



American United Life Insurance Company<sup>®</sup>  
Indianapolis, Indiana 46206-0368

Certifies that it has issued and delivered a group policy to:

*Mississippi Valley Intergovernmental Cooperative*  
(Hereinafter called the Group Policyholder)

Group Policy Number: **00609076-0006-000**

Class: **004**

Change Effective Date: **01/01/2012**

This certificate replaces any and all certificates previously issued to You under the Group Policy indicated above.

American United Life Insurance Company<sup>®</sup> (AUL) certifies that the Employee whose enrollment form is on file with the Group Policyholder as being eligible for insurance and for whom the required premium has been paid is insured under the above numbered Group Policy for group insurance benefits as designated in the Schedule of Benefits. Benefits are subject to change as described on the Schedule of Benefits page.

This certificate describes the coverage provided in the Group Policy. The Group Policy determines all rights and benefits in this certificate and may be amended, cancelled or discontinued at any time by agreement between AUL and the Group Policyholder without notice to You. The Group Policy may be examined at the main office of the Group Policyholder during the regular office hours.

Thomas M. Zurek  
Secretary

Dayton H. Molendorp  
President and Chief Executive Officer

**CERTIFICATE OF INSURANCE  
GROUP TERM LIFE INSURANCE**

## TABLE OF CONTENTS

PROVISIONS	SECTION
Schedule of Benefits	1
Definitions	2
Eligibility	3
Eligibility	3A
Individual Effective Date--Contributory Insurance (Basic)	4
Changes in Insurance Coverage	6
Individual Terminations	9
Conversion Privilege	10
Payment of Death Benefits	15
Naming of Beneficiary	16
The Death Claim	17
Determination of Beneficiary	18
Selection of Payment Method	19
General Policy Provisions	21

**SECTION 1-SCHEDULE OF BENEFITS  
BASIC INSURANCE**

This benefit applies to You only if premiums are paid and if:

- 1) the benefit was agreed to on the application by the Policyholder and AUL;
- 2) You elected the benefit on an enrollment form approved by AUL; or
- 3) the benefit was included in the information reported, in a format acceptable to AUL, by You or the Policyholder and agreed to by AUL.

CLASS 004

**CLASSIFICATION**

All Eligible Retired Teachers Who Retired After 01/01/12 Who Are Retirement Eligible Under Illinois Teachers Retirement Services Pension Plan

**LIFE AMOUNT**

\$15,000

**GUARANTEED ISSUE AMOUNT:** \$15,000. All amounts of Insurance in excess of the amount shown above shall require satisfactory Evidence of Insurability. Amounts for which the Employee becomes eligible which are over the Guaranteed Issue Amount in the Schedule of Benefits will be issued only on approval by AUL. Approval will be based on Evidence of Insurability satisfactory to AUL. If coverage is approved, it will take effect on the date named by AUL. See Section 4, Individual Effective Date.

**REDUCTIONS:** Upon attainment of age 70, the Life Amount will reduce by 35%. Upon attainment of age 75, the Life Amount will reduce by 55% of the original amount. Upon attainment of age 80, the Life Amount will reduce by 70% of the original amount. Upon attainment of age 85, the Life Amount will reduce by 85% of the original amount.

**TERMINATIONS:** Terminations are governed by the Individual Terminations Section. See Section 9.

**WAITING PERIOD** for Employees hired before the policy effective date: 0 days.

**WAITING PERIOD** for Employees hired on or after the policy effective date: 0 days. Also, see Eligibility, Section 3.

**SECTION 1-SCHEDULE OF BENEFITS**  
**BASIC INSURANCE**  
**Continued**

Class 004 (Continued)

CONTRIBUTIONS: Employee premium contributions are required. See Section 4.

ELIGIBILITY: Immediate. See Section 3.

FULL-TIME EMPLOYEE REQUIREMENT: 0 hours or more per week. See Section 3.

INDIVIDUAL EFFECTIVE DATE: Immediate. See Section 4.

INDIVIDUAL TERMINATIONS: Immediate. See Section 9.

## SECTION 2-DEFINITIONS

**ACCIDENTAL BODILY INJURY** means an injury occurring directly as a result of an accident, either directly or indirectly, along with all other related conditions, sustained by You while insured under the policy.

