



Group Long Term Disability Coverage¹

- Guaranteed-issue amounts of coverage (no medical underwriting for certain amounts of coverage)²
- Paid for by the Employee
- Waiver of premium benefits
- Partial disability benefits
- Residual benefit
- Return to work benefit
- Workplace modification benefits
- Minimum monthly benefit is the greater of [10%] of the gross monthly benefit or \$50
- Survivor income benefit
- Continuation of insurance coverage under the Family Medical Leave Act (FMLA)

Benefit Percentage: ³	60%
Maximum Monthly Benefit:	\$15,000
Elimination Period:	90 Days
Maximum Benefit Duration: ⁴	SSFRA
Pre-Existing Condition Period: ⁵	3/12

TO CALCULATE YOUR MONTHLY PREMIUM FOR LTD:

1. Enter the lesser of your Monthly Salary or \$25,000: _____
2. Multiply step 1 by .0056 for your monthly premium: _____

¹ This invitation to inquire allows eligible employees 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 the contract 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 If an employee does not apply timely and/or applies for an amount greater than the guaranteed issue amount, coverage will not be available until after undergoing medical underwriting and receiving written approval from AUL.

³ Benefit amounts are based upon percentage of covered monthly salary. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

⁴ Maximum period benefits are payable under the contract.

⁵ Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which an ordinarily prudent person would ordinarily have received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. PA, MO and other states do not include a prudent person standard and incurred expenses are not applicable in MO contracts. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage.