

Group Insurance Change Report

American United Life Insurance Company®
 a ONEAMERICA® financial partner
 One American Square, P.O. Box 6123
 Indianapolis, IN 46206-6123
 (800) 553-5318 Telephone
 (317) 285-1565 Fax



Policyholder _____ Group Number _____

Authorized Signature (Person to contact for additional information) _____ Telephone Number _____ Date Prepared _____

Changes – Report Terminations on Reverse Side

Reinstatements
 (Complete Cols. 1, 2, 3)

List names of employees previously insured if they are eligible for reinstatement according to the policy/certificate. If employee is not eligible for reinstatement, they will be considered a NEW EMPLOYEE and must submit a new Enrollment Form.

NOTE: Evidence of Insurability is required if the employee pays part of the cost of the insurance and wishes to reinstate insurance previously cancelled at the employee's request.

Increases or Decreases
 (Complete Cols. 1, 2, 4, 5, 6)

List names and state the new annual salary (please refer to the covered earnings definition in the policy/certificate), occupation and the date of change. Evidence of Insurability is required if an increase in salary causes the benefit to exceed the Guaranteed Issue amount listed in the policy/certificate.

Transfer Employees
 (Complete Cols. 1, 2, 3, 4, 5)

Notification required if company has billing that reflects multiple departments or locations.

Disability
 (Complete Cols. 1, 2, 7)

List names and date of disability for employees who are not Actively at Work due to injury or illness.

Addition of Dependents*

Submit the form "Request for Change" – form number G-13049.

Social Security or Certificate Number (1)	Full Name of Employee (2)	Date of Return to Work (3)	Occupation (4)	Annual Salary Changed To (5)	Date of Change (6)	Date of Disability (7)

Transfers – only required for bills that reflect multiple departments or locations

Social Security or Certificate Number (1)	Full Name of Employee (2)	Current Location/Department (3)	New Location/Department (4)	Date of Change (6)