**ACTIVE WORK** and **ACTIVELY AT WORK** mean the use of time and energy in the services of the Group Policyholder at the regular place of business by You while You are physically and mentally capable of performing each of the material and substantial duties of Your regular job at least the minimum number of hours listed in the Eligibility Section. This includes time off for vacation, jury duty and funeral leave, where You otherwise could have been Actively at Work. This does not include time off as a result of an injury, Accidental Bodily Injury, Sickness, strike or lock-out.

**CHILD** means any child born of You; or any child You legally adopted, from the time of placement in Your home with the intent to adopt; or any stepchild who lives with You; or any child for whom You have legal guardianship; or any child for whom coverage must be provided in accordance with state law or court order.

**CONTRIBUTORY INSURANCE** means insurance for which You pay part or all of the premium.

**DATE OF DISABILITY** means the first day You are not Actively at Work due to an Accidental Bodily Injury or Sickness that causes a Total Disability.

**DEPENDENT** see Dependent Insurance, Section 20, if included. If Dependent Insurance is not included, then references to Dependents, Child and Dependent Insurance are null and void.

**ELIMINATION PERIOD** means a period of consecutive days beginning on Your Date of Disability and ending on the date that the period specified in the Waiver of Premium for Total Disability Benefit expires. This period may include up to three (3) days of Active Work.

**EMPLOYER** see **GROUP POLICYHOLDER**. Any references to Employer shall include Insured Units.

**EVIDENCE OF INSURABILITY** means a statement of proof of an Employee's or Dependent's medical history upon which acceptance for insurance will be determined by AUL.

**GRANDFATHERED RETIREE**, see Eligibility, Section 3A, if included.

## SECTION 2-DEFINITIONS

GROUP POLICYHOLDER means the sole proprietorship, partnership, corporation, firm, school, school district, or other instrumentality of a state or political subdivision thereof that employs You and that is covered under the policy. Any references to Group Policyholder shall include Insured Units.

NON-CONTRIBUTORY INSURANCE means insurance for which You pay none of the premium.

PERSONAL INSURANCE means the insurance provided under the policy for You.

POLICY MONTH means that period of time beginning on the first day that the Group Policyholder's coverage is in force and ending on the day before that date of the next month.

RETIREE means an individual who, on his last workday prior to retirement, was an Actively at Work Person and who is receiving a benefit under the terms of the Group Policyholder's pension plan. Retiree does not include a Person who is receiving pension plan benefits solely due to being Totally Disabled and who otherwise does not meet the Group Policyholder's criteria for receipt of pension plan benefits.

SICKNESS means illness, bodily disorder or disease, pregnancy, and any condition classified as a mental disorder in *International Classification of Diseases, Clinical Modification*, published by Med-Index.

TEMPORARY LAY-OFF means a period of time shown in Continuation of Insurance, Section 7, during which the Employee is not Actively at Work and is not terminated from employment with the Group Policyholder.

TOTAL DISABILITY and TOTALLY DISABLED see Waiver of Premium for Total Disability, Section 8, if included.

WAITING PERIOD means the amount of continuous, Active Work to be performed by the Employee, while in an eligible class, to become eligible for Personal Insurance. The Waiting Period is stated on the Schedule of Benefits.

WE, OUR, US, and AUL mean American United Life Insurance Company®

YOU and YOUR means an Employee who meets the requirements of the Eligibility and Individual Effective Date Sections. PERSON, when used, has the same meaning as YOU and YOUR.

## **SECTION 3-ELIGIBILITY**

### **DEFINITIONS**

**EMPLOYEE** means an individual:

- 1) whose employment with the Group Policyholder constitutes his principal occupation; and
- 2) who regularly works at that occupation at the Group Policyholder's regular place of business a minimum number of hours specified in Section 1 - Schedule of Benefits; and
- 3) who is not temporarily or seasonally employed by the Group Policyholder.

**WAITING PERIOD** means the amount of continuous, Active Work to be performed by the Employee, while in an eligible class, to become eligible for Personal Insurance. The Waiting Period is stated on the Schedule of Benefits.

On the effective date of the policy, an Employee becomes eligible for Personal Insurance if:

- 1) the Employee has fulfilled the Waiting Period, if any, and is Actively at Work; or
- 2) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on an Employer-approved leave of absence other than for injury or sickness; or
- 3) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on Temporary Lay-off.

After the effective date of the policy and while the policy is in force, an Actively at Work Employee becomes eligible for Personal Insurance on the date following fulfillment of the Waiting Period, if any.

