

Completing your summary bill

Billing-related tasks and responsibilities

At OneAmerica Financial[®], we strive to be easy to do business with. This guide aims to share insights on the summary billing process, including a breakdown of bill calculations and details about your role in managing employee information.

About the summary billing template

Your Implementation Consultant will prepare a custom billing template during the onboarding process for your use each month. This template (*sample shown on page 2*) will include only the coverage lines you have with OneAmerica Financial.

Explanations of each summary billing template field

1. **Policyholder:** Field should be pre-populated. If blank, enter your official group name.
2. **Policy number:** Field should be pre-populated. If blank, enter your OneAmerica group policy number (e.g., Gxxxxxxxx-xxxx-xxx).
3. **Bill month (Required):** Month and year for the premium you plan to submit (e.g., January 2026). Enter the appropriate bill month and year.
4. **Coverage line:** Column will be customized to reflect only the coverage lines/benefits you have purchased and for which premiums are due.
5. **Number of lives (Required):** Actual count of employees covered or enrolled for the benefit. Enter the appropriate # of employees for the bill month.
6. **Volume (Required):** Sum of each person's amount of coverage for the benefit. Enter the total volume for the bill month.
7. **Rate*:** Rate charged for the coverage line at time of new business. Composite rates will be provided; however, coverage lines with rates based on age will display 'Varies.'
8. **Amount:** The 'Rate Per' amount. This number reflects the basis for your rate and is used when calculating premium.
9. **Premium:** Field will be calculated for coverage lines that display the actual 'composite rate,' if applicable. If the Rate field says 'Varies,' or if your premium does not display, enter the total monthly premium as reflected in your payroll system.
10. **Adjustments:** Field to enter an adjustment amount per coverage line in the event your premiums did not calculate correctly. This can be a negative or positive number.
11. **Total premium:** Field is calculated by adding the 'Premium' and 'Adjustments' fields together.
12. **Balance due:** Total Premium due for all coverage lines for the billed month. *This should be your Check Amount.*
13. **Completed by:** Enter the name of the person completing the summary bill.
14. **Telephone number:** Enter Telephone number of the person completing the summary bill.
15. **Email address:** Enter the email address for the person completing the summary bill.
16. **Title:** Enter the title of the person completing the summary bill.
17. **Date:** Enter the date the summary bill was completed.
18. **Print:** The printed copy of this 'Summary Bill Report' MUST be received with your check for processing.
19. **Mailing address:** Mail your check AND the 'Summary Bill Report' to this address.
20. **Email address for submission and questions:** Contact information for your OneAmerica Financial summary bill or benefits questions.

*Rate changes due to an endorsement or a renewal increase/decrease must be made when notified by OneAmerica Financial.

Sample summary bill

Group - Summary Bill

OneAmerica[®]
Financial

American United Life Insurance Company[®] a OneAmerica Financial[®] company
One American Square, P.O. Box 6123, Indianapolis, IN 46206-6123 • 1-800-553-5318 • emoloveebenefits.aul.com

1 Policyholder Name: _____ Policyholder Name
 2 Policy Number: _____ 00000000-0000-000 3 Bill Month: _____ Bill Month, Year 9 10 11

4 Coverage Line	5 Enter # of Lives	6 Enter Volume	7 Rate	8 per	8 Amount	9 Enter if not Calculated Premium	10 Enter if Applicable Adjustments	11 Total Premium
Traditional Term Life	0	0	\$ -	per	\$1,000	\$ -	\$0.00	\$ -
Traditional Term Life - Age Rated	0	0	Varies	per	\$1,000	\$ -	\$0.00	\$ -
Traditional Term AD&D	0	0	\$ -	per	\$1,000	\$ -	\$0.00	\$ -
Trad Dep Life	0	NA	\$ -	per	Unit	\$ -	\$0.00	\$ -
Trad Dep AD&D	0	NA	\$ -	per	Unit	\$ -	\$0.00	\$ -
Long Term Disability	0	0	\$ -	per	\$100	\$ -	\$0.00	\$ -
Short Term Disability	0	0	\$ -	per	\$10	\$ -	\$0.00	\$ -
Short Term Disability (ASO)	0	NA	\$ -	per	Employee	\$ -	\$0.00	\$ -
EAP Fee	0	NA	\$ -	per	Employee	\$ -	\$0.00	\$ -
Voluntary Life	0	0	Varies	per	\$1,000	\$ -	\$0.00	\$ -
Voluntary AD&D	0	0	\$ -	per	\$1,000	\$ -	\$0.00	\$ -
Vol Dep Life - Spouse	0	0	Varies	per	\$1,000	\$ -	\$0.00	\$ -
Vol Dep Life - Spouse Unit	0	NA	\$ -	per	Unit	\$ -	\$0.00	\$ -
Vol Dep Life - Child Unit	0	NA	\$ -	per	Unit	\$ -	\$0.00	\$ -
Vol Dep Life - Family Unit	0	NA	\$ -	per	Unit	\$ -	\$0.00	\$ -
Vol Dep AD&D - Spouse	0	0	Varies	per	\$1,000	\$ -	\$0.00	\$ -
Vol Dep AD&D - Spouse Unit	0	NA	\$ -	per	Unit	\$ -	\$0.00	\$ -
Vol Dep AD&D - Child Unit	0	NA	\$ -	per	Unit	\$ -	\$0.00	\$ -
Vol Dep AD&D - Family Unit	0	NA	\$ -	per	Unit	\$ -	\$0.00	\$ -
Worksite Disability -STD	0	0	Varies	per	\$100	\$ -	\$0.00	\$ -
Worksite Disability -STD	0	0	Varies	per	\$10	\$ -	\$0.00	\$ -
Worksite Disability -LTD	0	0	Varies	per	\$100	\$ -	\$0.00	\$ -
One Lump Sum Disability	0	0	Varies	per	\$1,000	\$ -	\$0.00	\$ -
Subtotal						\$0.00	\$0.00	
BALANCE DUE:								\$0.00

