

Group benefits

# Understand your benefits

Scotvale Electrical Systems  
All Members





# Enroll in your benefits today. It's easy.

Congratulations! As part of your benefits package, you can enroll in insurance from Principal®. It takes just three easy steps:



Evaluate the insurance you need to protect what's most important to you.



Get details about your coverage by reading the Benefit Summary for each coverage.



Complete and sign the Employee Enrollment and Waiver form.

Keep in mind, you need to elect or decline each coverage. If you decline, please indicate why. For the coverage(s) you elect, tell us how much you want, if applicable. And if electing coverage for dependents, include their names and birth dates.

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In the following pages, you'll find information about:

- Dental
- Vision
- Life

As you complete the enrollment form, pay special attention to these items. If they're left blank, your benefits could be delayed.

**Life** – Complete the beneficiary designation section. If the unthinkable happens, you want your loved ones to receive the benefits as soon as possible. And if you name a minor as your beneficiary, complete the UTMA (Uniform Transfers to Minors Act) Beneficiary Designation form because we can't pay benefits directly to a minor.

**Life** – You're eligible for a certain amount of coverage, also referred to as the guarantee issue amount, no matter what your health status if you enroll during your initial enrollment period. If you want more coverage than this, complete the Statement of Health form.

**Life** – Note if you've used nicotine products in the past 12 months.







Mailing Address  
Des Moines, IA 50392-0002

Principal Life  
Insurance Company

Employee Enrollment  
& Waiver-UT

**PLEASE USE BLACK INK**  
**PLEASE ENTER DATES AS MM/DD/YYYY**

Company name Scotvale Electrical Systems	Division level All Members	Account number/unit number
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**Employee Information**

Name		Social security number	
Mailing address (street)		Birth date	<input type="checkbox"/> male <input type="checkbox"/> female
(city)	(state)	(ZIP code)	
Date employed full-time	Hours worked per week	Job occupation/class	Location
Email address		Phone number	

Do you have an eligible spouse or domestic partner or child(ren)?

yes  no

Salary amount (for owners, include business income)      Salary mode  
 yearly     weekly     hourly     monthly     bi-weekly

Payroll mode      Employer ZIP code      Employer county  
 monthly     semi-monthly     weekly     bi-weekly      84104      SALT LAKE

**Eligible Dependent Information** (Complete if you are electing benefits for your spouse or domestic partner or children)

Dependent name	Birth date	Gender	Social security number	Relationship
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Spouse <input type="checkbox"/> domestic partner
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**

\*If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?

yes  no

\*\*When your child, who is developmentally or physically disabled, reaches/exceeds the maximum age, an Application to Continue Disabled Child form must be completed and reviewed to determine eligibility.

Is your spouse or domestic partner employed by this company?

yes  no

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
<b>NOTE: Employee coverage must be elected to elect any dependent coverage.</b>			
Dental	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Vision	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Group Term Life	<input checked="" type="checkbox"/> Elect		
Voluntary Term Life (VTL) Benefit Amount:	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ <b>Cannot exceed 100% of the employee election</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____

\*NOTE: Domestic Partners can only be added if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60481).

**Nicotine Products**

Has any person used nicotine products (including cigarette, pipe, cigar or chewing tobacco) in the past 12 months?

Employee:  yes  no      Spouse or domestic partner:  yes  no

**Group Term Life Beneficiary Designation** (Complete if covered for group term life coverage.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. Additional beneficiaries can be added as an attachment.

**Primary Beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

**Contingent Beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

**Voluntary Term Life Beneficiary Designation** (Complete if covered for voluntary term life coverage. If you want to use the same beneficiary designation as indicated for group term life coverage above, write "same as above" in the beneficiary section below.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. Additional beneficiaries can be added as an attachment.

**Primary Beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

**Contingent Beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

The right to make future changes is reserved by the employee. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to Principal Life.

If you have designated a minor child(ren) as your beneficiary, you must complete the Uniform Transfers to Minors Act form (GP55229).

NOTE: You are covered by both group term life and voluntary term life coverage and if you only indicate a beneficiary designation for one of these, the facility of payment provision in the group policy will be used to determine how proceeds will be paid for the other coverage.

### Declining Coverage

**Important!** If declining any coverage for yourself or any dependent, give reason. Covered under:

- |  |   |
|--|---|
| <input type="checkbox"/> spouse's or domestic partner's group coverage | <input type="checkbox"/> individual insurance |
| <input type="checkbox"/> other coverage offered by my employer         | <input type="checkbox"/> other _____          |

### Employee Agreement (Read and sign)

I understand and agree with the following statements:

- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age, are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse dental or vision coverage, I and my dependents may enroll later but this will affect the level of benefits.
- If I refuse coverage, I cannot enroll after retirement.
- If I refuse life, disability, or critical illness coverage, I may apply later but I must show proof of good health and coverage will be subject to approval by Principal Life Insurance Company.
- If the group policy does not require my contribution, I cannot decline coverage unless the policy indicates otherwise.
- If the group policy requires my contribution, I authorize my employer to deduct from my pay.
- I represent all information on this form and attachments is complete and true to the best of my knowledge. They are part of this request for coverage. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- Explanation of Benefits reflecting claims payments for myself and my dependents will be sent to my home address. I also understand collection of social security numbers for myself and/or my dependents will be used by Principal Life only as allowed by law.
- I authorize Principal Life to release data as required by law. If signed in connection with an application, reinstatement or a change in benefits, this form will be valid two years from the date below. I may revoke authorization for information not yet obtained. I understand data obtained will be used by Principal Life for claims administration and determining eligibility for life, disability, and critical illness. Information will not be used for any purposes prohibited by law.
- **A person who is covered by Medicaid (or any similar Title XIX program) is not eligible for critical illness coverage and may not be issued coverage under the group policy.**

A copy of this form will be as valid as the original.

I **declare** that the information I have completed on this enrollment form is complete and true. I understand an agent or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life Insurance Company.

**If critical illness coverage is elected, the critical illness certificate provides critical illness benefits only. Review your certificate carefully.**

**If dental coverage is elected, the dental certificate provides dental benefits only. Review your certificate carefully.**

**If vision coverage is elected, the vision certificate provides vision benefits only. Review your certificate carefully.**

**If accident coverage is elected, the accident certificate provides accident benefits only. Review your certificate carefully.**

**Your signature X \_\_\_\_\_ Date Signed \_\_\_\_\_**

#### **Instructions**

After this form is completed and signed, make two copies and send the original to Principal Life Insurance Company:

- One for the employee
- One for the employer





Mailing address:  
P.O. Box 4934  
Grand Island, NE 68802

Principal Life  
Insurance Company

Statement of  
Health - UT

Account number

**Instructions**

1. The Employee Information section should always be completed with the information about the employee.
2. The employee must ALWAYS sign the last page of this form.
3. When coverage is being requested for an eligible dependent(s), note that this form applies to all persons requesting coverage.
  - a. Complete the Eligible Dependent Information section, if applicable.
  - b. Complete the Health Information section for you and your eligible dependents, if applicable.
  - c. The spouse or domestic partner must sign the last page of this form if spouse or domestic partner coverage is being requested.
4. After completing and signing this form, make a copy for your records.

Why is this Statement of Health being submitted?

- over the Guaranteed Issue amount     late entrant (request made outside the eligibility period)

**Employee Information**

Your name (last, first, middle initial)	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Social security number	Date of birth
Home address (street)			
City		State	ZIP code
Home phone number	Company name Scotvale Electrical Systems		

**Eligible Dependent Information**

Name (last, first, middle initial)	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Social security number	Date of birth
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		

If additional dependents, list on separate page. Please sign and date the separate page.

To prevent delays give full details to "yes" answers for everyone requesting coverage. If more space is needed, attach a separate page giving full details. Sign and date all those pages.

1. Employee's height \_\_\_ ft. \_\_\_\_\_ in. weight \_\_\_\_\_ lbs.
Spouse's or domestic partner's height \_\_\_ ft. \_\_\_\_\_ in. weight \_\_\_\_\_ lbs.

2. [ ] yes [ ] no Is any person receiving medical treatment or taking medication?

3. [ ] yes [ ] no Is any person currently pregnant?

4. [ ] yes [ ] no In the past 5 years, has any person had surgery, been hospitalized or consulted with a physician or medical practitioner, had blood or other diagnostic tests (other than for HIV antibody), or been advised to receive medical treatment? Provide results of all tests.

5. [ ] yes [ ] no In the past 5 years, has any person been diagnosed with or received treatment for any of the following (check all that apply)?
[ ] cancer [ ] liver disorder [ ] bone/joint disorder [ ] psychological/mental disorder
[ ] tumor(s) [ ] kidney/urinary disorder [ ] respiratory disorder
[ ] heart or circulatory disorder [ ] muscle disorder [ ] infertility [ ] blood disorder
[ ] stroke [ ] multiple sclerosis/neurological disorder [ ] skin/eyes/ear/nose/throat disorder [ ] hepatitis
[ ] alcohol/drug use [ ] digestive disorder [ ] gland disorder [ ] organ or other transplants
[ ] High blood pressure - last reading and date \_\_\_ / \_\_\_
[ ] Diabetes - last HbA1c reading and date \_\_\_ / \_\_\_
[ ] Other - including medication \_\_\_\_\_

6. [ ] yes [ ] no In the last 5 years, has any person had, been treated for or been diagnosed as having HIV (Human Immunodeficiency Virus) infection, positive HIV test or AIDS (Acquired Immune Deficiency Syndrome)?

If applying for Critical Illness, complete question 7.

7. [ ] yes [ ] no Have any of your natural parents, brothers or sisters been diagnosed with coronary artery disease, stroke, diabetes or invasive cancer prior to age 55?
[ ] Employee - if yes, disease and age at diagnosis: \_\_\_\_\_
[ ] Spouse or domestic partner - if yes, disease and age at diagnosis: \_\_\_\_\_

Provide details for all "yes" answers. If more space is needed, attach a separate page giving full details. Sign and date all those pages.

Name | Date diagnosed/treated | Length of illness or condition

Diagnosis of illness or condition | Type of treatment, including medications

Describe current symptoms or problems

Names of all current medications

Names and addresses of physicians, medical practitioners, hospitals or other health care providers

**Health Information (continued)****120**

Name	Date diagnosed/treated	Length of illness or condition
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Diagnosis of illness or condition	Type of treatment, including medications
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Describe current symptoms or problems

Names of all current medications

Names and addresses of physicians, medical practitioners, hospitals or other health care providers

Name	Date diagnosed/treated	Length of illness or condition
------	------------------------	--------------------------------

Diagnosis of illness or condition	Type of treatment, including medications
-----------------------------------	--

Describe current symptoms or problems

Names of all current medications

Names and addresses of physicians, medical practitioners, hospitals or other health care providers

Name	Date diagnosed/treated	Length of illness or condition
------	------------------------	--------------------------------

Diagnosis of illness or condition	Type of treatment, including medications
-----------------------------------	--

Describe current symptoms or problems

Names of all current medications

Names and addresses of physicians, medical practitioners, hospitals or other health care providers

Name	Date diagnosed/treated	Length of illness or condition
------	------------------------	--------------------------------

Diagnosis of illness or condition	Type of treatment, including medications
-----------------------------------	--

Describe current symptoms or problems

Names of all current medications

Names and addresses of physicians, medical practitioners, hospitals or other health care providers

In order to properly underwrite and consider your request for coverage, we must collect information to determine if you (and your dependents if also requesting dependent coverage) qualify for insurance with Principal Life Insurance Company. We will do this by having you complete this Statement of Health. In addition, we may contact sources besides yourself for personal data about any proposed insured, including (a) spouse or domestic partner, (b) employer, (c) medical professionals or institutions, and (d) insurance companies to which you may have applied for insurance in the past. The personal data may include age, medical history, job, income, habits and other personal characteristic information. We may also ask that medical exams or other tests be completed.