**TO REMAIN ELIGIBLE FOR PERSONAL INSURANCE AND DEPENDENT INSURANCE, IF ANY, PERSONS MUST CONTINUOUSLY MEET THE ABOVE REQUIREMENTS.**

### **SECTION 3A-ELIGIBILITY**

For purposes of the policy, Employee also means an individual who is a Retiree who:

- 1) meets the retirement criteria defined by the Group Policyholder; and
- 2) is permitted by applicable state law to be considered eligible for group insurance coverage; and
- 3) was insured and Actively at Work on the day prior to the retirement date.

An Employee defined in this Section becomes eligible for Personal Insurance on the later of:

- 1) the effective date of the policy; or
- 2) the effective date of the Employee's class.

**TO REMAIN ELIGIBLE FOR PERSONAL INSURANCE, PERSONS MUST CONTINUOUSLY MEET THE ABOVE REQUIREMENTS.**

**THE FOLLOWING REQUIREMENTS ARE NOT APPLICABLE TO EMPLOYEES DEFINED IN SECTION 3A:**

Active Work and Actively at Work



**SECTION 4-INDIVIDUAL EFFECTIVE DATE  
CONTRIBUTORY INSURANCE**

*Refer to your Schedule of Benefits to determine to which coverage this page applies. When applicable, the Schedule of Benefits will indicate employee premium CONTRIBUTIONS are required.*

The eligible Employee, as a condition to becoming insured, must make written request to the Group Policyholder on a form approved by AUL and must agree to contribute the required premium amount. The effective date of insurance for an eligible Employee, subject to the further provisions of this Section, is:

- 1) the date the Employee becomes eligible if request is made on or before that date and the amount requested does not exceed the Guaranteed Issue Amount shown on the Schedule of Benefits;
- 2) the date of the request if request is made within 31 days after the date the Employee becomes eligible and the amount requested does not exceed the Guaranteed Issue Amount shown on the Schedule of Benefits; or
- 3) the date named by AUL when Evidence of Insurability is required. Evidence of Insurability, satisfactory and without expense to AUL, is required if:
  - a) the amount requested exceeds the Guaranteed Issue Amount shown on the Schedule of Benefits; or
  - b) request is made after a termination of insurance due to failure to make contributions.

Any eligible Employee who converted insurance under the policy to an individual policy which remains in force is required, as a condition of becoming insured again under the policy, to submit Evidence of Insurability, satisfactory and without expense to AUL. The effective date of insurance shall be a date named by AUL.

If an Employee, except an Employee on an Employer-approved leave of absence other than for injury or sickness, is not Actively at Work on the date insurance would otherwise become effective, the effective date is the date the eligible Employee returns to Active Work.

When an Employee has met the requirements of the Eligibility Section and this Section, that Employee has Personal Insurance and is referred to as You.

Contributions for Basic insurance are required from You for Personal Insurance.

Also see Continuity of Coverage, Section 5, if included.

## SECTION 6-CHANGES IN INSURANCE COVERAGE

The amount of insurance for which You are eligible is shown in the Schedule of Benefits.

A change in insurance that does not result in an increase in benefits takes effect on:

- 1) the date of any scheduled reduction; or
- 2) the policy anniversary date following AUL's approval of a request for change, if the date is the policy anniversary date; or
- 3) the policy anniversary date next following AUL's approval of a request for change, if the date is after the policy anniversary date.

In order for a change in insurance that does result in an increase in benefits to become effective, You, except if on an Employer-approved leave of absence other than for injury or sickness, must be Actively at Work.

A change in insurance that results in an increase in benefits that does not exceed Your Guaranteed Issue Amount shown on the Schedule of Benefits takes effect on:

- 1) the policy anniversary date, if the date is the policy anniversary date; or
- 2) the policy anniversary date following the date You become eligible for the change in insurance, if the date is after the policy anniversary date; subject to the further provisions of this Section.

A change in insurance that results in an increase in benefits that does exceed Your Guaranteed Issue Amount shown on the Schedule of Benefits is subject to:

- 1) Evidence of Insurability, satisfactory and without expense to AUL; and
- 2) upon AUL's approval, takes effect on:
  - a) the policy anniversary date following AUL's approval of a request for change, if the date is the policy anniversary date; or
  - b) the policy anniversary date next following AUL's approval of a request for change, if the date is after the policy anniversary date; subject to the further provisions of this Section.

