Minor Beneficiary Questionnaire Packet



Minor Beneficiary Questionnaire

Products and financial services provided by American United Life Insurance Company® a OneAmerica® company One American Square, P.O. Box 7106 Indianapolis, IN 46207-7106 1-800-553-3522, Fax 1-317-285-7666 lifeclaims.employeebenefits@oneamerica.com



Employee Name:	Date of Birth:		
Name of Policyholder:	Policyholder Number:		
Claim Number:	_		
Instructions			
This form should be completed by the Guardian of the Estate has not been appointed, the person with physicathe form to the best of their knowledge. The information with the Guardian of the minor child's Estate, the person custody of the minor child until the documentation required.	al guardianship or cust on provided on the form on who has physical gu	ody of the child sh n will be used to m ardianship or the p	ould complete aintain contact person who has
Minor Beneficiary Information			
Minor Beneficiary Full Legal Name:			
Date of Birth:	_ Social Security Nur	Social Security Number:	
The minor lives with:			
Name:	Relationship to Minor:		
Address:	City	State	Zip Code
Daytime Phone Number:	-		•
Does this person have legal: Custody Guard			
Please submit a copy of the court order appointing gua	•		
Relatives of Minor Beneficiary Information	,		
Mother's Name:	Data of Birth		
Is the Mother:	Date of Birth:		
_	ii deceased, Date of	Death	
Mother's Address:	City	State	Zip Code
Daytime Phone Number:	_ Email Address:		
Father's Name:	Date of Birth:		
Is the Father: Living Deceased	If deceased, Date of Death:		
Father's Address: Address	· 		
		State	Zip Code
Daytime Phone Number:	_ Email Address:		
Please list the names and addresses of the Minor Bene			
listed above.	ficiary's closest living r	elatives other than	parents
Name:			•
	_ Relation:		·
Name:	_ Relation: _ Email Address:		
Name:	_ Relation: Email Address:	State	Zip Code
Name:	_ Relation: Email Address: City _ Relation:	State	Zip Code
Name:	_ Relation: Email Address: City _ Relation:	State	Zip Code

Page 1 of 3 G-29624 3/8/17

Employee Name:	Policyholder/Policyholder Number:				
Claim Number:	•				
Legal Guardian Information					
A Legal Guardian is a person, institution, or age physical custody of a child who is not of majori proceedings and guardian's activities. While the it is the court who ultimately appoints the guard the minor's Estate, or an individual has petition please provide the following information about Legal Guardian Petitioner Name:	ty age. Each state has sere is legal preference folian for the minor. If a led the court to become the Legal Guardian or	specific laws which gove for a family member to s court has appointed a Le e the Legal Guardian of t Petitioner:	ern guardianship serve as a guardian, egal Guardian of the minor's estate,		
Mailing Address:	City	State	Zip Code		
Social Security Number:			•		
-		Email Address:			
Provide the following: Name of Law Firm: Name of Attorney: Attorney's Mailing Address: Address Attorney's Phone Number:	City	State	Zip Code		
(I (Name named above to act as my personal represental request and obtain verbal and written information	tive with AUL and/or its	s representatives with fu	ıll authority to		
Signature	Date				
The undersigned represents and warrants informal Insurance Company® (AUL) by the undersigned the facts and other matters contained in the foreknowledge and belief. The undersigned understate contingent upon any statement made to AUL as be paid only if AUL decides the applicant is entitive retained the notices, limitations, and exclusions Warnings on the following pages.	prior to and after the degoing are true and accessoring and agrees: 1) any being complete and could to them. The under	ate of the application fo curate to the best of the y insurance coverage or prrect, and 2) benefits ur esigned has read, unders	r insurance and undersigned's benefit is nder any policy will stands, and has		
Printed Name of person completing the form, relation	nship to minor Signatu	re	 Date		
If someone other than anyone named above has	s completed this form,	please complete the foll	owing:		
Mailing Address:	City	State	Zip Code		
Daytime Phone Number:	Email Addre		<u> Σί</u> μ συμε		

Page 2 of 3 G-29624 3/8/17

Fraud Warnings (For use in AL, AR, DC, LA, NM, TX and WV)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment or fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Delaware, Idaho, Indiana, Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any statement of claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of a claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland, Rhode Island

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire, Ohio

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud

New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or any other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

Page 3 of 3 G-29624 3/8/17

Discretionary Authority

Products and financial services provided by American United Life Insurance Company® a ONEAMERICA® company One American Square, P.O. Box 7106 Indianapolis, IN 46207-7106 1-800-553-3522



The following discretionary authority rights shall apply to all Life Insurance policies except the states below:

DISCRETIONARY AUTHORITY: Benefits under the policy will be paid only if American United Life Insurance Company® (AUL) decides in its discretion the claimant is entitled to them. Except for the functions the policy explicitly reserves to the Participating Unit or Trustee, AUL reserves the right to: 1) manage the policy and administer claims under it; and 2) interpret the provisions and resolve any questions arising under it.

AUL's authority includes, but is not limited to, the right to:

- 1) establish and enforce procedures for administering the policy and claims under it;
- 2) determine participants' eligibility for coverage and entitlement to benefits;
- 3) determine what information it reasonably requires to make such decisions; and
- 4) resolve all matters when a claim review is requested.

Any decision that AUL makes, in the exercise of its authority, will be conclusive and final subject to any rights under applicable laws such as the Employee Retirement Income Security Act (ERISA). This provision applies only where the interpretation of the policy is governed by ERISA.

Such discretionary authority shall not apply in the following states:

- 1. Arkansas
- 2. Alaska
- 3. California
- 4. Hawaii
- 5. Kentucky
- 6. Illinois
- 7. Maine
- 8. Montana
- 9. New Jersey
- 10. New York
- 11. Oregon
- 12. Rhode Island
- 13. Vermont
- 14. Washington
- 15. Non-ERISA governed policies in New Hampshire and Utah