

# Not Actively at Work

## OneAmerica® Supplemental Template

Group/Policyholder Name: \_\_\_\_\_

Policyholder Number: \_\_\_\_\_

**Authorized representatives:** If, to the best of your knowledge, you have employees currently not actively at work, please complete the form below. You are not required to complete this form if all employees are currently actively working. The not actively at work disclosure includes time away from work for reasons such as illness or approved leave.

Disclosing this information does not automatically cover the employee or absolve them or the employer from taking action to continue coverage or apply for waiver of premium with their current carrier. To maintain the life insurance coverage, premium payments and other eligibility requirements must continue to be met.

Employee Name	Date of Birth	Date of Disability	Reason Not Actively at Work	Expected Return to Work Date

Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Products issued and underwritten by American United Life Insurance Company, Indianapolis, IN, a OneAmerica company.