benefit Features Offered for Group Long Term Disability Insurance:

Continuation of Personal Insurance under Family Medical Leave Act (FMLA)
Continuation of Personal Insurance during Leave Of Absence
Continuation of Personal Insurance during a Temporary Lay Off
Continuation of Personal Insurance during Leave of Absence for Active Military Service
2 Year Regular Occupation Period
Gainful Occupation – 80% if working / 60% if not working
Recurrent Disability Provision – 6 months
Return to Work Benefit – 12 months
Social Security Integration Method – Family Integration
Continuity of Coverage
Accidental Dismemberment & Loss of Sight Benefit
Accumulation of Elimination Period – 2 times the elimination period
Individual Reinstatement – 90 days
Mandatory Rehabilitation Program
Normal pregnancy and certain complications included in definition of sickness
Survivor Income Benefit – 3 months
Waiver of Premium
Workplace Modification Benefit
Tax Reporting Services - pertaining to Employee FICA, Employer FICA, IRS Form W2 & 941

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Limitations:

Drug & Alcohol Abuse - 24 months lifetime cumulative
Mental Illness - 24 months lifetime cumulative
Special Conditions - 24 months lifetime cumulative

Number of insured employees for this class: 145
Total Covered Monthly Earnings for this class: $448,837.25

An eligible employee is a full-time employee authorized to work and reside in the United States. Eligible employees must work the required minimum number of hours and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the contract effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

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Proposed Premium Rates for Group Long Term Disability Insurance

Number of Insured Employees	Total Amount of Covered Monthly Earnings	Monthly Premium Rate per $100 of Covered Monthly Earnings	Total Monthly Premium	Rate Guarantee Offered
235	$795,583.16	$0.32	$2,551.84	2 Year

Proposed premium rates are dependent upon the employer paying 100% of the premium and subject to change if the employer has amended its Disability Benefit Plan(s) pursuant to applicable law. The law may allow for after tax premium deductions.

Any change in the amounts of coverage and/or number of employees insured will invalidate the proposed premium rates and require further evaluation by American United Life Insurance Company® (AUL).

The proposed effective date of coverage under AUL's contract will be 07/01/2012. No insurance coverage shall exist or become effective until approved in writing by AUL at its Indianapolis, Indiana home office. AUL shall not be liable or responsible for any loss or benefits incurred prior to AUL's effective date of coverage for any insured.

Tax Reporting Services offered

Deduct and deposit with the IRS employee FICA, if any; prepare and issue W-2 Forms; Pay and deposit with IRS Employer FICA portion, if any; and prepare and file IRS Form 941 (Employer's Quarterly Federal Tax return) or 944 with the IRS, if applicable.

Additional information

Any sick pay services will be performed pursuant to IRS Employer's Tax Guide or applicable tax publication and AUL is not considered the employer's agent. The employer/policyholder remains responsible and liable for all withholding, depositing, and reporting obligations not agreed to be provided by AUL.

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Proposed Effective Date: 02/01/2013

Group Voluntary Term Life and AD&D Insurance Options Offered for Class 1[1]

Class Description:	All Full-Time Eligible Employees [1]
Required Minimum Number of Hours Worked:	30 hours weekly
Maximum Amount of Life Insurance:	$500,000, not to exceed 5 times employee's annual base salary in increments of $1,000.
Minimum Amount of Life Insurance:	$10,000.00
Rounding Rule:	Life Amount is determined based on function of employee's annual base salary, then rounded to the next $1,000.
Amount of AD&D Insurance:	Matches Life Amount
Guaranteed Issue Amount:	$150,000

Reduction Schedule:

Coverage will reduce upon reaching certain ages as follows:

Employee's Age when reduction occurs	65	70	75
Percent of Life Amount Remaining	65%	50%	35%

Coverage does terminate the earlier of age 99 or at retirement.

Waiver of Premium Benefit:	Age 60 w/ 6 month waiting period, terminates at SSFRA
Employer Contribution Percentage:	0%
Participation Requirement:	25% or 10 insured employees, whichever is greater

Benefit Features Offered for Group Voluntary Term Life and AD&D Insurance:

Accelerated Life Benefit
Suicide Limitation – Two Years[2]
Individual Reinstatement - 90 Days
Continuation of Insurance Options
Portability
Continuity of Coverage
Conversion Privilege
Guaranteed Increase in Benefit
Life Event Benefit
Seat Belt Benefit
Air Bag Benefit
Repatriation Benefit

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[2] This limitation may vary by state.

