Employee Benefits Insurance Proposal

Issued by American United Life Insurance Company[®] (AUL), a OneAmerica[®] company



Kleen-Tech Services

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Proposal Date:09/20/2023Proposed Effective Date:01/01/2024

About OneAmerica®

A national leader in the insurance and financial services marketplace for more than 140 years, the companies of OneAmerica help customers build and protect their financial futures.

OneAmerica offers a variety of products and services to serve the financial needs of their policyholders and customers. These products include retirement plan products and recordkeeping services, individual life insurance, annuities, asset-based long-term care solutions and employee benefit plan products.

Products are issued and underwritten by the companies of OneAmerica and distributed through a nationwide network of employees, agents, brokers and other sources that are committed to providing value to our customers.

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Proposed Effective Date: 01/01/2024

Group Voluntary Term Life and AD&D Insurance Options Offered for Class 1¹

ass Description: All Eligible Full-Time Employees ¹		
Required Minimum Number of Hours Worked:	I: 30 hours weekly	
Maximum Amount of Life Insurance:	\$200,000, not to exceed 5 times employee's annual base salary in increments of \$10,000.	
Minimum Amount of Life Insurance:	\$10,000.00	
Rounding Rule:	Life Amount is determined based on function employee's annual base salary, then rounded the next \$1,000.	
Amount of AD&D Insurance:	Matches Life Amount	
Guaranteed Issue Amount:	\$200,000	

Reduction Schedule:

Coverage will reduce upon reaching certain ages as follows:

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

Waiver of Premium Benefit:	Age 60 w/ 9 month waiting period, terminates at age 65
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 – up to 75% Suicide Limitation – Two Years² Individual Reinstatement - 30 Days Continuation of Insurance Options Portability Conversion Privilege Guaranteed Increase in Benefit Seat Belt Benefit Air Bag Benefit Repatriation Benefit Paralysis/Loss of Use Benefit Child Higher Education Benefit Child Care Benefit Disappearance/Exposure Benefit

¹ Use of the term "Employee" includes employees, owners, members, partners, shareholders, or participants eligible to apply for coverage under American United Life Insurance Company® (AUL) contract.

² This limitation may vary by state.

Proposal for: Kleen-Tech Services Prepared: 9/20/2023 1:48 PM 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



Severe Burns

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.



Age Category	Monthly Premium Rates Per \$1,000 of Coverage	Age Category	Monthly Premium Rates Per \$1,000 of Coverage	Rate Guarantee Offered
0-19	\$0.076	50-54	\$0.524	
20-24	\$0.076	55-59	\$0.771	
25-29	\$0.076	60-64	\$0.912	
30-34	\$0.092	65-69	\$1.448	
35-39	\$0.123	70-74	\$3.245	2 years
40-44	\$0.205	75+	\$3.245	
45-49	\$0.326			
Voluntary AD&D f	or all ages	•	\$0.036	

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

This proposal is based on 830 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 01/01/2024. 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 Voluntary Term Life and AD&D¹ 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 Employee 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:	\$5,000.00	
Maximum Amount of Voluntary Term Life Insurance:	\$200,000.00	
Guaranteed Issue Amount:	\$30,000.00	
Increments:	\$5,000.00	

Child(ren) – 6 months to 26 years regardless of student status		
Voluntary Term Life Benefit:	Option 1 \$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	

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

Accelerated Life Benefit for eligible Spouse – up to 75% Suicide Limitation – [Two Years]² Continuation of Insurance Conversion Privilege

¹ Dependent AD&D is only available if Employee has AD&D coverage.

² This limitation may vary by state

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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 employee's age. Dependent spouse coverage is subject to termination as outlined in the certificate of coverage.



Proposed Premium Rates for

Dependent Voluntary Term Life and AD&D Insurance

Spouse:

Monthly Premium Rates per \$1,000 of Coverage Based on Employee 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
0-19	\$0.076	50-54	\$0.524
20-24	\$0.076	55-59	\$0.771
25-29	\$0.076	60-64	\$0.912
30-34	\$0.092	65-69	\$1.448
35-39	\$0.123	70-74	\$3.245
40-44	\$0.205	75+	\$3.245
45-49	\$0.326		
Voluntary AD&D for a	ll ages		\$0.036

An eligible employee'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 employee'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	\$2.160	\$0.350

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



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 7349.
- 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. 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.