

American United Life
Insurance Company*
a OneAmerica® company
One American Square
P.O. Box 6008
Indianapolis, IN 46206-6008
1-800-833-5569

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United
Mutual Insurance Holding Company
a OneAmerica® company
P.O. Box 6008
Indianapolis, IN 46206-6008
1-800-833-5569

The State Life
Insurance Company*
a OneAmerica® company
P.O. Box 6008
Indianapolis, IN 46206
1-800-833-5569



LIFE INSURANCE CLAIMS PACKET

INSTRUCTIONS

- A certified copy of the death certificate must be submitted. The certified copy of the death certificate should include the cause and manner of death. If claim is submitted via fax or email, the certified copy of the death certificate must be mailed. Only one copy of the death certificate is required.
- Each beneficiary should complete a separate **"Claimant's Statement – Death Claim"** form.
- Please include all applicable policy numbers on the claim form.
- If a beneficiary has predeceased the insured, a certified copy of the beneficiary's death certificate is required.
- **Estate as Beneficiary** – Section III of the **"Claimant's Statement – Death Claim"** form should be completed and signed by the Executor or Administrator of the Estate. The certificate of appointment issued by the court, carrying a court certified stamp, must also be submitted along with the tax identification number for the Estate.
- **Trust as Beneficiary** – Section III of the **"Claimant's Statement – Death Claim"** form should be completed by the current Trustee of the Trust. A copy of the entire Trust document and all amendments should be provided including the trust tax identification number.
- **Minor or Incompetent Adult as Beneficiary** – The **"Claimant's Statement – Death Claim"** form should be completed by the Guardian of the Estate of the minor or adult. The court appointment documents with a court certified stamp must also be submitted along with the tax identification number for the estate.

If you have any questions when completing the enclosed forms, please call the Claims Department at 1-800-833-5569:

Completed forms and communication should be sent to:

OneAmerica Claims Department

P.O. Box 6008

Indianapolis, IN 46206-6008

Or

Fax 1-317-285-1344

Or

Claims.ind@oneamerica.com

Overnight Mail Address:

OneAmerica

250 W. North Street

Attn: Claims Department

Indianapolis, IN 46202

FOR ILLINOIS RESIDENTS ONLY

Common Names of Reference – Please provide a list of any names and/or abbreviations the insured(s) may have used. This includes last name, maiden name, middle name, religious name, baptismal name, nicknames and/or common names of reference.

Claims not processed within 30 days of receipt of proof of loss will begin to accrue interest at the rate of 10% from the date of death through the date proceeds are paid.

Notice of Availability of the Department of Insurance:

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 122 S. Michigan Ave., 19th Floor, Chicago, IL 60603, and in Springfield, at 320 W. Washington Street, Springfield, IL 62767. They may also be reached at 1-312-814-2420, 1-217-782-4515 or <http://insurance.illinois.gov/>.

Life Insurance and Annuity Beneficiary Distribution Options

Annuitization of Benefits Available on Life Insurance and Annuity Death Proceeds

Fixed Period Annuity

Annuity is payable for a specific period of time. If the payee dies prior to the end of the specific period of time chosen, the remaining payments may be paid to the contingent payee.

Certain and Life Annuity

Annuity is payable as long as the payee lives. The payments are guaranteed for a number of payments (according to the specific period of time chosen.) If the payee dies after the guaranteed number of payments are paid, no additional payments are due. If the payee dies prior to the guaranteed number of payments being paid, the remaining number of guaranteed payments may be paid to a contingent payee appointed by the payee.

Life with Installment Refund Annuity

Annuity is payable as long as the payee lives. The payments are based on the initial premium. If any initial premium amount remains unpaid after the payee's death, the remainder will be paid to the contingent payee.

Note: Not all options may be available in all products or there may be other options; see your policy or contract for complete details.