13 Completed by: _____ 12
 14 Telephone Number: _____ 16
 15 eMail Address: _____ 17
 16 Title: _____
 17 Date: _____

18 To ensure your premiums are posted quickly and accurately, please include a copy of this page with your payment. Thank you.

19 **Mail payment and a paper copy of your completed bill to:**
 American United Life Insurance Company[®]
 a OneAmerica Financial[®] company
 P.O. Box 6123
 Indianapolis, IN 46206-6123

20 **Questions can be directed as follows:**
 Email: EBRemit@oneamerica.com
 Phone: 1-800-553-5318
 Fax: 1-888-285-1565

Calculating a premium

To accurately calculate premiums, have the following administrative details about your coverage on hand:

- Maximum amount of coverage
- Reduction schedules
- Age determination (for 'age' rated products)
- Rounding rules — for benefit calculations (e.g., up to the nearest \$1)
- Age Bracket Changes — when they occur (e.g., Annually on Policyholder Anniversary)
- Salary Updates — when they occur (e.g., Annually on Policyholder Effective Date)

You will also need other employee information such as annual salary and age, which will help you determine their benefit amount or rate.

The following exercises provide insight on how premiums are calculated. For each of these exercises, assume that:

- The maximum amount has not been exceeded;
- The employee is not of an age that requires a reduction; and
- All rounding rules have been used correctly to determine the benefit and volume.

For rates that are 'Per \$1,000' of coverage

- **Traditional Life and AD&D:** Rate is 'composite' meaning it's the same for everyone in the group
- **Voluntary Life and AD&D:** Rate is 'age rated' meaning it's based on the employee's age
- **Spouse Voluntary Life and AD&D:** Rate is 'age rated' but could be based on either the employee's age or the spouse's age (see your proposal for the correct method)
- **Lump Sum Disability:** Rate can be 'composite' or 'age rated' (see your proposal for the correct method)

Premium calculation

When premium is based on a 'rate per \$1,000' of coverage, the formula to calculate premium is:

Volume	Rate	Formula: Volume / \$1,000 x Rate = Monthly Premium
\$25,000	Life = \$0.23	$\$25,000 / \$1,000 \times \$0.23 = \5.75 per month
\$25,000	AD&D = \$0.04	$\$25,000 / \$1,000 \times \$0.04 = \1.00 per month

For rates that are 'Per Unit'

- **Traditional Dependent Life and AD&D:** Rate is 'unit' meaning the rate is equal to the monthly premium
- **Voluntary Dependent Life and AD&D:** Rate is 'unit' meaning the rate is equal to the monthly premium

Premium calculation

When premium is based on a 'unit' rate, the premium is the same as the unit rate regardless of the number of dependents for the employee. Examples of premium for 'unit' rates are shown below.

Volume	Rate	Formula: Rate = Monthly Premium
N/A	Vol. Dep Life and AD&D - Plan 1 = \$2.50 - Plan 2 = \$5.00	Monthly Premium for employee selecting Plan 1 = \$2.50 Monthly premium for employee selecting Plan 2 = \$5.00

For rates that are 'Per \$100' of 'Monthly Benefit' or 'Monthly Covered Pay'

- **Traditional Long-term Disability:** Rate is 'unit' meaning the rate is equal to the monthly premium
- **Worksite Short-term or Worksite Long-term Disability:** Rate is 'age rated' meaning it's based on the employee's age

Premium calculation

When premium is based on a 'rate per \$100' of 'benefit' or 'covered pay,' the formula to calculate premium is:

Plan Design/Volume	Rate	Annual salary	Formula: Monthly Salary / \$100 x Rate = Monthly Premium
Percentage of Monthly Covered Pay (Salary)	\$0.28	\$50,000	$\$50,000 / 12 = \$4,166$ (Monthly Covered Pay) $\$4,167 / \$100 \times \$0.28 = \11.67