We will keep your data confidential. Only employees performing business transactions regarding your coverage will see your data. In certain circumstances, we may provide data to (a) government agencies, (b) attending physicians, (c) insurance organizations without identification, (d) the employer, and (e) our reinsurer, if applicable, for the purpose of reporting claims experience or conducting audits.

You or your dependents, if applicable, have certain rights in connection with this request for coverage. Those rights are:

1. to find out what personal information is contained in Principal Life files (medical information may be disclosed only to your attending physician).
2. to correct or amend information in Principal Life files.

Upon written request, Principal Life will furnish to you (or your dependent) information concerning:

1. the nature and scope of personal data in our records;
2. the types of disclosures which may be made; and
3. rights of access to the information collected and how such information may be corrected or amended.

We will respond to such written request within 30 days from the date of receipt.

For further information about your file or rights, you may contact: Group Operations, Group Medical Underwriting, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0531.

**Authorization, Acknowledgment, and Signatures**

- I represent information, statements, and answers on this form, and any attachments, are complete and true to the best of my knowledge. They are a part of this request for coverage under the group policies. I agree Principal Life is not liable for anyone's claim which happens or begins before the effective date and approval of coverage.
- I have read, or had read to me, the questions and responses and realize any false statements, omissions or material misrepresentation regarding age or health information could cause coverage, if issued, to be cancelled as never effective.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- If approved for coverage, all policy provisions will apply including, but not limited to, preexisting conditions restriction, the Actively at Work and Period of Limited Activity provisions.
- I understand an agent cannot change or waive any rates, benefits, or provisions of any policy, if issued, without the written approval of an officer of Principal Life.
- I authorize any physician, medical practitioner, health care provider, hospital, clinic or medically related facility, insurance company, consumer reporting agency or employer, that has any personal information, including physical, mental, drug or alcohol use history, regarding me or any dependent, to give to Principal Life, its agents, employees or reinsurers performing business transactions, any such data.
- I authorize Principal Life to release any such data as required by law. When signed in connection with any application for, reinstatement of, or request for change in benefits, this form shall be valid for two years after the date shown below. I understand I may revoke this authorization for information not then obtained. A photocopy of this form shall be as valid as the original.
- I understand the data obtained by use of this authorization will be used by Principal Life for claims administration and to determine eligibility for coverage. This information will not be used for any purposes prohibited by law.

**A person who is covered by Medicaid (or any similar Title XIX program) is not eligible for critical illness coverage and may not be issued coverage under the group policy.**

Employee's signature <b>X</b>	Date signed
Spouse's or domestic partner's signature <b>X</b>	Date signed

# Authorization for Release of Personal Health Information – All States

(Applicable to Group Life and Disability Insurance Customers)

Principal Life Insurance Company  
P.O. Box 4934  
Grand Island, NE 68802



**This authorization complies with the HIPAA Privacy Rule and permits health care providers and other covered entities to disclose personal health information.**

Name of Proposed Insured/Patient (please print)

Date of Birth

I authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, health care provider, health plan, insurer, and/or any other entity subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that has provided treatment, service, or coverage to me within the past 10 years to disclose my entire medical record to the Company, its agents, employees, insurance support organizations, reinsurers, and their representatives. This includes information concerning the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness (excluding psychotherapy notes as defined under HIPAA) and the use of alcohol, drugs, and tobacco. *Statements required by §164.508(c)(1)(ii), (c)(1)(iii).*

I understand my personal health information may be used or disclosed as set forth by this authorization. Protected health information includes information created or received by the Company. Protected health information also includes but is not limited to: hospital records, treatment records/office notes, alcohol or drug abuse treatment, consultation reports, workers' compensation information, diagnosis, prescriptions, test results, vocational testing/counseling information, benefit information, claims information, demographic information, and claims payment information. *Statement required by §164.508(c)(1)(i).*

By my signature, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, other health care provider or health plan, insurer, or other entity subject to HIPAA to release and disclose my medical record without restriction.

I understand that unless prohibited by state and/or federal law the protected health information is to be disclosed under this authorization so that the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have, have applied for, or may in the future apply for with the Company. *Statement required by §164.508(c)(1)(iv).*

The following groups of persons employed or working for the Company may use my personal health information which is described above: employees of the underwriting, administration, claim or legal departments and any other personnel of the Company, and its authorized representatives, and business associates that perform functions or services that pertain to any coverage I have, have applied for, or may in the future apply for with the Company. *Statement required by §164.508(c)(1)(ii).*

I understand any information disclosed under this authorization may no longer be covered by the privacy provisions of HIPAA and may be subject to redisclosure. *Statement required by §164.508(c)(2)(iii).*

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. *Statement required by §164.508(c)(v).* I understand that I have the right to revoke this authorization at any time. The request for revocation must be in writing and sent to: Group Medical Underwriting, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-2070. I understand that a revocation is not effective if the Company has relied on the protected health information disclosed to it or has a legal right to contest a claim under an insurance policy or to contest the policy itself. *Statement required by §164.508(c)(2)(i).* Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization.

I understand that if I refuse to sign this authorization to release my complete medical record, the Company may not be able to process my application for life and/or disability coverage, or if coverage has been issued, may not be able to make any such benefit payments. *Statement required by §164.508(c)(2)(ii).* Upon receipt of your signed authorization, a copy will be provided to you. *Statement required by §164.508(c)(4).* Any alteration of this form will not be accepted.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I further understand that My Providers cannot condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization.

Signature of Proposed Insured/Patient or Personal Representative

Date

*This completed document is for restricted use only. No part may be copied nor disclosed without prior consent of The Principal®.*







Mailing Address: Des Moines, IA 50392-0002 | Principal Life Insurance Company | UTMA Beneficiary Designation

Company Name Account/Unit Number

Employee Information

Your name (last, first, middle initial) Social security number

NOTE: This form is a supplement to Employee Enrollment and Waiver.

Minor Beneficiary - UTMA: ONLY COMPLETE IF THE BENEFICIARY LISTED IS A MINOR.

If any proceeds become payable to a beneficiary who is then a "minor" as defined in the applicable Uniform Transfers to Minors Act, as specified herein, such proceeds shall be paid to (Name)

(Address)

as custodian for such beneficiary:

(Check One Only) See instructions on Page 2.

under the Iowa Uniform Transfers to Minor Act.

under the Uniform Transfers to Minor Act of the state where the beneficiary shall reside at the time of payment. In the event the beneficiary resides in California or Ohio at the time of payment, the custodianship is to continue until the beneficiary reaches the age of \_\_\_ for California (insert 18, 19, 20, 21, 22, 23, 24 or 25) or \_\_\_ for Ohio (insert 18, 19, 20 or 21).

In the event a substitute custodian is needed, the following is/are nominated, in the order named:

Name Address Name Address

If no state is specified (by name or description) above, or if the state so specified has not enacted the Uniform Transfers to Minors Act, or if the law of the state so specified does not provide for such payment to a custodian, the custodianship shall be established under the Iowa Uniform Transfers to Minors Act. If the specified Uniform Transfers to Minors Act would require the beneficiary's custodianship to terminate at or before the time of payment, the proceeds payable to that beneficiary shall be paid to the beneficiary rather than to a custodian.

Signature

Read important instructions on Page 2 before signing.

Signature of employee Date signed

Note: make a copy of Page 1 for your records and distribute copy to employee.

## Minor Beneficiary - UTMA Instructions - Please Note the Following:

1. You may wish to consult with your attorney about the completion of this beneficiary designation. The following comments are of a general nature and are not intended to be legal advice, or to substitute for legal advice.
2. **Naming a custodian and substitutes.** A custodian must be named in the blank following the words "paid to" in the designation. It is strongly recommended that you also name at least one (and preferably two or more) substitute custodians on the lines provided for that purpose. A substitute custodian would serve if, at the time of payment, the first-named custodian is deceased or otherwise unable or unwilling to serve. The custodian (and each substitute) listed on the beneficiary designation should be either: (1) an individual who is now an adult; or (2) a trust company, such as a financial institution with a trust department.
3. **Specifying the state law.** You may specify that the custodianship be established under the Iowa Uniform Transfers to Minors Act, regardless of where the minor lives. Principal Life Insurance Company is based in Iowa and therefore may transfer funds to a custodian in any state for the benefit of a minor in any state if the beneficiary designation specifies that the transfer shall be made under the Iowa Uniform Transfers to Minors Act. The Iowa Uniform Transfers to Minors Act defines a "minor" as an individual who has not reached age 21.

Alternatively, you may specify that the custodianship be established under the law of whatever state the beneficiary may live in at the time of payment. If this happens to be a state that has not enacted the Uniform Transfers to Minors Act, the designation specifies that the custodianship will be established under the Iowa Uniform Transfers to Minors Act. If there is a possibility that the minor beneficiary will live in California or Ohio at the time of payment, you may wish to fill in one or both of the blanks specifying the age at which the custodianship is to terminate (see below). The ability to specify such an age in the beneficiary designation is a unique feature of the Ohio and California Uniform Transfers to Minors Acts.

The state specified in the designation may affect the age at which the beneficiary will have control of the money. Under the Uniform Transfers to Minors Act as enacted in many states, a custodianship created pursuant to a beneficiary designation terminates when the beneficiary reaches the legal age of majority (usually 18), even though custodianships created pursuant to a lifetime gift may terminate at a later age. However, under the Iowa Uniform Transfers to Minors Act, and in a few states, a custodianship created pursuant to a beneficiary designation continues until the beneficiary reaches age 21. As noted above, custodian nominations under the California Uniform Transfers to Minors Act may specify an age (up to the age of 25) for the custodianship to terminate. If no age is specified, the California custodianship will terminate at age 18. Custodianships under the Ohio Transfers to Minors Act terminate at age 21 unless the beneficiary designation specifies that it will terminate at age 18, 19 or 20.



# Your dental benefits







Policyholder: Scotvale Electrical Systems

## Dental PPO Benefit Summary

Effective Date: 12/01/2018

**Predetermination of Benefits:** Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

This chart provides you a brief summary of the key benefits of the dental 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 dental coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility				
Job Class	All Members			
Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$50	\$50	80%	80%
Unit 3 – Major	\$50	\$50	50%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for basic and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,000 per person. Non-network Calendar year maximums are \$1,000 per person.			
Scheduled/MAC Design	Claim payments for both in-network and non-network services are based on the provider fee schedule amounts.			
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.			

**How Are Dental Procedures Covered?**

The list of common procedures shows what unit the procedure is included in and how often they are covered.