Settlement/Distribution Available on Annuity Death Proceeds

Distribution Based on Life Expectancy

This distribution requires a new application for an inherited contract. This option is only available when the benefit amount equals or exceeds \$25,000. A new contract will be issued and payments will be based on the life expectancy of the beneficiary.

Five Year Deferral

This option is only available if: (1) the Owner died before April 1 following the year the Owner attained age 70½ for qualified funds; or, (2) the policy is a nonqualified deferred annuity. Under this option, the payee's entire interest in the policy must be distributed by the end of the calendar year which contains the fifth anniversary of the date of the Owner's death for qualified annuities, or by the fifth anniversary of the date of the Owner's death for nonqualified annuities. Under this option, distribution will be made to the payee through requested withdrawals.

Inheritance Rollover to Existing Policy

Available to spouse only. Spouse must be the sole beneficiary. The spouse becomes the owner and annuitant of the current annuity contract. The existing contract will remain in force with the original effective date and no death benefit distribution will occur.

IRA Spousal Rollover

Available to spouse only. The death proceeds will be placed into an existing IRA owned by the spouse. The IRA must be able to accept new premium. Distribution may be made to a OneAmerica® company IRA or an IRA held by another company. If the IRA is held by another company, the spouse must provide approved transfer documents with the claim.

ONEAMERICA® is the marketing name for the companies of OneAmerica | OneAmerica.com

Benefit Plus Account Fact Sheet

Flexibility offered by the companies of OneAmerica®

Things to know before establishing a Benefit Plus Account (“BPA”)

If a settled claim results in proceeds of \$50,000 or more and you, the beneficiary, do not opt out of receiving a BPA on your Claim Form, those funds will be distributed via a BPA. A BPA accountholder is provided a booklet of drafts and has immediate access to all the funds by writing a draft for the full amount of the proceeds including interest. The account drafts can be used in a similar fashion as to how one would use checks from a checking account. While the documents look and function like checks, they are drafts. A beneficiary’s signature on the Claim Form will be used for comparison purposes to any drafts made on a BPA established for that beneficiary.

BPAs earn interest at a rate determined by the companies of OneAmerica®. The interest rate credited is similar to the rate credited on similar on-demand types of accounts. The minimum interest rate credited is 0 percent but could be higher. If a beneficiary chooses a BPA, the current interest rate will be shown on the confirmation certificate. The earned interest may be subject to taxes. BPA accountholders will be mailed a monthly statement showing withdrawals, the rate of interest credited and any other activity. For specific tax advice, an accountant or CPA who specializes in tax issues should be contacted.

BPA accountholders will be charged fees and/or penalties in the following situations (these fees could be changed at any time):

- \$10 for any draft presented for payment when there are insufficient funds in the account
- \$12 for each stop-payment ordered
- \$2 for a copy of any draft or statement

BPA accountholders have the flexibility to transfer funds from the BPA into other settlement options at any time. The funds can be split among as many options as the accountholder chooses, as long as the applicable minimum amount is met. The four special settlement plan options are the Fixed Period Annuity, Certain and Life Annuity, Life with Installment Refund Annuity and Distribution Based on Life Expectancy. For more information about special settlement plan options including current interest rates, contact your agent or the Individual Claims Department at **1-800-833-5569**.

- **Fixed Period Annuity** — Annuity is payable for a specific period of time. If the payee dies prior to the end of the specific period of time chosen, the remaining payments may be paid to the contingent payee.
- **Certain and Life Annuity** — Annuity is payable as long as the payee lives. The payments are guaranteed for a number of payments (according to the specific period of time chosen.) If the payee dies after the guaranteed number of payments are paid, no additional payments are due. If the payee dies prior to the guaranteed number of payments being paid, the remaining number of guaranteed payments may be paid to a contingent payee appointed by the payee.

