

Group benefits

# Understand your benefits

TOTAL JOINT ORTHOPEDICS, INC.  
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:

- Life
- Disability

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 guaranteed 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, also referred to as evidence of insurability (EOI). You'll receive an email from Principal telling you how to submit this information to be considered for the additional coverage.

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



**Employee Enrollment  
& Waiver-UT**
**Principal Life Insurance  
Company**  
Des Moines, IA 50392-0002


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

Company name TOTAL JOINT ORTHOPEDICS	Division level ALL MEMBERS	Account number/unit number 1070966-10001
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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			Home number		Mobile number
Salary (for owners, include business income)		Salary mode <input type="checkbox"/> yearly <input type="checkbox"/> weekly <input type="checkbox"/> hourly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly			
Employer ZIP code			Employer county		

**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 <sup>1</sup> <input type="checkbox"/> disabled child <sup>2</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>1</sup> <input type="checkbox"/> disabled child <sup>2</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>1</sup> <input type="checkbox"/> disabled child <sup>2</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>1</sup> <input type="checkbox"/> disabled child <sup>2</sup>

<sup>1</sup>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

<sup>2</sup>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 <sup>3</sup>	Child(ren)
<b>NOTE: Employee coverage must be elected to elect any dependent coverage.</b>			
<b>Group term life</b>	<input checked="" type="checkbox"/> Elect	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<b>Voluntary term life benefit amount:</b>	<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 \$ _____ <b>Cannot exceed 100% of the employee election</b>
<b>Short term disability</b>	<input checked="" type="checkbox"/> Elect		
<b>Long term disability</b>	<input checked="" type="checkbox"/> Elect		

<sup>3</sup>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 cigarettes, e-cigarettes, 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
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
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
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
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 designated a minor child(ren) as your beneficiary, complete the Uniform Transfers to Minors Act form (GP55229).

NOTE: If you are covered by both group term life and voluntary term life coverage and 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.

#### **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 coverage, I cannot enroll until the next open enrollment.
- 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.
- I understand collection of social security numbers for myself and/or my dependents will be used by Principal Life Insurance Company 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 coverage. 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.**

**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.**

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.

**Your signature** X\_\_\_\_\_ **Date signed** \_\_\_\_\_

**Instructions**

After this form is completed and signed:

- Employee retains a copy of the form, and
- Enrollment is submitted to Principal Life:
  - o Use eService to submit enrollment information at [www.principal.com](http://www.principal.com). Employer retains the original form.
  - o Or, email the form to [groupbenefitsadmin@principal.com](mailto:groupbenefitsadmin@principal.com).
  - o Or, send the original form to Principal Life Insurance Company. Employer retains a copy of the form.



# Employee Change Form – UT

Principal Life Insurance Company  
Des Moines, IA 50392-0002



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

Company name Total Joint Orthopedics	Account/unit number 1070966
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## Employee Information (Change of name and address)

Your name (last, first, middle initial)	Date of Birth	Social security number
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New name (last, first, middle initial)

Your new address (street)	(City)	(State)	(ZIP code)
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Home number	Mobile number	Email address
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**Complete for Adding, Canceling or Changing a Coverage. If this is initial enrollment, please complete an Enrollment Form. NOTE: Employee coverage must be elected to elect any dependent coverage.**

Coverage	Employee	Spouse <sup>1</sup>	Child(ren)
<b>Dental</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to <sup>2</sup> : _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Add <input type="checkbox"/> Cancel
In the past twelve months, have you, the applicant, had continuous group orthodontia coverage (for yourself or your dependents) with a prior carrier? <input type="checkbox"/> yes <input type="checkbox"/> no			
<b>Vision</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Add <input type="checkbox"/> Cancel
<b>Group Term Life</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____
<b>Voluntary Term Life (VTL)</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____ or _____ X salary	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____

Coverage	Employee	Spouse <sup>1</sup>	Child(ren)
<b>Short Term Disability</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel Occupation: _____ Change to: _____ Change to date: _____ \$ _____		
<b>Long Term Disability</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel Occupation: _____ Change to: _____ Change to date: _____ \$ _____		
<b>Critical Illness</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	
<b>Accident</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Add <input type="checkbox"/> Cancel

**Complete if the coverage you are adding or changing is based on your salary.**

Salary \$ \_\_\_\_\_ Salary mode ☐ yearly ☐ bi-weekly ☐ monthly ☐ weekly ☐ hourly

<sup>1</sup> Spouse will include Domestic Partner if your employer allows this coverage. If adding a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60481).