<p><b>Unit 1 – Preventive Procedures</b></p>	<ul style="list-style-type: none"> <li>• Routine exams - one per six months</li> <li>• Routine cleaning (prophylaxis) - one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Second Opinion Consultation</li> <li>• Fluoride – one treatment each calendar year (covered only for dependent children under age 14)</li> <li>• X-rays - Bitewing (one set every calendar year), occlusal, periapical</li> <li>• X-rays – Full mouth survey (one every 60 months), extraoral</li> </ul>
<p><b>Unit 2 – Basic Procedures</b></p>	<ul style="list-style-type: none"> <li>• Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to Routine cleaning frequency limit (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Emergency exams – subject to Routine exam frequency limit</li> <li>• Space maintainers - covered only for dependent children under age 14; repairs not covered</li> <li>• Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months</li> <li>• Harmful Habit Appliance - covered only for dependent children under age 14</li> <li>• Fillings and stainless steel crowns</li> <li>• Composite fillings on molars</li> <li>• Simple Oral Surgery</li> </ul>
<p><b>Unit 3 – Major Procedures</b></p>	<ul style="list-style-type: none"> <li>• General Anesthesia (covered only for specific procedures)/IV Sedation</li> <li>• Complex Oral Surgical Procedures</li> <li>• Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)</li> <li>• Periodontal Surgical Procedures – one each quadrant each 36 months</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> <li>• Complex Endodontics (root canal therapy for molar teeth)</li> <li>• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations</li> <li>• Crowns – each 60 months per tooth if tooth cannot be restored by a filling.</li> <li>• Inlays, Onlays, Cast Post and Core, Core Buildup - each 60 months per tooth</li> <li>• Implants – each 60 months</li> <li>• Bridges - Initial placement / Replacement of bridges 60 months old.</li> <li>• Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old</li> </ul>

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

## Understanding Your Dental 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 must be enrolled for dental coverage before it can be offered to your dependents. Eligible dependents include your spouse (if not also enrolled as an employee) and children. Additional eligibility requirements may apply.

An annual enrollment applies. Members can enroll for dental coverage during the annual enrollment period and not be subject to the late entrant waiting period. Certain restrictions apply.

### How Do I Find A Participating Provider?

Use the Provider Directory on [www.principal.com](http://www.principal.com) to locate nearby dentists or see if your dentist participates in your network.

1	Visit <a href="http://www.principal.com/dentist">www.principal.com/dentist</a> .
2	Begin your search by picking the <b>state</b> where you would like to find a provider. Next, specify a <b>network</b> . Depending on the network chosen, you may be transferred to a partner site.
3	Enter the <b>name of the provider</b> you are looking for (if known). If you are looking for a nearby dentist, enter the <b>city and state and/or ZIP code</b> . Be sure to indicate <b>how far you are willing to travel</b> .
4	Select the <b>desired specialty</b> or use the No Specialty Preference default. Click <b>Continue</b> .
5	Select a <b>language</b> if your preference is other than English. Click <b>Continue</b> .

You may nominate your dentist for inclusion in our network. Please submit the dentist's name, address, phone and specialty by calling 1-800-832-4450, or submit through [www.principal.com/refer-dental-provider](http://www.principal.com/refer-dental-provider).

### What Are The Restrictions Of My Coverage?

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Limitations & Exclusions	
<b>Late Entrant Provision</b>	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
<b>Missing Tooth</b>	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your booklet.

## Limitations &amp; Exclusions (Continued)

**How Can My Coverage Renew or Continue?**

Coverage under this group policy runs annually to the policy anniversary. The policyholder may renew at the premium rates in effect at the policy anniversary. Insured members and dependents may be eligible for continuation of coverage when termination of coverage occurs. Qualifying incidents may include sickness or injury, layoff, retirement, or developmentally disabled or physically handicapped children. Review your booklet to determine which provisions apply to your coverage.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This is a summary of dental 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.

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# See the rewards of making healthy dental choices

Be prepared for big dental expenses with Maximum Accumulation



**Like most of us, you know how important it is to take care of your teeth by getting regular dental check-ups.** Preventive care can help you avoid the big stuff when it comes to your teeth. But it's not foolproof.

What happens when your dentist delivers the news that you need costly dental procedures? Dental insurance can be a big help financially, but there's a limit on how much it'll pay each calendar year. It's called your maximum benefit.

That's where Maximum Accumulation comes in.

## How does Maximum Accumulation work?

You likely won't use all your maximum benefit every year. So where does that money go? If you visit your dentist during the year, you may be eligible to roll over a portion of your unused maximum benefit to increase your maximum benefit for the following year. It's available when you have dental coverage for preventive, basic and major services.

- **Preventive** — Exams, cleanings and sometimes x-rays
- **Basic** — X-rays, extractions, fillings and sometimes crowns
- **Major** — Crowns, inlays, onlays, bridges and dentures

**How do you know if you're eligible to carry benefits over to the next year?** If your dental claims are less than 50% of your annual maximum, you can roll over 25% and accumulate up to 1x your annual maximum. The amount accumulated is added to your annual maximum for the year.

## Let's look at an example

	Calendar year maximum	Yearly claim limit	Benefits paid	Yearly rollover amount	Accumulated rollover amount	Total maximum available
Year 1	\$1,000	\$500	\$450	\$250	\$250	\$1,250
Year 2	\$1,000	\$500	\$850	\$0	\$250	\$1,250
Year 3	\$1,000	\$500	\$450	\$250	\$500	\$1,500
Year 4	\$1,000	\$500	\$0	\$0	\$0	\$1,000
Year 5	\$1,000	\$500	\$450	\$250	\$250	\$1,250

You can see that in year 2, where claims were more than the yearly claim limit — which is 50% of the maximum — there was no rollover. And in year 4, where there were no claims at all, your accumulated amount went back down to zero. That's why it pays to visit the dentist regularly for preventive care.

**With Maximum Accumulation,** you won't leave money for costly dental procedures on the table. See the rewards of making healthy choices for your teeth — all it takes is regularly visiting your dentist.



[principal.com](http://principal.com)

Group dental insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This is an overview of the benefits dental insurance provides, but there are limitations and exclusions. For additional details, contact your employer. If your dental benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal is contracted to administer the coverage on your employer's behalf.

For members with split maximums, the accumulation amount is based on the non-network maximum.

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# Save money with network dentists

You'll enjoy lower out-of-pocket costs and pay less for dental services when you visit a dentist in our large network.

When it comes to visiting a dentist, you want quality dentists to choose from and value for your money. That's where we can help. With dental coverage from Principal®, you have access to a preferred provider organization (PPO). These network dentists include general dentists and those who specialize in root canals, pulling teeth and more.

When you receive services from a dentist in our network, your cost may be lower. Why? Network dentists agree to lower their fees for dental services and not charge you the difference. But, if you use a non-network dentist, you're responsible for paying any fees above the amount most dentists charge for a dental service in the area.\* This means you may pay more for the same procedure if you visit a non-network dentist.

### Let's look at an example

Phil has an infected tooth that requires a root canal. His out-of-pocket expenses will be lower if he visits a network (PPO) dentist.

### Comparing out-of-pocket costs on a root canal

Phil visits a <b>network</b> dentist		Phil visits a <b>non-network</b> dentist	
Dentist charge	\$1,400	Dentist charge	\$1,400
Negotiated fee	\$980	Fee most dentists charge in area	\$1,370
Coinsurance 20% (\$980 x .20)	\$196	Coinsurance 20% (\$1,370 x .20)	\$274
Difference of dentist charge and negotiated fee. Phil <b>isn't responsible</b> for the difference because it's in-network.	\$420	Difference of dentist charge and fee most dentists charge in the area. Phil <b>is responsible</b> for the difference because it's non-network.	\$30
Coverage pays	\$784	Coverage pays	\$1,096
<b>Phil pays</b>	<b>\$196</b>	<b>Phil pays (\$274 + 30)</b>	<b>\$304</b>

Example is for illustrative purposes only.

\*The difference may also be determined by the amount agreed to by network dentists.

Find a network dentist

**Go to [principal.com/dentist](https://principal.com/dentist).** You can find a network dentist, listed by specialty. And if your favorite dentist isn't in the network, click the link to refer your provider.



[principal.com](https://www.principal.com)

Dental insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This is an overview of the benefits dental insurance provides, but there are limitations and exclusions. For additional details, contact your employer. If your dental benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf.

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Your vision  
benefits







# Vision Benefit Summary

Effective Date: 12/01/2018

This chart provides you a brief summary of the key benefits of the vision 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 vision coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility		
Job Class	All Members	
Your Coverage with a VSP Preferred Provider		
Doctor Network	VSP Choice Network	
Covered Charges	Benefit	Frequency
Exams	\$10 copay	One exam every 12 months
Prescription Glasses	\$10 copay	Two lenses (one pair) every 12 months
Lenses	Single vision, lined bifocal, lined trifocal and lenticular lenses; polycarbonate lenses for dependent children under age 18	
Frames*	Members pay for lens enhancements as an out-of-pocket expense after the copay; they are discounted 20-25% by VSP providers.*** \$150 allowance for a wide selection of frames; 20% off amount over allowance***	One set every 12 months
Elective Contacts	Up to \$60 copay for your elective contact lens exam (fitting and evaluation) \$150 allowance for elective contacts	Once every 12 months Contacts are instead of frames and lenses
Necessary Contacts**	\$10 copay Covered in full for members who have specific conditions	Once every 12 months Contacts are instead of frames and lenses

Additional Savings ***	
Glasses and Sunglasses	Members save an average of 20-25% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last covered vision exam
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

**VISION**

<b>Your Coverage with Other Providers (Non-Network)</b>		
Covered Charges	Scheduled Benefit Amount	Frequency
Vision Exams	Up to \$45	One per 12 month period
Single Vision lenses	Up to \$30	One pair per 12 month period
Lined bifocal lenses	Up to \$50	One pair per 12 month period
Lined trifocal lenses	Up to \$65	One pair per 12 month period
Lenticular lenses	Up to \$100	One pair per 12 month period
Frames	Up to \$70	One set per 12 month period
Elective Contacts	Up to \$105	In lieu of lenses and frame benefits
Necessary Contacts**	Up to \$210	In lieu of lenses and frame benefits

\*VSP has agreements established with some Participating Retail Chain Providers that may also provide benefits for this covered service. Up to a \$80 allowance is given for a wide selection of frames from Costco. Please talk to your provider or contact VSP customer care for further details.

\*\* Necessary contact lenses are prescribed to correct extreme visual problems that cannot be corrected with regular lenses.

\*\*\* Based on applicable laws; benefits may vary by doctor location.

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

## Understanding Your Vision 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 must be enrolled for vision coverage before it can be offered to your dependents. Eligible dependents include your spouse (if not also enrolled as an employee) and children. Additional eligibility requirements may apply.

### How Do I Find a VSP Provider?

Use the Provider Directory on [www.vsp.com](http://www.vsp.com) to locate nearby VSP providers or to see if your current eye care professional participates in the VSP network. To speak to a representative by phone, please call 800-877-7195.

### How Do I Submit A Claim?

When visiting a VSP provider for services, the provider submits the claim for payment. If visiting a non-network provider for services, you are responsible for submitting the claim to VSP. Obtain a claim form by logging on to [vsp.com](http://vsp.com) or by calling 800-877-7195. Include a copy of your itemized receipt with your claim form and mail it to the following address.