- **Life with Installment Refund Annuity** — Annuity is payable as long as the payee lives. The payments are based on the initial premium. If any initial premium amount remains unpaid after the payee's death, the remainder will be paid to the contingent payee.
- **Distribution Based on Life Expectancy** — This option is only available when the benefit amount equals or exceeds \$25,000. A new contract will be issued and payments will be based on the life expectancy of the beneficiary.

If the account holder does not initiate contact or a transaction in regard to a BPA after nine months, an account inactivity notice will be sent to the account holder. A second notice will be sent three months later if there is again no contact or transaction initiated by the account holder. If there is no contact or transaction initiated by the account holder after the second notice, the account will be closed and the treasury department of account holder's last known state of residence will be notified.

The BPA assets are held in the general account of the insurance company and are backed by its financial strength and claims paying ability. As with all other funds in the company's general account, the insurance company will invest the assets and bear the investment risk. Therefore, the insurance company may receive a profit from these assets by earning an interest rate higher than it credits on the account. The funds are not FDIC insured because they are not held at a bank. The funds have limited protection under the Life and Health Guaranty Association. The National Organization of Life and Health Insurance Guaranty Associations www.nolhg.com can be contacted to learn more about the coverage limitations to the account.

NOT A DEPOSIT. NOT FDIC/NCUA INSURED. NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY. NOT GUARANTEED BY ANY BANK OR CREDIT UNION. MAY LOSE VALUE.

If you have questions or concerns about the Benefit Plus Account, please call the Individual Claims Department at **1-800-833-5569**.

**Claimant's
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Death Claim**

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Check all that apply:

- American United Life Insurance Company®**
 The State Life Insurance Company

- Pioneer Mutual Life Insurance Company**
 Golden Rule Insurance Company
*Administered by The State Life Insurance Company
1-800-275-5101*

Hereinafter referred to as "the Company."

Please print all information with the exception of signatures.

Section 1 – Information about the Decedent

Name: _____ Social Security Number: _____
Policy Number(s): _____
Date of Birth: _____ Date of Death: _____

Section 2 – Beneficiary Information

If there are multiple beneficiaries under the above policy number(s), each beneficiary must complete a "Claimant's Statement – Death Claim" form. Only one copy of the death certificate is required.

Name: _____ Social Security Number: _____
Relationship to Deceased: _____
Date of Birth: _____ Daytime Phone Number: _____
Street Address: _____
City, State, Zip: _____
Email Address: _____

Would you like communication via encrypted email instead of through U.S. Mail? Yes* No

*You may opt out of email communication at any time by contacting the Company at 1-800-833-5569.

Section 3 – Trust/Estate Beneficiary Complete this section if the Beneficiary is a trust or estate.

Please attach the IRS Form SS-4 for verification of Tax ID Number. If beneficiary is a trust, please attach a copy of the original or restated trust and any amendments. If beneficiary is an estate, please submit an original of the court document appointing the personal representative.

Trust or Estate Name: _____
Trust or Estate Tax ID Number: _____
Trustee or Estate Personal Representative: _____
Trustee or Estate Personal Representative Mailing Address:
Street Address: _____
City, State, Zip: _____
Trustee or Estate Personal Representative Daytime Phone Number: _____
Trustee or Estate Personal Representative Email Address: _____

Would you like communication via encrypted email instead of through U.S. Mail? Yes* No

*You may opt out of email communication at any time by contacting the Company at 1-800-833-5569.

**Claimant's
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Section 4 – Settlement/Distribution Options

If claim is being made under more than one policy number, please indicate the policy number to apply the Settlement/Distribution option below. If no policy number is listed, the Settlement/Distribution option selected will be applied to all policies listed on page 1.

A Benefit Payment in a Lump Sum

Policy Number(s): _____

Any distribution above \$50,000 will be distributed via a Benefit Plus Account (BPA). The BPA is a draft account which functions similar to an interest-bearing checking account, and the beneficiary has immediate access to the funds. The Benefits Plus Account is not available for policies issued in or residents of the following states: AK, CA, CT, FL, IL, KS, KY, LA, MD, MN, NC, ND, NH, NJ, NY or RI.