Plan Design/Volume	Rate	Annual salary	Formula: Monthly Benefit / \$100 x Rate = Monthly Premium
Monthly Benefit = 60% of Monthly Covered Pay (Salary) or Flat Amount	\$0.28	\$50,000	$\$50,000 / 12 \times .60 = \$2,500$ (Monthly Benefit) $\$2,500 / \$100 \times \$0.28 = \7.00 (Monthly Premium)

For rates that are 'Per \$10' of 'Weekly Benefit'

- **Traditional Short-term Disability:** Rate is 'composite' meaning it's the same for everyone in the group
- **Worksite Short-term Disability:** Rate is 'age rated' meaning it's based on the employee's age

Premium calculation

When premium is based on a 'rate per \$10' of 'benefit,' the formula to calculate premium is:

Plan Design/Volume	Rate	Annual salary	Formula: Monthly Salary / \$10 x Rate = Monthly Premium
Weekly Benefit = 60% of			
Weekly Covered Pay	\$0.35	\$19,000	\$19,000 / 52 = \$219 (Weekly Benefit)
(Salary) or Flat Amount			\$219 / \$10 x 0.35 = \$7.67 (Monthly Premium)

What you need to know about self-administration and summary billing

To help ensure updated information is available in the event of a claim, self-administered policyholders like you must perform certain tasks regularly.

New hires

When a new employee is hired, new hire enrollment or benefits paperwork must be completed and submitted during the 'waiting period.' This includes gathering and maintaining beneficiary information for employees electing life and/or disability insurance. For Voluntary coverages, this also includes determining and setting up the correct deductions in your payroll system.

Record retention

Maintaining records is a large responsibility for employers that choose to self-administer benefits. As many pieces of benefit information are only needed by OneAmerica Financial at the time of claim, we depend on you to provide us with the details needed to pay the claim promptly and accurately. This might include:

- Copy of the employee's enrollment form or proof of enrollment from an electronic enrollment system
- Approval notifications from OneAmerica Financial if evidence of insurability was required
- Current salary
- Beneficiary designations
- Prior carrier bill, if claim is within the pre-existing period

Changes which impact your summary bill

The following are a list of items that could impact employee deductions as well as the premiums you remit each month:

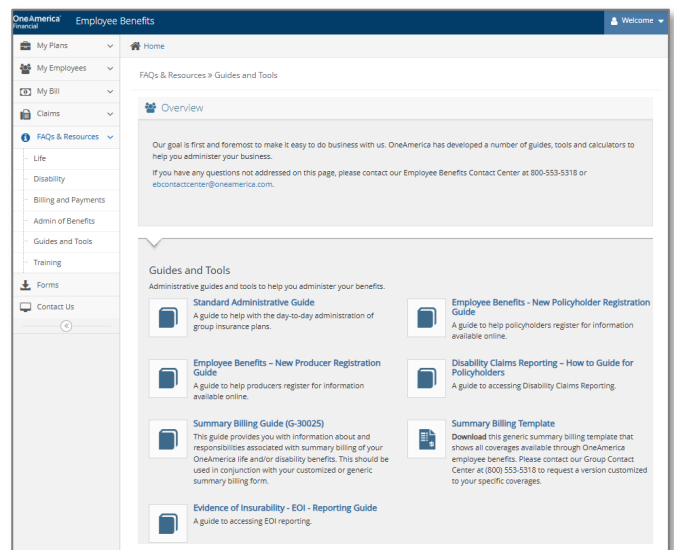
- Salary changes (increases or decreases) elected by an employee will result in an increase or decrease in the amount of premium due
- Termination of coverage or employment will decrease the amount of premium due each month. This task might also include providing information for the employee to port or convert their coverage
- Changes such as adding or dropping dependents or submitting the proper paperwork (statement/evidence of insurability) for employees who are 'late' to enroll or requesting over the guaranteed issue amount. Many of these changes also require you to recalculate the employee's deduction amount
- Waiver of Premium, when approved for an employee, will decrease the amount of premium due for the approved months
- Renewal rate increases or decreases will also have an impact on the amount of premium due each month

Your contract will provide you with more specific details, or you can always contact us to help answer any questions you might have.

Resources

Refer to the OneAmerica Financial Employee Benefits Administrative Guide to learn more about the responsibilities of self-administration. This guide is available on our Employee Benefits Website. Log in to the website at www.oneamerica.com, and the resources is available under **FAQs and Resources > Guides & Tools**.

Our Employee Benefits website is your trusted source for updated information and forms to help you administer your OneAmerica Financial benefits.



Contact information

For more information about your benefits or assistance with claims-related questions, contact us at:

Group Contact Center: 800-553-5318

Life Claims: 800-553-3522

Disability Claims: 855-517-6365

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