Vision Service Plan  
P.O. Box 385018  
Birmingham, AL 35238-5018

## What Are The Restrictions Of My Coverage?

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

<b>Late Entrant Waiting Period</b>	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to coverage guidelines.
<b>Non-Medically Necessary Services</b>	The coverage does not pay for visual analysis or vision aids that are not medically necessary.
<b>Benefit Limitations</b>	The following items are excluded under this coverage: <ul style="list-style-type: none"> <li>• Two pairs of glasses instead of bifocals</li> <li>• Replacement of lenses, frames or contacts</li> <li>• Medical or surgical treatment</li> <li>• Orthoptics, vision training or supplemental testing</li> <li>• Plano lenses (lenses with refractive correction of less than <math>\pm .50</math> diopter)</li> </ul>
<b>Contact Lens Limitations</b>	The following items are not covered under the contact lens coverage: <ul style="list-style-type: none"> <li>• Insurance policies or service agreements</li> <li>• Artistically painted or non-prescription lenses</li> <li>• Additional office visits for contact lens pathology</li> <li>• Contact lens modification, polishing or cleaning</li> <li>• Refitting of contact lenses after the initial (90 day) fitting period</li> </ul>
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your booklet.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This is a summary of vision 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 the rights, benefits, limitations or exclusions of the coverage. 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.

# Set your sights on healthy eyes

Vision coverage that gives you choice of provider options for exams and eyewear

Everyone likes choices. And there's no exception when it comes to choosing your eye doctor and eyewear. Managed care vision insurance through Principal® and vision expert VSP® Vision Care puts you in the driver's seat.

Whether you're looking to visit an eye doctor, enjoy the convenience of a retail store or you're going out of network, we've got you covered. Through an established network of providers, you'll receive the highest level of care and the lowest out-of-pocket costs.<sup>1</sup>

## VSP doctors

Full-service locations with satisfaction guaranteed, offering a WellVision Exam® that can detect signs of eye and overall health conditions, such as diabetes. Plus, a wide selection of eyewear and 24-hour access to emergency care.

- Early morning, evening and weekend appointments offered by 92% of providers
- Special savings on preferred frame brands, contact lens services and sunglasses
- Integrated medical management with VSP's Eye Health Management Program®
- Extra \$20 to spend on featured frame brands, like bebe®, ck Calvin Klein®, Flexon®, Lacoste®, Michael Kors®, Nike®, Nine West® and more
- 20% off any amount over the allowance for frames

## Retail chains

2,300 regional retail chain locations in the network plus Participating Retail Chain Providers\* that offer an additional 1,700 optical stores.

- Same benefits you'd receive if you visited a VSP doctor
- No required forms – you pay only copays, costs over coverage amounts and/or for non-covered options
- Providers report Eye Health Management Program data to VSP
- Retail partners include Costco® Optical, Visionworks®, Wisconsin Vision, Heartland Vision, RxOptical®, Cohen's Fashion Optical®, Shopko® Eyecare Center and Pearle Vision.

## Out-of-network

Coverage includes a reimbursement schedule for services obtained from out-of-network providers – including national or local chains.

- All providers can contact VSP directly to check eligibility and submit claims on your behalf. If an out-of-network provider doesn't submit your claim, visit **VSP.com** or call **800.877.7195**.
- VSP has a national arrangement with Walmart®, making it simple for you to use your Principal benefits at Walmart and Sam's Club® locations, and have providers submit claims on your behalf.

\* Participating Retail Chain Providers are covered retail chains and have not entered into a legal partnership with any company of Principal.

# How to access your vision benefits

It's as easy as 1-2-3 to look up your benefits, locate providers near you and use your benefits.

## 1 Access your benefits

- Visit **VSP.com** and click on “Register for a VSP.com account.”
- Follow the online Member Registration form using your member ID found on your vision ID card.

## 2 Search for providers

- Visit **VSP.com** or **principal.com/vsp**.
- Enter your ZIP code or address and click Search.

## 3 Use your benefits

- Schedule your appointment with your provider of choice.
- At your appointment, present your vision ID card and remind the provider to look up your benefits using the member ID on your card (not your Social Security number).

**Prefer to access your vision ID card on your mobile device? It's simple.**

1. Set up your username and password at **principal.com**.
2. Download Principal® Mobile from the App Store® or Google Play™.
3. Log in to the app using your Principal.com username and password.



### Let's connect

Contact your employer or call the VSP member support line at **800.877.7195**.

<sup>1</sup> Based on your coverage options and national averages for comprehensive eye exams and most commonly purchased brands.



[principal.com](http://principal.com)

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This is an overview of the benefits vision insurance provides, but there are limitations and exclusions. For additional details, contact your employer.

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Your life  
benefits





# Protect what means the most to you

It's a fact of life. We don't always know what the future will bring. So have you planned ahead to ensure the security of the people you love?



Life has its twists and turns, and the only thing you can really expect is the unexpected. That's why being prepared for the future – protecting your dreams and the dreams of your loved ones – should be priority #1.

While it's not easy to think about what would happen to your family if you passed away, it doesn't have to be complicated. What plans have you made to protect your loved ones if something were to happen to you?

## Here's how life insurance works

Life insurance helps you put the people in your life first. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries. Those funds can help them manage financial obligations, such as:

- Funeral expenses
- Childcare
- Mortgage/rent
- Daily living expenses
- Paying off debts
- College funding

### Let's look at an example



Marc worked full-time to support his family, while his wife Mia stayed home with their three young children. For them, childcare costs outweighed the income Mia would bring home, so they'd decided to rely on Marc's paycheck for all their expenses. But Marc and Mia were planners, and they'd prepared for the unexpected by purchasing life insurance.

So when a sudden heart attack took Marc's life, Mia knew her financial future – and that of her three kids – would be taken care of. She could mourn Marc's loss and reassure their children, all while knowing their world wouldn't be disrupted more than they'd already experienced.

## How much coverage do you need?

To determine the amount of coverage you need, it's important to consider your expenses and resources to identify gaps in your overall protection. Use this table to calculate how much life insurance you may need, or log on to [principal.com](http://principal.com) to use our online life insurance calculator.

<b>A. Final expenses</b>	Funeral, burial, etc.	\$ _____
	<b>Subtotal A</b>	
<b>B. Long-term expenses (total annual amount)</b>	Mortgage/rent	\$ _____
	Car loan(s)	\$ _____
	Student loan(s)	\$ _____
	Credit cards/other loans and debts	\$ _____
	Childcare	\$ _____
	College funding	\$ _____
	Other long-term expenses	\$ _____
<b>Subtotal B</b>		\$ _____
<b>C. Living expenses (total annual amount)</b>	Taxes	\$ _____
	Internet/utilities/cable	\$ _____
	Food/household supplies	\$ _____
	Other expenses (clothes, entertainment)	\$ _____
<b>Subtotal C</b>		\$ _____
Number of years you want to cover these expenses ×		[years] _____
<b>Total financial commitment</b>		= \$ _____
Subtract current financial resources (life insurance, bank accounts, investments)		- \$ _____
<b>Total life insurance need</b>		= \$ _____

Enrolling in [life insurance](#) through your employer can help you protect the people you love from the unexpected. No one knows what the future holds, but life insurance can help ensure your family has the financial resources to handle expenses and is prepared financially for life's milestones.

### [principal.com](http://principal.com)

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This is an overview of the benefits group term life insurance provides, but there are limitations and exclusions. For additional details, contact your employer.

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Policyholder: Scotvale Electrical Systems

# Group Term Life Benefit Summary

Effective Date: 12/01/2018

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
Benefits Payable	
Employee Life Benefits	
Benefit Amount	\$25,000
Proof of Good Health	Proof of good health is required for life insurance amounts greater than:  If you are Under 70:  \$25,000  If you are 70 and older:  The lesser of \$25,000 or the amount with the prior carrier
Age Reductions	35% benefit reduction at age 65, with an additional 15% reduction at age 70.  Age reductions apply to the benefit amount after proof of good health .
Additional Employee Benefits	
Coverage During Disability	If you become disabled before age 60, coverage will continue and premium may be waived.
Accelerated Death Benefit	If you are terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.
Individual Purchase Rights	If you terminate employment, you may be able to convert coverage to an individual policy.
Limitations & Exclusions	
Coverage Outside of the US	Benefits will not be paid if you are outside the United States for certain reasons for more than six months.

GROUP TERM LIFE

Accidental Death & Dismemberment (AD&D) Coverage	
<b>Benefit Amount</b>	<p>Your benefit is equal to your group term life benefit amount if loss is due to accident or injury. If loss is due to exposure to the elements or disappearance, your loss may be covered.</p> <p>You may be paid:</p> <ul style="list-style-type: none"> <li>• <b>Full benefit</b> when you 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.</li> <li>• <b>Half of the benefit</b> when you lose: one hand / one foot / sight of one eye.</li> <li>• <b>One-fourth of the benefit</b> when you lose the thumb and index finger on the same hand.</li> </ul> <p>The loss must occur within 365 days of the accident.</p>
Additional Benefits	
<b>Seatbelt/Airbag</b>	\$10,000 if you are wearing a seatbelt or are protected by an airbag and die in an automobile accident
<b>Education</b>	\$3,000 per year for up to four years for dependent(s) enrolled at an accredited post-secondary school at the time of your death
<b>Repatriation</b>	Up to \$2,000 for preparation and transportation of your body if you die at least 100 miles from your permanent residence
<b>Loss of Use/Paralysis</b>	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
<b>Loss of Speech and/or Hearing</b>	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	
<b>Other Limitations</b>	The Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

## Understanding Your Life Coverage 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.

Spouse and child coverage is not available.

### What Additional Benefits Are Included?

What Additional Benefits Are Included?	
<b>Coverage During Disability</b>	If you become totally disabled before age 60, coverage will continue and premium will be waived. 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.
<b>Accelerated Death Benefit</b>	<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"> <li>Your life expectancy is 12 months or less (as diagnosed by a physician), and</li> <li>Your death benefit is at least \$10,000.</li> </ul> <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 the premium.</p>
<b>Individual Purchase Rights</b>	If you terminate employment, you 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. Contact Principal Life for details.
<b>Claim Processing</b>	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.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

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.

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# Voluntary Term Life Benefit Summary

Effective Date: 12/01/2018

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			
<b>Job Class</b>	All Members		
<b>Eligible Members</b>	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 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
<b>Benefit Amount</b>	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"> <li>\$10,000, or</li> <li>\$20,000</li> </ul> Eligible children under 14 days of age receive \$1,000.
<b>Minimum</b>	\$10,000	\$5,000	Not Applicable
<b>Maximum</b>	\$500,000	\$150,000	Not Applicable
		Cannot exceed 100% of your benefit amount	
<b>Proof of Good Health</b>	Proof of good health is required for life insurance amounts greater than:  If you are under age 70: \$100,000  If you are age 70 and over: \$10,000	Proof of good health is required for life insurance amounts greater than:  If your spouse is under age 70: \$30,000  If your spouse is age 70 and over: \$10,000	Not Applicable
<b>Age Reductions</b>	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
Additional Employee Benefits			
<b>Coverage During Disability</b>	If you become disabled before age 60, coverage will continue and premium may be waived for you and your covered dependents.		
<b>Accelerated Death Benefit</b>	If you become terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.		

**VOLUNTARY TERM LIFE**

<b>Open Enrollment</b>	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.
<b>Individual Purchase Rights</b>	If you terminate employment, you may be able to convert benefits to an individual policy.
<b>Portability</b>	If you cease to qualify as a member, you may be able to continue coverage for you and your covered dependents.
<b>Limitations &amp; Exclusions</b>	
<b>Suicide Exclusion</b>	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).
<b>Coverage Outside of the US</b>	Benefits will not be paid if you or your dependents are outside the United States for certain reasons for more than six months.