- I have read and understand the Benefit Plus Account Information.
- I elect to **opt out** of receiving a Benefit Plus Account. I elect to receive a lump sum check.

B Annuitization of Benefit (Choose one of the following options):

- Option 1 – Fixed Period annuity for _____ (3-20) years. (Fixed period cannot exceed beneficiary's life expectancy using the single life expectancy table in 26 CFR 1.401(a)(9)-9 Q&A-1.)

Policy Number(s): _____

- Option 2 – Certain and Life annuity. The certain period is to be _____ (3-20) years. Periodic payments are to continue for my life. Upon my death prior to the end of the certain period, periodic payments are to continue to my contingent payee in the same amount for the remainder of the certain period. (Certain period cannot exceed beneficiary's life expectancy using the single life expectancy table in 26 CFR 1.401(a)(9)-9 Q&A-1.)

Policy Number(s): _____

- Option 3 – Installment Refund Annuity. Periodic payments are to continue for my life. If, at my death, the sum of the income payments previously made to me is less than my benefit applied under this option, periodic payments of the same amount shall be continued to my contingent payee until the total of all the periodic payments equals the total benefit applied under this option.

Policy Number(s): _____

- Option 4 – Other option as stated in the policy.

Please indicate option: _____

Policy Number(s): _____

Contingent Payee Complete if Option B was chosen above.

Person(s) who are to receive any remaining fixed period payments, certain period payments or installment refund payments at my death if I choose to annuitize my benefit. (Submit supplement if space is insufficient)

Name: _____ Primary Secondary

Social Security Number/TIN: _____ Date of Birth: _____ Percentage: _____

Address: _____

City/State/Zip: _____ Relationship: _____

Name: _____ Primary Secondary

Social Security Number/TIN: _____ Date of Birth: _____ Percentage: _____

Address: _____

City/State/Zip: _____ Relationship: _____

Name: _____ Primary Secondary

Social Security Number/TIN: _____ Date of Birth: _____ Percentage: _____

Address: _____

City/State/Zip: _____ Relationship: _____

**Claimant's
Statement –
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Section 5 – Substitute W-9 Certification

I (we) certify, under penalty of perjury that 1) the number(s) shown on this form is my (our) correct taxpayer identification number(s), or I (we) am (are) waiting for a number to be issued to me (us); and 2) I (we) am (are) not subject to backup withholding because: a) I (we) am/are exempt from backup withholding or b) I (we) have not been notified by the Internal Revenue Service that I (we) am (are) subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me (us) that I (we) am/are no longer subject to backup withholding; and 3) I (we) am (are) a U.S. citizen or other U.S. person (as defined in Form W-9 located at www.irs.gov); and I (we) am (are) not subject to FATCA reporting because I (we) am (are) a U.S. person and the account is located within the United States.

Check this box if you have been notified by the IRS that you are currently subject to withholding because of under reporting interest or dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Section 6 – Signature

Please return the original policy to the Company.

Place an X in the box if unable to locate the policy.

LOST POLICY STATEMENT – Pursuant to the above policy, the policy issued has been lost or destroyed after diligent search and has not been located. This policy has not been pledged or assigned in anyway whatsoever. I further state that if said policy should be found at anytime that I will immediately return it to the Company.

My signature below indicates that I understand and agree that:

- (a) Any annuity issued or pattern of death benefit payments made will be based on the statements I made on this claim form;
- (b) No representative has the authority to make, alter or waive any contract provisions on the Company's behalf;
- (c) My taxpayer identification number is correct;

Further, if I have elected an option other than a lump sum distribution, I understand and agree that

- (a) My distribution will be placed in an annuity contract ("Contract").
- (b) The Contract cannot accept additional premium contributions.
- (c) The Contract cannot be commingled with other policies to which I have contributed as an active participant.
- (d) There may be surrender charges for distributions as set forth in the Contract.