<sup>2</sup> Change will apply to all eligible dependents.

#### Nicotine Products

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

Employee: ☐ yes ☐ no Spouse or Domestic Partner: ☐ yes ☐ no

**Reason for Adding or Increasing Coverage**

<input type="checkbox"/> marriage <input type="checkbox"/> loss of other group coverage <sup>3</sup> <input type="checkbox"/> change in job status <input type="checkbox"/> birth/adoption <input type="checkbox"/> court order (attach a copy) <input type="checkbox"/> other _____ <input type="checkbox"/> open enrollment (if available)	Date of event
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<sup>3</sup>For loss of other group coverage complete the following:

Name of prior dental carrier	Date coverage ended
Name of prior life carrier	Date coverage ended
Name of prior vision carrier	Date coverage ended
Name of prior critical illness carrier	Date coverage ended
Name of prior accident carrier	Date coverage ended

**Beneficiary Designation**

Complete Beneficiary Designation/Change (GP34795) if adding life coverage, accident coverage with AD&D, or changing beneficiary.

**Complete for Adding or Canceling a Dependent (Include last name if different from the employee)**

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 <sup>1</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>4</sup> <input type="checkbox"/> disabled child <sup>5</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>4</sup> <input type="checkbox"/> disabled child <sup>5</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>4</sup> <input type="checkbox"/> disabled child <sup>5</sup>

<sup>4</sup> 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

<sup>5</sup> 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.

To determine eligibility for disabled child(ren) (over the maximum age); see your employer for the required forms.

**Employee Signature (Read and sign below)****I understand and agree with the following statements:**

- My dependents are not eligible for any coverage for which I am not covered.
- My dependents, including stepchild(ren), foster child(ren) and those over the maximum age, are eligible for coverage based on policy provisions. Eligibility for my dependents over the maximum age will be verified when claims are submitted.
- If I cancel dental, vision or accident coverage, I cannot enroll again until the next open enrollment period.
- If I cancel any type of life, disability, or critical illness coverage, I may apply at a later date; however, I must provide proof of good health at my own expense and coverage will only become effective subject to approval from Principal Life Insurance Company.

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

- Employee retains a copy of the form, and
- Enrollment is submitted to Principal Life:
  - Use eService to submit enrollment information at [www.principal.com](http://www.principal.com). Employer retains the original form.
  - Or, email the form to [groupbenefitsadmin@principal.com](mailto:groupbenefitsadmin@principal.com).
  - Or, send the original form to Principal Life Insurance Company. Employer retains a copy of the form.





Mailing Address:  
Des Moines, IA 50392-0002

Principal Life  
Insurance Company

UTMA Beneficiary  
Designation

**Company Name****Account/Unit Number**

Total Joint Orthopedics

1070966

**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.**

**Print**

## 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.

# Beneficiary Designation/Change

**Principal Life Insurance Company**  
Des Moines, Iowa 50392-0002



Company Name	Account/Unit Number
Total Joint Orthopedics	1070966

## Employee Information

Your name (last, first, middle initial)	Social security number
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NOTE: If you are covered by both group term life and voluntary term life coverage and 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. Any beneficiary change made below will replace any prior beneficiary designation.

## Section I 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. If designating a minor, please check the applicable box and complete the Minor Beneficiary – UTMA section on Page 4.**

### Primary Beneficiaries:

Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number

### Contingent Beneficiaries:

Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number



**Section II 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 on Page 1, write "same as Section I" in the beneficiary section below.)