## VOLUNTARY TERM LIFE

Accidental Death & Dismemberment (AD&D) Coverage	
<b>Eligible Members</b>	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. AD & D coverage does not apply to children.
<b>Benefit Amount</b>	<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"> <li>• <b>Full benefit</b> 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.</li> <li>• <b>Half of the benefit</b> when you or your spouse lose: one hand / one foot / sight of one eye.</li> <li>• <b>One-fourth of the benefit</b> when you or your spouse lose the thumb and index finger on the same hand.</li> </ul> <p>The loss must occur within 365 days of the accident.</p>
Additional Benefits	
<b>Seatbelt /Airbag</b>	\$10,000 if wearing a seatbelt or are protected by an airbag and die in an automobile accident
<b>Education</b>	\$3,000 per year for up to four years for dependent(s) enrolled at an accredited post-secondary school at the time of death
<b>Repatriation</b>	Up to \$2,000 for preparation and transportation of the body if the insured dies at least 100 miles from their permanent residence
<b>Loss of Use/Paralysis</b>	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
<b>Loss of Speech and/or Hearing</b>	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	
<b>Occupational Coverage</b>	For your covered spouse, benefits will not be paid for an injury arising from or during employment for wage or profit
<b>Other Limitations</b>	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 also enrolled as an employee), 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?

<b>Coverage During Disability</b>	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.
<b>Accelerated Death Benefit</b>	<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"> <li>• Your life expectancy is 12 months or less (as diagnosed by a physician), and</li> <li>• Your death benefit is at least \$10,000.</li> </ul> <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>
<b>Open Enrollment</b>	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.

**VOLUNTARY TERM LIFE**

<b>Individual Purchase Rights</b>	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.
<b>Claim Processing</b>	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.
<b>Portability</b>	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.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

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# Scotvale Electrical Systems/ Non-Smoker Rates

## Voluntary-term life/AD&D

Estimated employee bi-weekly premium amounts  
End of the rate guarantee period: 12/31/2020

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$10,000	\$0.52	\$0.55	\$0.73	\$1.08	\$1.55	\$2.41	\$3.68	\$5.03	\$5.94	\$7.48
\$20,000	\$1.05	\$1.12	\$1.48	\$2.16	\$3.11	\$4.83	\$7.37	\$10.07	\$11.87	\$14.95
\$30,000	\$1.56	\$1.67	\$2.21	\$3.24	\$4.66	\$7.24	\$11.05	\$15.10	\$17.81	\$22.44
\$40,000	\$2.09	\$2.24	\$2.96	\$4.32	\$6.23	\$9.66	\$14.74	\$20.15	\$23.74	\$29.92
\$50,000	\$2.61	\$2.79	\$3.69	\$5.40	\$7.78	\$12.07	\$18.42	\$25.18	\$29.69	\$37.39
\$60,000	\$3.13	\$3.35	\$4.43	\$6.48	\$9.33	\$14.48	\$22.10	\$30.21	\$35.63	\$44.87
\$70,000	\$3.65	\$3.91	\$5.17	\$7.56	\$10.89	\$16.90	\$25.78	\$35.25	\$41.56	\$52.36
\$80,000	\$4.17	\$4.47	\$5.91	\$8.64	\$12.44	\$19.31	\$29.46	\$40.28	\$47.50	\$59.84
\$90,000	\$4.69	\$5.02	\$6.64	\$9.72	\$13.99	\$21.72	\$33.14	\$45.31	\$53.43	\$67.31
\$100,000	\$5.22	\$5.59	\$7.39	\$10.80	\$15.56	\$24.14	\$36.83	\$50.36	\$59.37	\$74.79
\$110,000	\$5.73	\$6.14	\$8.12	\$11.88	\$17.11	\$26.55	\$40.51	\$55.39	\$65.31	\$82.28
\$120,000	\$6.26	\$6.71	\$8.87	\$12.96	\$18.67	\$28.97	\$44.20	\$60.43	\$71.24	\$89.75
\$130,000	\$6.78	\$7.26	\$9.60	\$14.04	\$20.22	\$31.38	\$47.88	\$65.46	\$77.18	\$97.23
\$140,000	\$7.30	\$7.81	\$10.33	\$15.12	\$21.77	\$33.79	\$51.56	\$70.49	\$83.11	\$104.71
\$150,000	\$7.83	\$8.38	\$11.08	\$16.20	\$23.33	\$36.21	\$55.25	\$75.53	\$89.06	\$112.18
\$160,000	\$8.34	\$8.93	\$11.81	\$17.28	\$24.88	\$38.62	\$58.93	\$80.56	\$95.00	\$119.67
\$170,000	\$8.87	\$9.50	\$12.56	\$18.36	\$26.45	\$41.04	\$62.62	\$85.61	\$100.93	\$127.15
\$180,000	\$9.39	\$10.05	\$13.29	\$19.44	\$28.00	\$43.45	\$66.30	\$90.64	\$106.87	\$134.62
\$190,000	\$9.91	\$10.61	\$14.03	\$20.52	\$29.55	\$45.86	\$69.98	\$95.67	\$112.80	\$142.10
\$200,000	\$10.43	\$11.17	\$14.77	\$21.60	\$31.11	\$48.28	\$73.66	\$100.71	\$118.74	\$149.59
\$210,000	\$10.95	\$11.73	\$15.51	\$22.68	\$32.66	\$50.69	\$77.34	\$105.74	\$124.68	\$157.07
\$220,000	\$11.47	\$12.28	\$16.24	\$23.76	\$34.21	\$53.10	\$81.02	\$110.77	\$130.61	\$164.54
\$230,000	\$12.00	\$12.85	\$16.99	\$24.84	\$35.78	\$55.52	\$84.71	\$115.82	\$136.55	\$172.02
\$240,000	\$12.51	\$13.40	\$17.72	\$25.92	\$37.33	\$57.93	\$88.39	\$120.85	\$142.48	\$179.51
\$250,000	\$13.04	\$13.97	\$18.47	\$27.00	\$38.89	\$60.35	\$92.08	\$125.89	\$148.43	\$186.98
\$260,000	\$13.56	\$14.52	\$19.20	\$28.08	\$40.44	\$62.76	\$95.76	\$130.92	\$154.37	\$194.46
\$270,000	\$14.08	\$15.07	\$19.93	\$29.16	\$41.99	\$65.17	\$99.44	\$135.95	\$160.30	\$201.94
\$280,000	\$14.61	\$15.64	\$20.68	\$30.24	\$43.55	\$67.59	\$103.13	\$140.99	\$166.24	\$209.41
\$290,000	\$15.12	\$16.19	\$21.41	\$31.32	\$45.10	\$70.00	\$106.81	\$146.02	\$172.17	\$216.90
\$300,000	\$15.65	\$16.76	\$22.16	\$32.40	\$46.67	\$72.42	\$110.50	\$151.07	\$178.11	\$224.38
\$310,000	\$16.17	\$17.31	\$22.89	\$33.48	\$48.22	\$74.83	\$114.18	\$156.10	\$184.05	\$231.85
\$320,000	\$16.69	\$17.87	\$23.63	\$34.56	\$49.77	\$77.24	\$117.86	\$161.13	\$189.98	\$239.33
\$330,000	\$17.21	\$18.43	\$24.37	\$35.64	\$51.33	\$79.66	\$121.54	\$166.17	\$195.92	\$246.82

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392. This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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# Scotvale Electrical Systems/ Non-Smoker Rates

## Voluntary-term life/AD&D

Estimated employee bi-weekly premium amounts  
End of the rate guarantee period: 12/31/2020

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$340,000	\$17.73	\$18.99	\$25.11	\$36.72	\$52.88	\$82.07	\$125.22	\$171.20	\$201.85	\$254.30
\$350,000	\$18.25	\$19.54	\$25.84	\$37.80	\$54.43	\$84.48	\$128.90	\$176.23	\$207.80	\$261.77
\$360,000	\$18.78	\$20.11	\$26.59	\$38.88	\$56.00	\$86.90	\$132.59	\$181.28	\$213.74	\$269.25
\$370,000	\$19.29	\$20.66	\$27.32	\$39.96	\$57.55	\$89.31	\$136.27	\$186.31	\$219.67	\$276.74
\$380,000	\$19.82	\$21.23	\$28.07	\$41.04	\$59.11	\$91.73	\$139.96	\$191.35	\$225.61	\$284.21
\$390,000	\$20.34	\$21.78	\$28.80	\$42.12	\$60.66	\$94.14	\$143.64	\$196.38	\$231.54	\$291.69
\$400,000	\$20.86	\$22.33	\$29.53	\$43.20	\$62.21	\$96.55	\$147.32	\$201.41	\$237.48	\$299.17
\$410,000	\$21.39	\$22.90	\$30.28	\$44.28	\$63.77	\$98.97	\$151.01	\$206.45	\$243.42	\$306.64
\$420,000	\$21.90	\$23.45	\$31.01	\$45.36	\$65.32	\$101.38	\$154.69	\$211.48	\$249.35	\$314.13
\$430,000	\$22.43	\$24.02	\$31.76	\$46.44	\$66.89	\$103.80	\$158.38	\$216.53	\$255.29	\$321.61
\$440,000	\$22.95	\$24.57	\$32.49	\$47.52	\$68.44	\$106.21	\$162.06	\$221.56	\$261.22	\$329.08
\$450,000	\$23.47	\$25.13	\$33.23	\$48.60	\$69.99	\$108.62	\$165.74	\$226.59	\$267.17	\$336.56
\$460,000	\$23.99	\$25.69	\$33.97	\$49.68	\$71.55	\$111.04	\$169.42	\$231.63	\$273.11	\$344.05
\$470,000	\$24.51	\$26.25	\$34.71	\$50.76	\$73.10	\$113.45	\$173.10	\$236.66	\$279.04	\$351.53
\$480,000	\$25.03	\$26.80	\$35.44	\$51.84	\$74.65	\$115.86	\$176.78	\$241.69	\$284.98	\$359.00
\$490,000	\$25.56	\$27.37	\$36.19	\$52.92	\$76.22	\$118.28	\$180.47	\$246.74	\$290.91	\$366.48
\$500,000	\$26.07	\$27.92	\$36.92	\$54.00	\$77.77	\$120.69	\$184.15	\$251.77	\$296.85	\$373.97

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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## Scotvale Electrical Systems/ Non-Smoker Rates Voluntary-term life/AD&D

Estimated spouse bi-weekly premium amounts  
End of the rate guarantee period: 12/31/2020