If You are not Actively at Work on the policy anniversary that is the approved change date, any increase in the amount of insurance takes effect on:

- 1) the date of Your return to Active Work, if the date is the first day of the Policy Month; or
- 2) the first day of the next Policy Month following Your return to Active Work, if the date is after the first day of the Policy Month.

## **SECTION 9-INDIVIDUAL TERMINATIONS**

Personal Insurance terminates on the earliest of the following dates:

- 1) the date the policy is terminated;
- 2) the date You request termination but not prior to the date of the request;
- 3) the date for which any required contribution was not made;
- 4) the date You cease to be eligible, see Eligibility, Section 3 and Section 3A, if any;
- 5) the date You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees;
- 6) the date You enter active military service for any country except for temporary duty of 30 days or less; or
- 7) the date You cease Active Work, except for an event listed in Continuation of Insurance, Section 7.

Accidental Death and Dismemberment Personal Insurance terminates whenever any of the above events occur.

Accidental Death and Dismemberment Personal Insurance also terminates on the earliest of the following dates:

- 1) the date final action is taken on the Waiver of Premium for Total Disability Benefit request; or
- 2) the date You become a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees that includes AD&D Principal Sum Amounts.

## SECTION 10-CONVERSION PRIVILEGE

If Your Life Insurance or a portion of it ceases due to:

- 1) termination of employment;
- 2) termination of membership in a class eligible for insurance; or
- 3) a reduction in the benefit amount,

You are entitled to a conversion policy without submission of Evidence of Insurability. The amount of such conversion policy shall be equal to or less than the amount of Personal Life Insurance which has ceased.

If Your Life Insurance or a portion of it ceases due to:

- 1) termination of the policy; or
- 2) termination of the class of insurance under which You are covered,

You are entitled to a conversion policy without submission of Evidence of Insurability if Your Personal Insurance has been in force with AUL for five (5) continuous years. The amount of the conversion policy shall not exceed the smaller of:

- 1) the coverage terminated minus any new group coverage for which You become eligible within 31 days; or
- 2) \$10,000.

In the event that Your employment and the policy terminate at the same time, You will be entitled to convert Your coverage no matter how long Your coverage has been in force.

The conversion policy is subject to the following:

- 1) Written application must be made and the first premium paid within 31 days after the later of the date of:
  - a) termination of insurance; or
  - b) conversion notification by the Group Policyholder. If You are not notified by the Group Policyholder of Your conversion rights within 15 days after the date of termination of insurance, an additional conversion application period will begin. This additional conversion application period will end on the earlier of:
    - i) 15 days after notice is received; or
    - ii) 60 days from the end of the original 31 day conversion period.
- 2) Any plan of insurance other than term insurance currently offered by AUL may be selected. Your Basic Life and Supplemental Life Insurance, if any, are available for conversion. Your Accidental Death and Dismemberment Insurance and Waiver of Premium for Total Disability Benefit, if any, are not available for conversion.
- 3) The premium will be based on Your age on the effective date of the conversion policy, the class of risk to which You belong and the premium rate in effect on the date of conversion.
- 4) The conversion policy takes effect at the end of the application period and is in lieu of all benefits under the group policy, unless You remain insured under the group policy as a member of a different class.

## **SECTION 10-CONVERSION PRIVILEGE**

If death occurs during the application period, AUL will pay the maximum amount available for conversion whether or not the application has been made or the premium paid. After the application period, no application will be accepted unless You prove that it was not possible for You to apply in a timely fashion.

Premium must be paid for the number of days of coverage provided during the application period.

IN NO EVENT WILL A DEATH BENEFIT BE PAYABLE UNDER BOTH THE CONVERSION SECTION AND WAIVER OF PREMIUM FOR TOTAL DISABILITY SECTION, IF ANY, OF THE POLICY. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, ARE NOT PAYABLE BEYOND THE DATE SET FORTH IN SECTION 9, INDIVIDUAL TERMINATIONS.

## **SECTION 15-PAYMENT OF DEATH BENEFITS**

If You die while insured under the policy, AUL will pay the benefits due to the Beneficiary:

- 1) upon timely receipt of acceptable proof of death; and
- 2) subject to all other provisions of the policy and to Your instructions.

The following Sections describe the manner in which death benefits are paid.

## **SECTION 16-NAMING OF BENEFICIARY**

**BENEFICIARY** means the individual, individuals or entity named by You to receive Your death benefit.

AUL will pay the death benefit according to Your designation of Beneficiary.