**All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. If designating a minor, please check the applicable box and complete the Minor Beneficiary – UTMA section on Page 4.**

**Primary Beneficiaries:**

Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number

**Contingent Beneficiaries:**

Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number

**Section III Accident Beneficiary Designation** (Complete if Accident Insurance includes Accidental Death and Dismemberment (AD&D). If you want to use the same beneficiary designation as indicated for group term life coverage on Page 1, write "same as Section I" in the beneficiary section below)

**All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. If designating a minor, please check the applicable box and complete the Minor Beneficiary – UTMA section on Page 4.**

**Primary Beneficiaries:**

Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number

**Contingent Beneficiaries:**

Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number
Name	Check here if a minor	Percentage	Relationship
Address			Social security number

The right to make future changes is reserved. 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 said company.

**Minor Beneficiary – UTMA: ONLY COMPLETE IF THE BENEFICIARY LISTED ABOVE 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 5.**

- ☐ 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.

**Section IV Signature**

**Read important instructions on Page 5 before signing.**

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date signed

**Note: make a copy of Page 1, 2, 3, and 4 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.

## Sample Beneficiary Designations

Be sure to use given names such as "Mary M. Doe," not "Mrs. John Doe" and include address and relationship of the beneficiary or beneficiaries to you.

Proposed Beneficiary	Suggested Wording for Beneficiary "name"
Insured's Estate	My Estate
Trust with Individual Trustees	Richard Doe and John Smith, Trustees, or a Successor in Trust under (Trust Name) established XX/XX/XXXX
Present or Living Trust	ABC Bank & Trust Company, Des Moines, Iowa. Trustee under (Trust Name) established XX/XX/XXXX
Testamentary Trust	Trustee of Mary I Doe Trust or Successor in Trust established by the Last Will & Testament of the Insured Dated XX/XX/XXXX





# Your life benefits





## Group life insurance

# 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](https://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](https://principal.com)

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

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: TOTAL JOINT ORTHOPEDICS



## Group term life insurance

### Benefit summary for all members

Policy anniversary: December 1

The benefits shown below are the benefits available as of 11/06/2022.

### What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Guaranteed issue <sup>1</sup>	Benefit reduction <sup>2</sup>
You	\$50,000	If you're under 70: \$50,000  If you're 70 or older: The lesser of \$50,000 or the amount with the prior carrier	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse <sup>3</sup>	\$10,000		
Your child(ren) <sup>3</sup>	<ul style="list-style-type: none"><li>Up to 6 months old: \$1,000</li><li>6+ months old: \$10,000</li></ul>		

<sup>1</sup>Amount of coverage you may buy without answering medical questions.

<sup>2</sup>As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

<sup>3</sup>Amount of coverage may not exceed 50% of your benefit.

### Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).
- If you were covered as an employee, you may be eligible as a retiree.

Additional eligibility requirements may apply.

### Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above will require health information.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

## What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000
Repatriation - If you die at least 100 miles from your home	Up to \$2,000
Education - If your children are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years
<b>Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis</b>	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%
<b>Loss of speech and/or hearing - total loss for 12 consecutive months</b>	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

### Additional benefits:

<b>Accelerated death benefit</b>	If you're terminally ill, you may be able to receive a portion of your life benefit.
<b>Coverage during disability</b>	If you're disabled, you may be able to continue your coverage and not pay premium for you and your covered dependents.
<b>Conversion of terminated coverage</b>	If coverage terminates, you may be able to convert coverage to an individual policy.

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

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392



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

This is a summary of group term life coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

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# Policyholder: TOTAL JOINT ORTHOPEDICS



## Group voluntary term life insurance Benefit summary for all members

Policy anniversary: December 1

The benefits shown below are the benefits available as of 11/06/2022.

### What's available to me?

Protect what means the most to you – the people you love. If you passed away, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue <sup>1</sup>	Maximum	Benefit reduction <sup>2</sup>
You	Select a benefit in increments of \$10,000	\$10,000	If you're under 70: \$70,000  If you're 70 or older: \$10,000	\$300,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse <sup>3</sup>	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70: \$20,000  If your spouse is 70 or older: \$10,000	\$100,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your child(ren) <sup>3</sup>	Options <sup>4</sup> : <ul style="list-style-type: none"><li>\$10,000, or</li><li>\$20,000</li></ul>				

<sup>1</sup>Amount of coverage you may buy without providing health information.