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$5,000	\$0.26	\$0.28	\$0.37	\$0.54	\$0.78	\$1.21	\$1.84	\$2.52	\$3.250	\$3.74
\$10,000	\$0.52	\$0.55	\$0.73	\$1.08	\$1.55	\$2.41	\$3.68	\$5.03	\$6,500	\$7.48
\$15,000	\$0.78	\$0.84	\$1.11	\$1.62	\$2.33	\$3.62	\$5.52	\$7.55	\$9,750	\$11.22
\$20,000	\$1.05	\$1.12	\$1.48	\$2.16	\$3.11	\$4.83	\$7.37	\$10.07	\$13,000	\$14.95
\$25,000	\$1.30	\$1.39	\$1.84	\$2.70	\$3.88	\$6.03	\$9.20	\$12.58	\$16,250	\$18.70
\$30,000	\$1.56	\$1.67	\$2.21	\$3.24	\$4.66	\$7.24	\$11.05	\$15.10	\$19,500	\$22.44
\$35,000	\$1.83	\$1.96	\$2.59	\$3.78	\$5.45	\$8.45	\$12.89	\$17.63	\$22,750	\$26.18
\$40,000	\$2.09	\$2.24	\$2.96	\$4.32	\$6.23	\$9.66	\$14.74	\$20.15	\$26,000	\$29.92
\$45,000	\$2.34	\$2.51	\$3.32	\$4.86	\$7.00	\$10.86	\$16.57	\$22.66	\$29,250	\$33.66
\$50,000	\$2.61	\$2.79	\$3.69	\$5.40	\$7.78	\$12.07	\$18.42	\$25.18	\$32,500	\$37.39
\$55,000	\$2.87	\$3.08	\$4.07	\$5.94	\$8.56	\$13.28	\$20.26	\$27.70	\$35,750	\$41.13
\$60,000	\$3.13	\$3.35	\$4.43	\$6.48	\$9.33	\$14.48	\$22.10	\$30.21	\$39,000	\$44.87
\$65,000	\$3.39	\$3.63	\$4.80	\$7.02	\$10.11	\$15.69	\$23.94	\$32.73	\$42,250	\$48.62
\$70,000	\$3.65	\$3.91	\$5.17	\$7.56	\$10.89	\$16.90	\$25.78	\$35.25	\$45,500	\$52.36
\$75,000	\$3.91	\$4.18	\$5.53	\$8.10	\$11.66	\$18.10	\$27.62	\$37.76	\$48,750	\$56.10
\$80,000	\$4.17	\$4.47	\$5.91	\$8.64	\$12.44	\$19.31	\$29.46	\$40.28	\$52,000	\$59.84
\$85,000	\$4.44	\$4.75	\$6.28	\$9.18	\$13.22	\$20.52	\$31.31	\$42.80	\$55,250	\$63.57
\$90,000	\$4.69	\$5.02	\$6.64	\$9.72	\$13.99	\$21.72	\$33.14	\$45.31	\$58,500	\$67.31
\$95,000	\$4.95	\$5.30	\$7.01	\$10.26	\$14.77	\$22.93	\$34.99	\$47.83	\$61,750	\$71.05
\$100,000	\$5.22	\$5.59	\$7.39	\$10.80	\$15.56	\$24.14	\$36.83	\$50.36	\$65,000	\$74.79
\$105,000	\$5.48	\$5.87	\$7.76	\$11.34	\$16.34	\$25.35	\$38.68	\$52.88	\$68,250	\$78.53
\$110,000	\$5.73	\$6.14	\$8.12	\$11.88	\$17.11	\$26.55	\$40.51	\$55.39	\$71,500	\$82.28
\$115,000	\$6.00	\$6.42	\$8.49	\$12.42	\$17.89	\$27.76	\$42.36	\$57.91	\$74,750	\$86.01
\$120,000	\$6.26	\$6.71	\$8.87	\$12.96	\$18.67	\$28.97	\$44.20	\$60.43	\$78,000	\$89.75
\$125,000	\$6.52	\$6.98	\$9.23	\$13.50	\$19.44	\$30.17	\$46.04	\$62.94	\$81,250	\$93.49
\$130,000	\$6.78	\$7.26	\$9.60	\$14.04	\$20.22	\$31.38	\$47.88	\$65.46	\$84,500	\$97.23
\$135,000	\$7.04	\$7.54	\$9.97	\$14.58	\$21.00	\$32.59	\$49.72	\$67.98	\$87,750	\$100.97
\$140,000	\$7.30	\$7.81	\$10.33	\$15.12	\$21.77	\$33.79	\$51.56	\$70.49	\$91,000	\$104.71
\$145,000	\$7.56	\$8.10	\$10.71	\$15.66	\$22.55	\$35.00	\$53.40	\$73.01	\$94,250	\$108.45
\$150,000	\$7.83	\$8.38	\$11.08	\$16.20	\$23.33	\$36.21	\$55.25	\$75.53	\$97,500	\$112.18

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

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## Scotvale Electrical Systems/ Non-Smoker Rates Voluntary-term life/AD&D

Estimated spouse bi-weekly premium amounts  
End of the rate guarantee period: 12/31/2020

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
<b>Child(ren) premium amounts (per family)</b>												
<b>\$10,000</b>	\$0.92											
<b>\$20,000</b>	\$1.85											

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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## Scotvale Electrical Systems/ Smoker Rates Voluntary-term life/AD&D

Estimated employee bi-weekly premium amounts  
End of the rate guarantee period: 12/31/2020

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$10,000	\$0.82	\$0.87	\$1.21	\$1.85	\$2.74	\$4.34	\$6.72	\$9.25	\$11.00	\$13.64
\$20,000	\$1.65	\$1.76	\$2.44	\$3.70	\$5.49	\$8.70	\$13.44	\$18.51	\$21.99	\$27.27
\$30,000	\$2.46	\$2.63	\$3.65	\$5.55	\$8.22	\$13.04	\$20.16	\$27.76	\$32.99	\$40.91
\$40,000	\$3.29	\$3.51	\$4.88	\$7.41	\$10.97	\$17.40	\$26.88	\$37.02	\$43.98	\$54.55
\$50,000	\$4.11	\$4.39	\$6.09	\$9.25	\$13.71	\$21.74	\$33.60	\$46.27	\$54.98	\$68.18
\$60,000	\$4.93	\$5.26	\$7.31	\$11.10	\$16.45	\$26.08	\$40.32	\$55.52	\$65.97	\$81.82
\$70,000	\$5.75	\$6.14	\$8.53	\$12.96	\$19.19	\$30.44	\$47.04	\$64.78	\$76.96	\$95.45
\$80,000	\$6.57	\$7.01	\$9.75	\$14.81	\$21.93	\$34.78	\$53.76	\$74.03	\$87.96	\$109.09
\$90,000	\$7.39	\$7.89	\$10.96	\$16.65	\$24.67	\$39.12	\$60.48	\$83.28	\$98.95	\$122.72
\$100,000	\$8.22	\$8.77	\$12.19	\$18.51	\$27.42	\$43.48	\$67.20	\$92.54	\$109.95	\$136.36
\$110,000	\$9.03	\$9.64	\$13.40	\$20.36	\$30.15	\$47.82	\$73.92	\$101.79	\$120.95	\$150.00
\$120,000	\$9.86	\$10.53	\$14.63	\$22.21	\$32.90	\$52.18	\$80.64	\$111.05	\$131.94	\$163.63
\$130,000	\$10.68	\$11.40	\$15.84	\$24.06	\$35.64	\$56.52	\$87.36	\$120.30	\$142.94	\$177.27
\$140,000	\$11.50	\$12.27	\$17.05	\$25.91	\$38.38	\$60.86	\$94.08	\$129.55	\$153.93	\$190.91
\$150,000	\$12.33	\$13.16	\$18.28	\$27.76	\$41.13	\$65.22	\$100.80	\$138.81	\$164.93	\$204.54
\$160,000	\$13.14	\$14.03	\$19.49	\$29.61	\$43.86	\$69.56	\$107.52	\$148.06	\$175.92	\$218.18
\$170,000	\$13.97	\$14.91	\$20.72	\$31.47	\$46.61	\$73.92	\$114.24	\$157.32	\$186.91	\$231.82
\$180,000	\$14.79	\$15.79	\$21.93	\$33.31	\$49.35	\$78.26	\$120.96	\$166.57	\$197.91	\$245.45
\$190,000	\$15.61	\$16.66	\$23.15	\$35.16	\$52.09	\$82.60	\$127.68	\$175.82	\$208.90	\$259.09
\$200,000	\$16.43	\$17.54	\$24.37	\$37.02	\$54.83	\$86.96	\$134.40	\$185.08	\$219.90	\$272.72
\$210,000	\$17.25	\$18.41	\$25.59	\$38.87	\$57.57	\$91.30	\$141.12	\$194.33	\$230.90	\$286.36
\$220,000	\$18.07	\$19.29	\$26.80	\$40.71	\$60.31	\$95.64	\$147.84	\$203.58	\$241.89	\$299.99
\$230,000	\$18.90	\$20.17	\$28.03	\$42.57	\$63.06	\$100.00	\$154.56	\$212.84	\$252.89	\$313.63
\$240,000	\$19.71	\$21.04	\$29.24	\$44.42	\$65.79	\$104.34	\$161.28	\$222.09	\$263.88	\$327.27
\$250,000	\$20.54	\$21.93	\$30.47	\$46.27	\$68.54	\$108.70	\$168.00	\$231.35	\$274.88	\$340.90
\$260,000	\$21.36	\$22.80	\$31.68	\$48.12	\$71.28	\$113.04	\$174.72	\$240.60	\$285.87	\$354.54
\$270,000	\$22.18	\$23.67	\$32.89	\$49.97	\$74.02	\$117.38	\$181.44	\$249.85	\$296.86	\$368.18
\$280,000	\$23.01	\$24.56	\$34.12	\$51.82	\$76.77	\$121.74	\$188.16	\$259.11	\$307.86	\$381.81
\$290,000	\$23.82	\$25.43	\$35.33	\$53.67	\$79.50	\$126.08	\$194.88	\$268.36	\$318.85	\$395.45
\$300,000	\$24.65	\$26.31	\$36.56	\$55.53	\$82.25	\$130.44	\$201.60	\$277.62	\$329.85	\$409.09
\$310,000	\$25.47	\$27.19	\$37.77	\$57.37	\$84.99	\$134.78	\$208.32	\$286.87	\$340.85	\$422.72
\$320,000	\$26.29	\$28.06	\$38.99	\$59.22	\$87.73	\$139.12	\$215.04	\$296.12	\$351.84	\$436.36
\$330,000	\$27.11	\$28.94	\$40.21	\$61.08	\$90.47	\$143.48	\$221.76	\$305.38	\$362.84	\$449.99

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## Scotvale Electrical Systems/ Smoker Rates Voluntary-term life/AD&D

Estimated employee bi-weekly premium amounts  
End of the rate guarantee period: 12/31/2020

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$340,000	\$27.93	\$29.81	\$41.43	\$62.93	\$93.21	\$147.82	\$228.48	\$314.63	\$373.83	\$463.63
\$350,000	\$28.75	\$30.69	\$42.64	\$64.77	\$95.95	\$152.16	\$235.20	\$323.88	\$384.83	\$477.26
\$360,000	\$29.58	\$31.57	\$43.87	\$66.63	\$98.70	\$156.52	\$241.92	\$333.14	\$395.82	\$490.90
\$370,000	\$30.39	\$32.44	\$45.08	\$68.48	\$101.43	\$160.86	\$248.64	\$342.39	\$406.81	\$504.54
\$380,000	\$31.22	\$33.33	\$46.31	\$70.33	\$104.18	\$165.22	\$255.36	\$351.65	\$417.81	\$518.17
\$390,000	\$32.04	\$34.20	\$47.52	\$72.18	\$106.92	\$169.56	\$262.08	\$360.90	\$428.80	\$531.81
\$400,000	\$32.86	\$35.07	\$48.73	\$74.03	\$109.66	\$173.90	\$268.80	\$370.15	\$439.80	\$545.45
\$410,000	\$33.69	\$35.96	\$49.96	\$75.88	\$112.41	\$178.26	\$275.52	\$379.41	\$450.80	\$559.08
\$420,000	\$34.50	\$36.83	\$51.17	\$77.73	\$115.14	\$182.60	\$282.24	\$388.66	\$461.79	\$572.72
\$430,000	\$35.33	\$37.71	\$52.40	\$79.59	\$117.89	\$186.96	\$288.96	\$397.92	\$472.79	\$586.36
\$440,000	\$36.15	\$38.59	\$53.61	\$81.43	\$120.63	\$191.30	\$295.68	\$407.17	\$483.78	\$599.99
\$450,000	\$36.97	\$39.46	\$54.83	\$83.28	\$123.37	\$195.64	\$302.40	\$416.42	\$494.78	\$613.63
\$460,000	\$37.79	\$40.34	\$56.05	\$85.14	\$126.11	\$200.00	\$309.12	\$425.68	\$505.77	\$627.26
\$470,000	\$38.61	\$41.21	\$57.27	\$86.99	\$128.85	\$204.34	\$315.84	\$434.93	\$516.76	\$640.90
\$480,000	\$39.43	\$42.09	\$58.48	\$88.83	\$131.59	\$208.68	\$322.56	\$444.18	\$527.76	\$654.53
\$490,000	\$40.26	\$42.97	\$59.71	\$90.69	\$134.34	\$213.04	\$329.28	\$453.44	\$538.75	\$668.17
\$500,000	\$41.07	\$43.84	\$60.92	\$92.54	\$137.07	\$217.38	\$336.00	\$462.69	\$549.75	\$681.81