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Paralysis/Loss of Use Benefit
Child Higher Education Benefit
Child Care Benefit
Disappearance/Exposure Benefit
Severe Burns

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Proposed Premium Rates for Group Voluntary Term Life and AD&D Insurance

Age Category	Monthly Premium Rates Per $1,000 of Coverage	Age Category	Monthly Premium Rates Per $1,000 of Coverage	Rate Guarantee Offered
0-29	$0.090	55-59	$0.960	3 years
30-34	$0.100	60-64	$1.090	
35-39	$0.140	65-69	$2.030	
40-44	$0.220	70-74	$3.330	
45-49	$0.370	75+	$5.400	
50-54	$0.570			
Voluntary AD&D for all ages			$0.040	

This proposal is based on 235 eligible employees.

Any change in the amounts of coverage and/or number of employees eligible will invalidate the proposed premium rates and require further evaluation by American United Life Insurance Company® (AUL). Premium rates and coverages offered are dependent upon a minimum number of employees being approved for coverage. To be eligible for the above premium rates and coverages, the required number of insured employees must be 25% or 10 insured employees, whichever is greater. An eligible employee's age will be determined as of the Policyholder's anniversary date. If the anniversary date and effective date are identical, the employee's age will be determined as of the Policyholder's effective date of coverage. Premium rates for each employee will increase for events such as when the employee enters a new age category.

If an employee is eligible and enrolls timely, the employee will be able to apply for coverage up to the guaranteed issue amount without providing Evidence of Insurability. Any amount of coverage requested in excess of the guaranteed issue amount will first require medical underwriting and written approval by AUL. If approved, coverage will become effective on the date identified by AUL. After the initial enrollment period, eligible employees may apply for coverage under another option only during an AUL approved scheduled enrollment period. However, any increase in the amount of coverage will then require medical underwriting and written approval by AUL. Guaranteed Increase in Benefit, if applicable, does not require medical underwriting assuming the insured person has not been previously declined due to unsatisfactory Evidence of Insurability by AUL.

The proposed effective date of coverage under AUL's contract will be 02/01/2013. No insurance coverage shall exist or become effective until approved in writing by AUL at its Indianapolis, Indiana home office. AUL shall not be liable or responsible for any loss or benefits incurred prior to AUL's effective date of coverage for any insured.

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Dependent Voluntary Term Life and AD&D[1] Insurance Options Offered

Proposal assumes the employee will pay 100% of his premium for each dependent's insurance. All dependents must be legally authorized to reside in the United States under applicable state and federal laws. Use of the term spouse also includes domestic partners, if recognized by and allowed under applicable state laws.

Dependent Voluntary Term Life and AD&D Insurance Options Available:

Spouse Incremental Options Based on Spouse Age / Spouse Volume	
Spouse Incremental Options:	**Amount**
Spouse	
Voluntary Term Life Benefit:	An incremental amount up to 100% of the Employee's Voluntary Life amount.
Minimum Amount of Voluntary Term Life Insurance:	$10,000.00
Maximum Amount of Voluntary Term Life Insurance:	$250,000.00
Guaranteed Issue Amount:	$30,000.00
Increments:	$500

Child(ren) – 6 months to 19* years or 25* years if a full-time student				
Voluntary Term Life Benefit:	**Option 1**	**Option 2**	**Option 3**	**Option 4**
	$2,500	$5,000	$7,500	$10,000
Guaranteed Issue Amount:	$10,000.00			
Child(ren) – Live birth to 6 months				
Voluntary Term Life Benefit:	$1,000			
For All Dependent Coverages				
Voluntary AD&D Insurance Amount:	Included			
Voluntary AD&D Seat Belt Benefit:	Included			
Waiver of Premium Benefit:	Not Included			

*Ages may vary by state; 19 and 25 are standard.

Benefit Features Offered for Dependent Voluntary Term Life and AD&D Insurance:

Accelerated Life Benefit for eligible Spouse
Suicide Limitation – [Two Years][2]
Continuation of Insurance

[1] Dependent AD&D is only available if Employee has AD&D coverage.
[2] This limitation may vary by state

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Conversion Privilege
Seat Belt Benefit
Air Bag Benefit
Repatriation Benefit
Paralysis/Loss of Use Benefit
Spouse Child Higher Education Benefit
Spouse Child Care Benefit
Disappearance/Exposure Benefit
Severe Burns

Amount of Coverage Offered:

The amount of coverage for a Dependent spouse cannot exceed 100.0% of the employee's Group Voluntary Term Life Amount and dependent child coverage amounts cannot exceed the spouse's coverage amount. Coverage for Spouse and child(ren) must be from same option. Both are subject to state limitation.