<sup>2</sup>As you get older, your life insurance benefit amount decreases.

<sup>3</sup>Amount of coverage may not exceed 100% of your benefit.

<sup>4</sup>Dependent children under 14 days old receive a \$1,000 benefit.

### Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you may need to provide health information for review, or if you have a qualifying event.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

### Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse may require you to provide health information.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

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## May I increase my benefit later?

- You may be able to enroll for or increase your benefit and your dependent's benefit two increments per year during your open enrollment period without providing health information.
- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase your benefit up to the guaranteed issue amount within 31 days without having to provide health information.

## What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you or your spouse are accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000
Repatriation - If you die at least 100 miles from your home	Up to \$2,000
Education - If your children are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years
<b>Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis</b>	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%
<b>Loss of speech and/or hearing - total loss for 12 consecutive months</b>	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

## Additional benefits:

<b>Accelerated death benefit</b>	If you're terminally ill, you may be able to receive a portion of your life benefit.
<b>Coverage during disability</b>	If you're disabled, you may be able to continue your coverage and not pay premium.
<b>Portability</b>	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
<b>Conversion of terminated coverage</b>	If coverage terminates, you may be able to convert coverage to an individual policy.

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## What are the limitations and exclusions of my coverage?

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



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

This is a summary of voluntary term life coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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# Total Joint Orthopedics