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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## Scotvale Electrical Systems/ Smoker Rates Voluntary-term life/AD&D

Estimated spouse bi-weekly premium amounts  
End of the rate guarantee period: 12/31/2020

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$5,000	\$0.41	\$0.44	\$0.61	\$0.93	\$1.37	\$2.18	\$3.36	\$4.63	\$3,250	\$6,82
\$10,000	\$0.82	\$0.87	\$1.21	\$1.85	\$2.74	\$4.34	\$6.72	\$9.25	\$6,500	\$13.64
\$15,000	\$1.23	\$1.31	\$1.83	\$2.78	\$4.11	\$6.52	\$10.08	\$13.88	\$9,750	\$20.46
\$20,000	\$1.65	\$1.76	\$2.44	\$3.70	\$5.49	\$8.70	\$13.44	\$18.51	\$13,000	\$27.27
\$25,000	\$2.05	\$2.19	\$3.04	\$4.62	\$6.85	\$10.86	\$16.80	\$23.13	\$16,250	\$34.09
\$30,000	\$2.46	\$2.63	\$3.65	\$5.55	\$8.22	\$13.04	\$20.16	\$27.76	\$19,500	\$40.91
\$35,000	\$2.88	\$3.07	\$4.27	\$6.48	\$9.60	\$15.22	\$23.52	\$32.39	\$22,750	\$47.73
\$40,000	\$3.29	\$3.51	\$4.88	\$7.41	\$10.97	\$17.40	\$26.88	\$37.02	\$26,000	\$54.55
\$45,000	\$3.69	\$3.94	\$5.48	\$8.33	\$12.33	\$19.56	\$30.24	\$41.64	\$29,250	\$61.37
\$50,000	\$4.11	\$4.39	\$6.09	\$9.25	\$13.71	\$21.74	\$33.60	\$46.27	\$32,500	\$68.18
\$55,000	\$4.52	\$4.83	\$6.71	\$10.18	\$15.08	\$23.92	\$36.96	\$50.90	\$35,750	\$75.00
\$60,000	\$4.93	\$5.26	\$7.31	\$11.10	\$16.45	\$26.08	\$40.32	\$55.52	\$39,000	\$81.82
\$65,000	\$5.34	\$5.70	\$7.92	\$12.03	\$17.82	\$28.26	\$43.68	\$60.15	\$42,250	\$88.64
\$70,000	\$5.75	\$6.14	\$8.53	\$12.96	\$19.19	\$30.44	\$47.04	\$64.78	\$45,500	\$95.45
\$75,000	\$6.16	\$6.57	\$9.13	\$13.88	\$20.56	\$32.60	\$50.40	\$69.40	\$48,750	\$102.27
\$80,000	\$6.57	\$7.01	\$9.75	\$14.81	\$21.93	\$34.78	\$53.76	\$74.03	\$52,000	\$109.09
\$85,000	\$6.99	\$7.46	\$10.36	\$15.73	\$23.31	\$36.96	\$57.12	\$78.66	\$55,250	\$115.90
\$90,000	\$7.39	\$7.89	\$10.96	\$16.65	\$24.67	\$39.12	\$60.48	\$83.28	\$58,500	\$122.72
\$95,000	\$7.80	\$8.33	\$11.57	\$17.58	\$26.04	\$41.30	\$63.84	\$87.91	\$61,750	\$129.54
\$100,000	\$8.22	\$8.77	\$12.19	\$18.51	\$27.42	\$43.48	\$67.20	\$92.54	\$65,000	\$136.36
\$105,000	\$8.63	\$9.21	\$12.80	\$19.44	\$28.79	\$45.66	\$70.56	\$97.17	\$68,250	\$143.18
\$110,000	\$9.03	\$9.64	\$13.40	\$20.36	\$30.15	\$47.82	\$73.92	\$101.79	\$71,500	\$150.00
\$115,000	\$9.45	\$10.09	\$14.01	\$21.28	\$31.53	\$50.00	\$77.28	\$106.42	\$74,750	\$156.81
\$120,000	\$9.86	\$10.53	\$14.63	\$22.21	\$32.90	\$52.18	\$80.64	\$111.05	\$78,000	\$163.63
\$125,000	\$10.27	\$10.96	\$15.23	\$23.13	\$34.27	\$54.34	\$84.00	\$115.67	\$81,250	\$170.45
\$130,000	\$10.68	\$11.40	\$15.84	\$24.06	\$35.64	\$56.52	\$87.36	\$120.30	\$84,500	\$177.27
\$135,000	\$11.09	\$11.84	\$16.45	\$24.99	\$37.01	\$58.70	\$90.72	\$124.93	\$87,750	\$184.09
\$140,000	\$11.50	\$12.27	\$17.05	\$25.91	\$38.38	\$60.86	\$94.08	\$129.55	\$91,000	\$190.91
\$145,000	\$11.91	\$12.71	\$17.67	\$26.84	\$39.75	\$63.04	\$97.44	\$134.18	\$94,250	\$197.73
\$150,000	\$12.33	\$13.16	\$18.28	\$27.76	\$41.13	\$65.22	\$100.80	\$138.81	\$97,500	\$204.54

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

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## Scotvale Electrical Systems/ Smoker Rates

### Voluntary-term life/AD&D

Estimated spouse bi-weekly premium amounts  
 End of the rate guarantee period: 12/31/2020

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
<b>Child(ren) premium amounts (per family)</b>												
\$10,000	\$0.92											
\$20,000	\$1.85											

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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# Discounts and services





Group life insurance

# Protect your family, your finances — and your future

Create and store your important documents using the Will & Legal Document Center



If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable.

That's why it's important to be proactive and make a plan to protect your family and finances. With your group term or voluntary term life insurance through Principal®, you can do just that, with access to resources from the **Will & Legal Document Center** provided by ARAG®.



## Resources for help with legal documents

Having the proper documents in place can help ensure you're still in control in case something happens to you. With ARAG's free online resources, you and/or your spouse can create these documents:

- **Will** — Specify what happens to your property after you die, and appoint the person to execute your estate. You can also name a custodian for your minor children.
- **Healthcare power of attorney** — Grant someone permission to make medical decisions in case you're no longer able to make them yourself.
- **Durable power of attorney** — Grant someone permission to make financial decisions in case you're no longer able to make them yourself.
- **Living will** — Let your family and health care providers know your wishes for medical treatment if you're unable to speak for yourself.
- **Medical treatment authorization for minors** — Grant consent for medical personnel to treat your child(ren) if you're away.

Plus, you can also access:

- **Personal Information Organizer** — Record your personal and financial information – as well as funeral arrangements – in one convenient spot.
- **Estate planning education and tools** — Get access to a variety of articles and legal resources.



## Protect your identity

It's not just inconvenient to have your identity stolen. It can have a direct impact on your credit rating and your financial security. The good news is, you can protect your identity with free online resources from ARAG, including:

- **An Identity Theft Prevention Kit** to help protect you from identity theft.
- **An Identity Theft Victim Action Kit** to help speed your recovery if you experience identity theft.

## It's easy to get started

Follow these simple steps to start using these free resources today.

- 1 | Visit [www.aragwills.com/principal](http://www.aragwills.com/principal).
- 2 | Register using your group policy number (your employer's account number with Principal). Find it by logging in on [Principal.com](http://Principal.com), or ask your employer.
- 3 | You're in! Complete the forms or download the materials you need.



Need help with registration? Call ARAG Customer Care at **800.546.3718**.  
Or, if you have questions about the services, call Principal at **866.539.1728**.



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Please remember that the legal documents are accurate and useful in many situations. Whether or not the document is right for you and your situation depends on your circumstances. If you want specific advice regarding your situation, consult an attorney.

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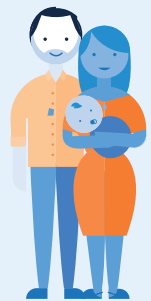


# Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

Whether you're traveling right here in the United States or leaving the country, you can rely on AXA to help your travel experience go off without a hitch. And because you're covered by group term life insurance from Principal®, you have access to many travel assistance services for free — no matter if you're traveling for business or pleasure.

**Who's eligible?** You, your spouse and your dependent children can access this service when traveling 100+ miles away from home for up to 120 consecutive days. And your spouse and dependent children are covered whether or not they're traveling with you.



## Near or far, you're covered

No matter where you're going — on a cross-country flight, a short road trip or a destination requiring a passport — consider AXA your trusted travel companion. This program helps address the challenges of travel like:

### Lost or stolen items

We all hope it won't happen to us, but it could. Lost items are a travel reality. AXA can help you recover or replace lost or stolen items (including cash and credit cards) so you don't miss a beat.

### Medical assistance

Getting sick or hurt while traveling is no picnic. AXA is there when you need it most to assist with medical and dental needs when you're away from home.



### Easily connect

Sometimes you need more than the phone book. And when you do, AXA is there to help with message delivery, overcoming language barriers or legal concerns.



### Traveling even farther away from home?

The more miles you're away from home, the more you may need to do additional planning. AXA helps you get ready to head out with pre-trip research, including travel requirements, cultural differences and precautions you should be aware of.

### Travel assistance program

Call us when you're traveling and need assistance.

888-647-2611 in the U.S.  
630-766-7696 call collect outside the U.S.



Learn more and plan for your trip with our website.  
[principal.com/travelassistance](http://principal.com/travelassistance)





### Emergency medical transportation

Unfortunately, medical emergencies sometimes interrupt a trip, and you just need to get to a hospital — or get home. This benefit is per person per trip for emergency situations including:

- Emergency medical transportation to a different facility if medically necessary
- Medically supervised return to your home country (known as repatriation)
- Transportation for a family member to join you
- Transportation for a traveling companion to join you in a different hospital or treatment facility
- Transportation home for dependent child(ren)
- Return of mortal remains

To be eligible for services under this program, your treatment must be authorized and arranged by designated staff from AXA. Claims for reimbursement won't be accepted. Please contact AXA for further benefit details.

### How to use this service

With two convenient ways to connect, you'll be ready for anything that comes your way.