When You apply for coverage You may designate on an AUL-approved form:

- 1) one or more Beneficiaries;
- 2) indicate the order of payment to the Beneficiaries; and
- 3) indicate distribution of the proceeds among Beneficiaries.

If more than one Beneficiary is listed and no order of payment is given, then all Beneficiaries will share equally. If more than one Beneficiary is listed within the same order of payment and no distribution share is indicated, then all Beneficiaries will share equally.

If the policy replaces insurance coverage of another carrier, AUL may, upon request of the Group Policyholder, recognize Beneficiary designations in effect under the prior coverage as effective until a new designation is made with AUL.

### **CHANGING A BENEFICIARY**

You may change a Beneficiary at any time by written request. The request must be signed, dated and filed through the Group Policyholder.

AUL will make the change effective as of the date the form was signed even if You are not alive when AUL receives it. However, AUL is not liable if benefits are paid to the previous Beneficiary before AUL receives the form. If You apply for an individual policy under the Conversion Section and name a new Beneficiary, AUL will treat the application as a Beneficiary change when determining payment.

AUL reserves the right to require that any Beneficiary designation be acceptable to it.

## **SECTION 17-THE DEATH CLAIM**

If You die while insured under the policy, proof of death should be furnished as soon as possible. The claim must be submitted within three (3) years of the date of death. The claim may still be considered if it can be shown that timely submission of the claim was not possible.

Proof of death must include:

- 1) a certified death certificate; and
- 2) a completed claim form.

AUL, at its option, may also require:

- 1) return of Your insurance certificate; or
- 2) submission of pertinent medical records, including an autopsy report; or
- 3) police reports.

If the cause of death cannot be clearly established by other means, AUL reserves the right to have an autopsy performed. The autopsy will be performed:

- 1) at AUL's expense; and
- 2) by a physician of AUL's choice.

If the policy is no longer in force, proof furnished more than two (2) years from the date of loss must also include:

- 1) proof of employment at death; and
- 2) proof of coverage under the policy at death.

## **SECTION 18-DETERMINATION OF BENEFICIARY**

Once acceptable proof of death is received, AUL will determine the Beneficiaries or payees in the following order:

- 1) Beneficiaries who outlive You. If more than one Beneficiary is designated and no order of preference is given, then all Beneficiaries will share equally. If more than one Beneficiary is listed within the same order of payment and no distributive share is indicated, then all Beneficiaries will share equally;
- 2) If no named Beneficiaries outlive You or none were named, then, at AUL's option, a surviving relative if Your estate is not substantial and there are no statutory requirements to the contrary. Relatives will be considered in descending order of preference as follows:
  - a) spouse;
  - b) child(ren);
  - c) parent(s); or
  - d) brother(s) and sister(s); or
- 3) Your estate.

AUL may, at its option, pay the proceeds in an amount up to Two Thousand Dollars (\$2,000) to any individual appearing to AUL to be equitably entitled to payment by reason of having incurred funeral or other expenses incident to Your last illness or death.

In the event that You and Your Dependents should die simultaneously or if there is no clear evidence as to which parties died first, it shall be presumed that Your Dependents shall have predeceased You.

If any Beneficiary dies within fifteen (15) days after Your date of death, the amount that would have been paid to the Beneficiary will be treated as though that Beneficiary had died before You. This does not apply to any payment that is made to such Beneficiary during the fifteen (15) days following Your death. Any payment made in good faith shall fully discharge AUL to the extent of such payment.

## **SECTION 19-SELECTION OF PAYMENT METHOD**

The proceeds will be paid in a lump sum unless another payment method is selected or changed by giving written notice to AUL prior to Your death. If no payment method is in effect at death, the payee may select a payment method. For information concerning payment method options, You or the payee should contact AUL.

The amounts payable under a method, including any excess interest, will be as declared by AUL. The minimum interest rate used in computing payments under all methods will be 3% per year. Other than lump sum payment, AUL reserves the right to specify the minimum periodic payment when a method is to become effective.



## **SECTION 21-GENERAL POLICY PROVISIONS**

**AMENDMENT and CHANGES:** The policy may be amended by mutual agreement between the Group Policyholder and AUL but without prejudice to any valid claim incurred prior to the effective date of the amendment. No change in the policy is valid until approved by the Chief Executive Officer, President or Secretary of AUL. No agent has the authority to change the policy or waive any of its provisions.