By my submission of this claim form, I certify that the statements made above are true and complete. I understand and acknowledge that a person who (1) intends to defraud or facilitates fraud against an insurer by filing a false claim or (2) makes an incomplete or deceptive statement of material fact may be committing insurance fraud which could subject me to prosecution. I acknowledge reading and understanding the state specific fraud statements on the following pages.

Beneficiary Signature

Date

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 and denial of insurance benefits.

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In the state of California, the following are hereby defined as unfair methods of competition and unfair and deceptive acts or practices in the business of insurance:

California Insurance Code 790.03

- (h)** Knowingly committing or performing with such frequency as to indicate a general business practice any of the following unfair claims settlement practices:
- (1) Misrepresenting to claimants pertinent facts or insurance policy provisions relating to any coverages at issue.
 - (2) Failing to acknowledge and act reasonably promptly upon communications with respect to claims arising under insurance policies.
 - (3) Failing to adopt and implement reasonable standards for the prompt investigation and processing of claims arising under insurance policies.
 - (4) Failing to affirm or deny coverage of claims within a reasonable time after proof of loss requirements have been completed and submitted by the insured.
 - (5) Not attempting in good faith to effectuate prompt, fair, and equitable settlements of claims in which liability has become reasonably clear.
 - (6) Compelling insureds to institute litigation to recover amounts due under an insurance policy by offering substantially less than the amounts ultimately recovered in actions brought by the insureds, when the insureds have made claims for amounts reasonably similar to the amounts ultimately recovered.
 - (7) Attempting to settle a claim by an insured for less than the amount to which a reasonable person would have believed he or she was entitled by reference to written or printed advertising material accompanying or made part of an application.
 - (8) Attempting to settle claims on the basis of an application that was altered without notice to, or knowledge or consent of, the insured, his or her representative, agent, or broker.
 - (9) Failing, after payment of a claim, to inform insureds or beneficiaries, upon request by them, of the coverage under which payment has been made.
 - (10) Making known to insureds or claimants a practice of the insurer of appealing from arbitration awards in favor of insureds or claimants for the purpose of compelling them to accept settlements or compromises less than the amount awarded in arbitration.
 - (11) Delaying the investigation or payment of claims by requiring an insured, claimant, or the physician of either, to submit a preliminary claim report, and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information.
 - (12) Failing to settle claims promptly, where liability has become apparent, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage.
 - (13) Failing to provide promptly a reasonable explanation of the basis relied on in the insurance policy, in relation to the facts or applicable law, for the denial of a claim or for the offer of a compromise settlement.
 - (14) Directly advising a claimant not to obtain the services of an attorney.
 - (15) Misleading a claimant as to the applicable statute of limitations.
 - (16) Delaying the payment or provision of hospital, medical, or surgical benefits for services provided with respect to acquired immune deficiency syndrome or AIDS-related complex for more than 60 days after the insurer has received a claim for those benefits, where the delay in claim payment is for the purpose of investigating whether the condition preexisted the coverage. However, this 60-day period shall not include any time during which the insurer is awaiting a response for relevant medical information from a health care provider.
- (i)** Canceling or refusing to renew a policy in violation of Section 676.10.
- (j)** Holding oneself out as representing, constituting or otherwise providing services on behalf of the California Health Benefit Exchange established pursuant to Section 100500 of the Government Code without a valid agreement with the California Health Benefit Exchange to engage in those activities.

In addition to Section 790.03 of the Insurance Code, Fair Claims Settlement Practices Regulations govern how insurance claims must be processed in this state. These regulations are available at the Department of Insurance Internet Web site, www.insurance.ca.gov or by calling the department's consumer information line at 1-800-927-HELP (4357). You may also obtain a copy of this law and these regulations free of charge from this insurer.