- 1 | Website or mobile app** – Plan for your trip with helpful resources at [principal.com/travelassistance](http://principal.com/travelassistance). Learn how to create an account giving you access to travel information online or on your mobile device. You can get medical and security information about a country, search for a local medical provider, and view practical information like business culture and currency descriptions.
- 2 | Phone** – When you're traveling and need assistance, call **888-647-2611 in the U.S.** Or call collect when **outside the U.S. 630-766-7696**. Help is available 24/7 — 365 days a year.

#### This program is not insurance.

Travel assistance services will be provided as permitted under applicable law.

Group life insurance from Principal® is issued by Principal Life Insurance Company, Des Moines, IA 50392.

Exclusions – services won't be provided or available for any loss or injury that's caused by, or results from: normal childbirth, normal pregnancy (except complications of pregnancy), voluntary induced abortion, mental or nervous conditions (unless hospitalized), traveling against the advice of a physician, or traveling for medical treatment.

Participants are responsible for any incurred fees or expenses, including medical. Indemnified transportation services are administered by AXA Assistance USA, Inc., and underwritten by a third-party licensed insurance company. This service is not a part of any Principal Life insurance contract and may be changed or discontinued at any time. Although Principal® has arranged to make this program available to you, the third-party provider is solely responsible for its products and services. AXA is not a member of the Principal Financial Group®.

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Name \_\_\_\_\_

Company \_\_\_\_\_ Contract number \_\_\_\_\_

The participant is entitled to AXA Assistance USA, Inc. medical and travel services.

El portador de esta tarjeta es miembro de AXA Assistance USA, Inc. y tiene derecho a los servicios personales y de asistencia médica de AXA Assistance USA, Inc.

**This program is not insurance.**

All services must be provided by AXA Assistance USA, Inc.

No claims for reimbursement will be accepted.

Travel assistance services will be provided as permitted under applicable law.



# Your benefit resources



eService

## Go online to check your benefits

Keeping track of your benefits has never been easier

When you want information about your benefits from Principal®, simply go online. Best of all, this service is available at no charge.

### How to create an online account

It's easy! We'll have you up and running in no time.

- 1 | Go to **principal.com**.
- 2 | Select **Log In**, then **Personal**.
- 3 | After selecting **Create an account**, enter personal information such as your date of birth and identification number.
- 4 | **Create a username** and password, and provide an email address.

You'll receive an email within a few minutes to confirm your account is ready to go. You can access your account information anytime, 24/7, with the username and password you've just set.

### Manage your benefits online

After logging in, you can manage your benefits, as well as other products you may have with Principal. Your online account allows you to:

- View and manage claims (for applicable benefits)
- Get a 24-month history of your explanation of benefits (EOB)
- Access your summary of benefits, as well as benefit booklets and policies
- Find a list of covered dependents
- View and print your dental ID card
- Find discounts and services
- Calculate coverage needs and more



### Keeping your account safe

Your information is important to us. And because of that, we use a security feature that prevents others from accessing your account – even if they have your password. Verification codes add an extra layer of security. The first time you log in, you'll **need to choose where you want us to send the verification codes – either by text or email.**

If you log in from an unrecognized computer or mobile phone, forget your password, or we notice anything out of the ordinary, these codes help us confirm it's really you accessing your account – not someone pretending to be you.

You can choose to receive these codes every time you log in or only when we detect unusual activity.



Need help setting up your login, or have other questions? Call us at **800-986-3343**.  
We're happy to help.

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You have the right to receive, free of charge, a paper copy of your benefit booklet and any changes at any time. Please contact your employer if you'd like to request a paper copy.



[principal.com](http://principal.com)

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# Use our free app to check your benefits

Accessing your benefits information is easy

**Just three easy steps to get started:** Use your phone or tablet to access the Principal® secure mobile app and get information on your coverages.

**1**

Download Principal® Mobile from the App Store® or Google Play™.

**2**

Log in. Use the same username and password you use on [www.principal.com](http://www.principal.com).

**3**

Go to the Group Insurance section.

## Dental

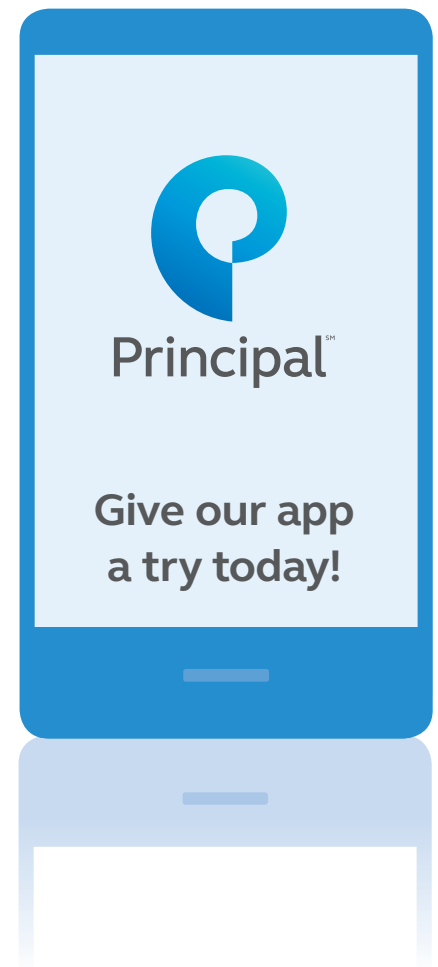
- › View, email or fax your ID Card.
- › Search for a network dentist.
  - Get maps and directions.
  - Call the dentist's office.
- › View a summary of recently paid claims and other claim details.
- › Find coverage information (may include deductibles, coinsurance and maximum benefit).

## Vision

- › Find coverage details (may include copay, frame/contact allowance and frequency of benefits).
- › View, email or fax your ID Card.

## Life

- › Find coverage information.





The mobile application offered by Principal to view account information is currently supported on iPhone® (all operating systems) and Android™ (operating systems version 1.6 and greater). Information displayed in the application will vary depending on coverage type(s). Apple® and iPhone® are registered trademarks of Apple Inc. Android™ is a trademark of Google Inc. Use of this trademark is subject to Google Permissions. This mobile app is provided for general information purposes only. It is not a complete statement of the rights, benefits, limitations or exclusions of your coverage. For coverage details, refer to your benefit booklet.

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## Notice of Privacy Practices for Health Information

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes the practices of Principal Life Insurance Company for safeguarding individually identifiable health information. The terms of this Notice apply to members, their spouses and dependents for their group medical expense, group dental expense and/or group vision care expense insurance with us (“insurance”). As used in this Notice, the term “health information” means information about you that we create, receive or maintain in connection with your insurance; that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you. This Notice was effective April 14, 2003 and revisions to this Notice are effective November 1, 2017.

We are required by law to maintain the privacy of our members’ and dependents’ health information and to provide notice of our legal duties and privacy practices with respect to their health information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all health information maintained by us. Copies of revised Notices will be mailed to plan sponsors for distribution to the members then covered by our insurance. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

### Uses and Disclosures of Your Health Information

**Authorization.** Except as explained below, we will not use or disclose your health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, Des Moines, IA 50392-0002. A form to revoke an authorization can be obtained from the Health Information Protection Analyst.

**Disclosures for Treatment.** We may disclose your health information as necessary for your treatment. For instance, a doctor or healthcare facility involved in your care may request your health information in our possession to assist in your care.

**Uses and Disclosures for Payment.** We will use and disclose your health information as necessary for payment purposes. For instance, we may use your health information to process or pay claims, for subrogation, to perform a hospital admission review to determine whether services are for medically necessary care or to perform prospective reviews. We may also forward information to another insurer in order for it to process or pay claims on your behalf. Unless we agree in writing to do otherwise, we will send all mail regarding a member’s spouse or dependents to the member, including information about the payment or denial of insurance claims.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your health information as necessary for health care operations. For instance, we may use or disclose your health information for quality assessment and quality improvement, credentialing health care providers, premium rating, conducting or arranging for medical review or compliance. We may also disclose your health information to another insurer, health care facility or health care provider for activities such as quality assurance or case management. We participate in an organized health care arrangement with the health plan of a member’s employer. We may disclose your health information to the health plan for certain functions of its health care operations. This Privacy Notice does not cover the privacy practices of that plan. We may contact your health care providers concerning prescription drug or treatment alternatives.

**Other Health-Related Uses and Disclosures.** We may contact you to provide reminders for appointments; information about treatment alternatives; or other health-related programs, products or services that may be available to you.

**Information Received Pre-enrollment.** We may request and receive from you and your health care providers health information prior to your enrollment under the insurance. We will use this information to determine whether you are eligible to enroll under the insurance and to determine the rates. We will not use or disclose any genetic information we obtain about you or provided from your family history. If you do not enroll, we will not use or disclose the information we obtained about you for any other purpose. Information provided on enrollment forms or applications will be utilized for all coverages being applied for, some of which may be protected by the state, not federal, privacy laws.

**Business Associate.** Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your health information. Principal Life Insurance Company may itself be a business associate of your health plan or health insurance company. We may disclose your health information to your health plan or insurance company and its business associates as needed to fulfill our contractual obligations to them. Please see the notice of privacy practices issued by your plan or insurance company for information about how it uses and discloses your health information.

**Plan Sponsor.** When permitted by law, we may disclose to the plan sponsor the minimum necessary amount of your health information that it needs to perform administrative functions on behalf of the plan (if any), provided that the plan sponsor certifies that the information will be maintained in a confidential manner and will not be utilized or disclosed for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor.

**Family, Friends, and Personal Representatives.** With your approval, we may disclose to family members, close personal friends, or another person you identify, your health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interests, we may disclose your health information without your approval. We may also disclose your health information to public or private entities to assist in disaster relief efforts.

**Other Uses and Disclosures.** We are permitted or required by law to use or disclose your health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. We are prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of determining eligibility for coverage, the amount of benefits or premiums or discounts, including rebates, payments in kind, or other premium or benefit differential mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program. We will not request, use or disclose psychotherapy notes without your authorization (except to defend ourselves in a legal action brought by you.) We will not sell your protected health information or use or disclose it for marketing purposes without your authorization, except as permitted by law. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

## Your Rights

**Restrictions on Use and Disclosure of Your Health Information.** You have the right to request restrictions on how we use or disclose your health information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. To request a restriction, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a restriction can be obtained from the Health Information Protection Analyst. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgement from us.

**Receiving Confidential Communications of Your Health Information.** You have the right to request communications regarding your health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests. To request a confidential communication, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a confidential communication can be obtained from the Health Information Protection Analyst.

**Access to Your Health Information.** You have the right to inspect and/or obtain a copy of your health information we maintain in your designated record set, subject to certain exceptions. To request access to your information, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request access to your health information can be obtained from the Health Information Protection Analyst. A fee will be charged for copying and postage.

**Amendment of Your Health Information.** You have the right to request an amendment to your health information to correct inaccuracies. To request an amendment, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an amendment to your health information can be obtained from the Health Information Protection Analyst. We are not required to grant the request in certain circumstances.

**Accounting of Disclosures of Your Health Information.** You have the right to receive an accounting of certain disclosures of your health information made by us during the 6 year period before your request. To request an accounting, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an accounting of your health information can be obtained from the Health Information Protection Analyst. The first accounting in any 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

**Complaints.** If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002 or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

If you have any questions or need any assistance regarding this Notice or your privacy rights, you may contact the Group Call Center at Principal Life Insurance Company at (800) 843-1371.



[principal.com](https://www.principal.com)

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