**APPLICATION:** A copy of the application of the Group Policyholder will be attached to the policy when issued. All statements made by the Group Policyholder or by You or Your Dependents are deemed representations and not warranties. No statement made by You or Your Dependent may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to You or Your Dependent or, in the event of Your or Your Dependent's death or incapacity, to Your or Your Dependent's Beneficiary or personal representative.

**ASSIGNMENT:** You may make an absolute assignment of all benefits and rights of Your Life Insurance. Your certificate of Life Insurance is assignable to the extent permitted by law except that no collateral assignment is permitted. No assignment is binding unless filed with AUL in a form acceptable to it. AUL assumes no responsibility for the validity or effect of any assignment.

**CERTIFICATES:** If there is any discrepancy between the provisions of any certificate and the provisions of the policy, the provisions of the policy will govern.

**CLAIMS OF CREDITORS:** The benefits paid under the policy will be exempt from the claims of creditors to the maximum extent permitted by law.

**CONFORMITY WITH STATE LAWS:** Any provision of the policy in conflict with the laws of the state in which it is delivered is amended to conform to the minimum requirements of those laws.

**ENTIRE CONTRACT:** The policy, the enrollment forms of the individuals, the application of the Group Policyholder, and any amendments made from time to time constitute the entire contract.

**GENDER PRONOUNS:** Whenever the male pronoun is used, it shall also mean the female.

**INCONTESTABILITY:** The validity of the policy shall not be contested after two (2) years from the effective date of the policy except for non-payment of premiums. No statement made by You or Your Dependent on Your signed enrollment form will be used to contest a claim or the validity of insurance after Your or Your Dependent's coverage has been in force for two (2) years prior to Your or Your Dependent's death.

**LEGAL ACTION:** No legal action may be brought to obtain benefits under the policy:

- 1) for at least 60 days after proof of loss has been furnished; or
- 2) after three (3) years from the time written proof of loss is required to have been furnished to AUL.

**MISSTATEMENT OF AGE:** If Your or Your Dependent's age has been misstated, the benefits will be payable based on the true facts. Premium adjustment will be made so that AUL will receive the actual premium required based on the true facts. Any adjustment of benefits due to the correction of age will also be made.

**NOTICE OF  
PROTECTION PROVIDED BY  
ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** description of the Illinois Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Illinois law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Illinois law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association per insolvency are:

- 1) Life Insurance
  - a) \$300,000 in death benefits
  - b) \$100,000 in cash surrender or withdrawal values
- 2) Health Insurance
  - a) \$500,000 in hospital, medical and surgical insurance benefits\*
  - b) \$300,000 in disability insurance benefits
  - c) \$300,000 in long-term care insurance benefits
  - d) \$100,000 in other types of health insurance benefits
- 3) Annuities
  - a) \$250,000 in withdrawal and cash values

\*The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except special rules apply with regard to hospital, medical and surgical insurance benefits for which the maximum amount of protection is \$500,000.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also residency requirements and other limitations under Illinois law.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at [www.ilhiga.org](http://www.ilhiga.org) or contact:

*Illinois Life and Health  
Insurance Guaranty Association  
8420 West Bryn Mawr Avenue, Suite 550  
Chicago, Illinois 60631-3404  
(773) 714-8050*

*Illinois Department of Insurance  
4th Floor  
320 West Washington Street  
Springfield, Illinois 62767  
(217) 782-4515*

Insurance companies and agents are not allowed by Illinois law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Illinois law, then Illinois law will control.

**ILLINOIS COMPLAINT NOTICE**

To: Illinois Policyholders and Certificateholders

If you should have questions or complaints concerning your insurance, please contact:

GROUP CLAIMS  
AMERICAN UNITED LIFE INSURANCE COMPANY     ®  
P.O. Box 368  
INDIANAPOLIS, INDIANA 46206-0368

You may also contact:

ILLINOIS STATE INSURANCE DEPARTMENT  
CONSUMER SERVICES SECTION  
320 W. Washington  
SPRINGFIELD, ILLINOIS 62767

Policyholders: Please distribute this information to all existing and new certificateholders.

## **ADMINISTRATIVE NOTICE**

### **CIVIL UNIONS**

The Illinois legislature created the Illinois Religious Freedom Protection and Civil Union Act ("The Act") effective June 1, 2011. The Act creates a legal relationship between two persons of the same or opposite sex who form a Civil Union and the parties to a Civil Union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses.

This policy and the administration of it comply with the Act.