



Voluntary Term Life Benefit Summary

Effective Date: 09/01/2018

This chart provides you a brief summary of the key benefits of the life coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your life coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility			
Job Class	ALL MEMBERS		
Eligible Members	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 20 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.		
Benefits Payable			
	Employee Life Benefits	Spouse Life Benefits	Child Life Benefits
Benefit Amount	You may choose to purchase benefits in increments of \$10,000	You may choose to purchase benefits in \$5,000 increments	For eligible children 14 days or older, you may choose to purchase benefits of <ul style="list-style-type: none"> \$2,000, or \$5,000, or \$10,000 Eligible children under 14 days of age receive \$1,000.
Minimum	\$10,000	\$5,000	Not Applicable
Maximum	\$500,000	\$200,000	Not Applicable
	Cannot exceed 50% of your benefit amount		
Proof of Good Health	Proof of good health is required for life insurance amounts greater than: If you are under age 70: The lesser of \$120,000, or the amount insured under the prior carrier If you are age 70 and over: The lesser of \$10,000, or the amount insured under the prior carrier If eligible for coverage under the prior voluntary life program but you or your spouse did not elect to be covered, proof of good health is required for all benefit amounts. Principal Life will pay any reasonable cost for the proof of good health.	Proof of good health is required for life insurance amounts greater than: If your spouse is under age 70: The lesser of \$25,000, or the amount insured under the prior carrier If your spouse is age 70 and over: The lesser of \$10,000, or the amount insured under the prior carrier	Not Applicable
Age Reductions	35% benefit reduction at age 65, with an additional 15% reduction at 70 Age reductions apply to the benefit amount after proof of good health.		Not Applicable

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Additional Employee Benefits	
Coverage During Disability	If you become disabled before age 60, coverage will continue and premium may be waived for you and your covered dependents.
Accelerated Death Benefit	If you become terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.
Open Enrollment	If you and your enrolled dependents have existing coverage you may be able to increase coverage one increment per year during your open enrollment period without proof of good health.
Individual Purchase Rights	If you terminate employment, you may be able to convert benefits to an individual policy.
Portability	If you cease to qualify as a member, you may be able to continue coverage for you and your covered dependents.
Limitations & Exclusions	
Suicide Exclusion	Benefits are not paid if you or your dependents commit suicide within the first 24 months of coverage (prior group voluntary life coverage applies towards the 24 month time period).
Coverage Outside of the US	Benefits will not be paid if you or your dependents are outside the United States for certain reasons for more than six months.

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Accidental Death & Dismemberment (AD&D) Coverage	
Eligible Members	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 20 hours per week. AD & D coverage does not apply to children.
Benefit Amount	<p>Your employee benefit is equal to your voluntary term life benefit amount, if loss is due to accident or injury.</p> <p>Your spouse's benefit is equal to their voluntary term life benefit amount, if loss is due to accident or injury.</p> <p>If loss is due to exposure to the elements or disappearance, the loss may be covered.</p> <p>Benefits may be paid:</p> <ul style="list-style-type: none"> • Full benefit when you or your spouse lose: your life / both hands / both feet / sight of both eyes / one hand and sight of one eye / one foot and sight of one eye / one hand and one foot. • Half of the benefit when you or your spouse lose: one hand / one foot / sight of one eye. • One-fourth of the benefit when you or your spouse lose the thumb and index finger on the same hand. <p>The loss must occur within 365 days of the accident.</p>
Additional Benefits	
Seatbelt /Airbag	\$10,000 if wearing a seatbelt or are protected by an airbag and die in an automobile accident
Education	\$3,000 per year for up to four years for dependent(s) enrolled at an accredited post-secondary school at the time of death
Repatriation	Up to \$2,000 for preparation and transportation of the body if the insured dies at least 100 miles from their permanent residence
Loss of Use/Paralysis	For total and irrevocable loss of voluntary movement for 12 consecutive months or paralysis that is permanent, complete and irreversible, the benefit is: 100% for quadriplegia; 50% for paraplegia, hemiplegia, loss of use of both hands or both feet, or loss of use of one hand and one foot; or 25% for loss of use of one arm, one leg, one hand or one foot
Loss of Speech and/or Hearing	When loss is irrevocable and continues for 12 consecutive months the benefit is: 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear
Limitations & Exclusions	
Occupational Coverage	For your covered spouse, benefits will not be paid for an injury arising from or during employment for wage or profit
Other Limitations	This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Understanding Your Voluntary Term Life Benefits

Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You will be considered actively at work if you are able and available for active performance of all of your regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered active work provided you are able and available for active performance of all of your regular duties and were working the day immediately prior to the date of your absence.

Are My Dependents Eligible For Coverage?

If you are covered as a member, your dependents may also be eligible. Additional eligibility requirements may apply.

Eligible dependents include your spouse, if not hospital or home confined and provided they do not elect benefits as an employee, and children.

Special eligibility requirements may exist for step, foster, adopted, legal age or other child relationships. Additional information may be necessary to determine child eligibility.

Additional eligibility requirements may apply.

What Additional Benefits Are Included?

<p>Coverage During Disability</p>	<p>If you become totally disabled before age 60, coverage will continue and premium will be waived for you and your covered dependents. You must be totally disabled for 9 months before the waiver begins. Coverage continues without premium payment until you recover or turn age 65, whichever occurs first.</p>
<p>Accelerated Death Benefit</p>	<p>If you are terminally ill you can receive up to 75% of your benefit amount in a lump sum, not to exceed \$250,000, as long as:</p> <ul style="list-style-type: none"> • Your life expectancy is 12 months or less (as diagnosed by a physician), and • Your death benefit is at least \$10,000. <p>If you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in your premium.</p>
<p>Open Enrollment</p>	<p>An open enrollment period will be available to you and your enrolled dependents each year during the calendar month prior to the policy anniversary. You and your dependents can request an increase of one benefit increment per year up to the guaranteed coverage amount without proof of good health. Once approved for coverage over the guaranteed coverage amount you can request an increase of one benefit increment per year up to the policy maximum benefit without proof of good health.</p>

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Individual Purchase Rights	If you terminate employment, you, your spouse and your children may be able to convert coverage to individual life coverage. Upon coverage termination, your employer is required to inform you of your individual purchase rights to convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation.
Claim Processing	Principal Life makes claim administration easy and convenient for employers by offering an online life claim form. Once the form is complete, employers submit the information directly over a secure, confidential Web site, expediting the claim review process. The employer can choose to use the online form or a printable version that can be faxed or mailed. Along with the online claim form, Principal Life also provides Express Claim Processing for claims that meet certain criteria. Through the Express Claim Process, decisions are reached within five working days without the employer or beneficiary submitting paperwork.
Portability	You may continue benefits for yourself and your covered dependents until age 70 if you cease to qualify as a member. You or your spouse must enroll within 60 days from the date you cease to qualify as a member. Refer to your benefit booklet for maximum age requirements.



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This is a summary of life coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails.

Policy Form GC 6000

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