Any coverage for a spouse or children cannot become effective before the employee's coverage is approved. If a dependent is confined in any medical facility, rehabilitation center, convalescent care facility, nursing home or correctional facility on the date an employee's coverage is approved, that dependent coverage will not become effective until the dependent is discharged from the facility and contract requirements are satisfied.

Dependent life insurance coverage will follow the same reduction schedule as the employee's coverage. Reducing age will be based on spouse's age.

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Proposed Premium Rates for Dependent Voluntary Term Life and AD&D Insurance

Spouse:

Monthly Premium Rates per $1,000 of Coverage Based on Spouse Age / Spouse Volume for Dependent Voluntary Term Life and AD&D Insurance:

Age Category	Monthly Premium Rates Per $1,000 of Coverage	Age Category	Monthly Premium Rates Per $1,000 of Coverage	Rate Guarantee Offered
0-29	$0.090	55-59	$0.960	3 years
30-34	$0.100	60-64	$1.090	
35-39	$0.140	65-69	$2.030	
40-44	$0.220	70-74	$3.330	
45-49	$0.370	75+	$5.400	
50-54	$0.570			
Voluntary AD&D for all ages			$0.040	

An eligible spouse's age will be determined as of the Policyholder's anniversary date. If the anniversary date and effective date are one in the same, the eligible spouse's age will be determined as of the Policyholder's effective date of coverage.

Child(ren):

Monthly Premium Rates Per Unit of Coverage for Dependent Voluntary Term Life and AD&D Insurance:

Child(ren) Rate	Voluntary Dependent Life Monthly Premium Rate Per Unit of Coverage	Voluntary Dependent AD&D Monthly Premium Rate Per Unit of Coverage
Option 1	$0.400	$0.100
Option 2	$0.800	$0.200
Option 3	$1.200	$0.300
Option 4	$1.600	$0.400

Dependent rates will be guaranteed for the same period of time as the employee rates.

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Proposal Conditions

The following are assumptions and conditions upon which this proposal is offered:

1. This invitation to inquire allows interested employers an opportunity to inquire further about group insurance coverage and is limited in its description of the losses for which benefits may be payable. The contract has exclusions, limitations, reduction of benefits, and terms under which it may be continued in force or discontinued. The contract may contain a waiting or elimination period between the effective date of the contract and the effective date of coverage, and between the date a loss occurs and the date benefits begin to be payable for the loss.
2. Estimated rates are available for 60 calendar days following the proposal date. Actual monthly premium will be calculated and quoted by AUL. Premium rates do increase upon reaching certain age brackets, according to contract terms, and are subject to change. Any deviation from the benefits selected and/or information supplied by employer will invalidate this proposal and require reevaluation of any terms/conditions offered by AUL. Employer warrants and represents, to the best of its knowledge, no participants who may apply for coverage have any illnesses that could affect premium rates, benefits or coverage approval.
3. Rates and coverage are dependent upon the employer being in business and operational at least 2 consecutive years.
4. Coverage continues while required premium is paid and employer receives coverage under the AUL group contract. Benefits payable under the contract may be based on a percentage of an employee's covered earnings subject to AUL's approval, contract maximums, contract reductions, and according to contract terms and conditions. If a choice of the amount of benefits is offered, the amount of benefits provided depends upon the coverage selected and premium can vary with the amount of benefits selected. If a range of benefit levels is present, the applicant is only entitled to the benefit level shown in the contract.
5. Rates assume an SIC code of 9199.
6. Any coverage offered by AUL prior to and after the effective date of coverage is contingent upon information and documents received by AUL being accurate and reliable. Final premium costs will be calculated by AUL based on the final enrollment data of employees insured on the effective date.
7. AUL's group insurance policies are nonparticipating contracts.
8. Proposal assumes less than 30% of employees will be in law enforcement or fire protection occupations, no urban locations or elected officials will be insured, and all employees contribute FICA taxes.
9. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to the insured's effective date of coverage. A pre-existing condition is any condition for which a person has done any of the following at any time during the period of time as stated in the policy: 1) received medical treatment or consultation; 2) taken or were prescribed drugs or medicine; or 3) received care or services, including diagnostic measures. Insureds must also be treatment-free for a time-frame specified in some contracts following the individual effective date of coverage.
10. AUL assumes employer has existing Worker's Compensation insurance coverage.
11. Claims under AUL's group disability insurance contracts are administered by Disability RMS, a Third Party Administrator located in Westbrook, Maine.
12. All products and benefits may not be available or offered in all states. Contact your AUL regional group insurance representative for availability of products and benefits

EMPLOYER SHOULD RETAIN AND NOT TERMINATE ANY OTHER GROUP INSURANCE COVERAGE UNTIL WRITTEN APPROVAL HAS BEEN RECEIVED FROM AUL.