## Voluntary-term life/AD&D - employee (non-smoker)

Estimated employee monthly premium amounts

End of the rate guarantee period: 11/30/2024

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
\$10,000	\$0.91	\$0.98	\$1.34	\$2.00	\$2.93	\$4.60	\$7.07	\$9.71	\$6,500	\$11.51	\$5,000	\$14.85
\$20,000	\$1.82	\$1.96	\$2.68	\$4.00	\$5.86	\$9.20	\$14.14	\$19.42	\$13,000	\$23.01	\$10,000	\$29.68
\$30,000	\$2.73	\$2.94	\$4.02	\$6.00	\$8.79	\$13.80	\$21.21	\$29.13	\$19,500	\$34.52	\$15,000	\$44.53
\$40,000	\$3.64	\$3.92	\$5.36	\$8.00	\$11.72	\$18.40	\$28.28	\$38.84	\$26,000	\$46.02	\$20,000	\$59.36
\$50,000	\$4.55	\$4.90	\$6.70	\$10.00	\$14.65	\$23.00	\$35.35	\$48.55	\$32,500	\$57.53	\$25,000	\$74.21
\$60,000	\$5.46	\$5.88	\$8.04	\$12.00	\$17.58	\$27.60	\$42.42	\$58.26	\$39,000	\$69.03	\$30,000	\$89.04
\$70,000	\$6.37	\$6.86	\$9.38	\$14.00	\$20.51	\$32.20	\$49.49	\$67.97	\$45,500	\$80.54	\$35,000	\$103.89
\$80,000	\$7.28	\$7.84	\$10.72	\$16.00	\$23.44	\$36.80	\$56.56	\$77.68	\$52,000	\$92.04	\$40,000	\$118.72
\$90,000	\$8.19	\$8.82	\$12.06	\$18.00	\$26.37	\$41.40	\$63.63	\$87.39	\$58,500	\$103.55	\$45,000	\$133.57
\$100,000	\$9.10	\$9.80	\$13.40	\$20.00	\$29.30	\$46.00	\$70.70	\$97.10	\$65,000	\$115.06	\$50,000	\$148.40
\$110,000	\$10.01	\$10.78	\$14.74	\$22.00	\$32.23	\$50.60	\$77.77	\$106.81	\$71,500	\$126.55	\$55,000	\$163.25
\$120,000	\$10.92	\$11.76	\$16.08	\$24.00	\$35.16	\$55.20	\$84.84	\$116.52	\$78,000	\$138.06	\$60,000	\$178.08
\$130,000	\$11.83	\$12.74	\$17.42	\$26.00	\$38.09	\$59.80	\$91.91	\$126.23	\$84,500	\$149.56	\$65,000	\$192.93
\$140,000	\$12.74	\$13.72	\$18.76	\$28.00	\$41.02	\$64.40	\$98.98	\$135.94	\$91,000	\$161.07	\$70,000	\$207.76
\$150,000	\$13.65	\$14.70	\$20.10	\$30.00	\$43.95	\$69.00	\$106.05	\$145.65	\$97,500	\$172.57	\$75,000	\$222.61
\$160,000	\$14.56	\$15.68	\$21.44	\$32.00	\$46.88	\$73.60	\$113.12	\$155.36	\$104,000	\$184.08	\$80,000	\$237.44
\$170,000	\$15.47	\$16.66	\$22.78	\$34.00	\$49.81	\$78.20	\$120.19	\$165.07	\$110,500	\$195.58	\$85,000	\$252.29
\$180,000	\$16.38	\$17.64	\$24.12	\$36.00	\$52.74	\$82.80	\$127.26	\$174.78	\$117,000	\$207.09	\$90,000	\$267.12
\$190,000	\$17.29	\$18.62	\$25.46	\$38.00	\$55.67	\$87.40	\$134.33	\$184.49	\$123,500	\$218.59	\$95,000	\$281.97
\$200,000	\$18.20	\$19.60	\$26.80	\$40.00	\$58.60	\$92.00	\$141.40	\$194.20	\$130,000	\$230.10	\$100,000	\$296.80
\$210,000	\$19.11	\$20.58	\$28.14	\$42.00	\$61.53	\$96.60	\$148.47	\$203.91	\$136,500	\$241.61	\$105,000	\$311.65
\$220,000	\$20.02	\$21.56	\$29.48	\$44.00	\$64.46	\$101.20	\$155.54	\$213.62	\$143,000	\$253.11	\$110,000	\$326.48
\$230,000	\$20.93	\$22.54	\$30.82	\$46.00	\$67.39	\$105.80	\$162.61	\$223.33	\$149,500	\$264.62	\$115,000	\$341.33
\$240,000	\$21.84	\$23.52	\$32.16	\$48.00	\$70.32	\$110.40	\$169.68	\$233.04	\$156,000	\$276.12	\$120,000	\$356.16
\$250,000	\$22.75	\$24.50	\$33.50	\$50.00	\$73.25	\$115.00	\$176.75	\$242.75	\$162,500	\$287.63	\$125,000	\$371.01
\$260,000	\$23.66	\$25.48	\$34.84	\$52.00	\$76.18	\$119.60	\$183.82	\$252.46	\$169,000	\$299.13	\$130,000	\$385.84
\$270,000	\$24.57	\$26.46	\$36.18	\$54.00	\$79.11	\$124.20	\$190.89	\$262.17	\$175,500	\$310.64	\$135,000	\$400.69
\$280,000	\$25.48	\$27.44	\$37.52	\$56.00	\$82.04	\$128.80	\$197.96	\$271.88	\$182,000	\$322.14	\$140,000	\$415.52
\$290,000	\$26.39	\$28.42	\$38.86	\$58.00	\$84.97	\$133.40	\$205.03	\$281.59	\$188,500	\$333.65	\$145,000	\$430.37
\$300,000	\$27.30	\$29.40	\$40.20	\$60.00	\$87.90	\$138.00	\$212.10	\$291.30	\$195,000	\$345.16	\$150,000	\$445.20

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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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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## Total Joint Orthopedics

### Voluntary-term life/AD&D - spouse (non-smoker)

Estimated spouse monthly premium amounts  
End of the rate guarantee period: 11/30/2024

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
\$5,000	\$0.46	\$0.50	\$0.68	\$1.01	\$1.47	\$2.31	\$3.54	\$4.86	\$3,250	\$5.75	\$2,500	\$7.42
\$10,000	\$0.91	\$0.98	\$1.34	\$2.00	\$2.93	\$4.60	\$7.07	\$9.71	\$6,500	\$11.51	\$5,000	\$14.85
\$15,000	\$1.37	\$1.48	\$2.02	\$3.01	\$4.40	\$6.91	\$10.61	\$14.57	\$9,750	\$17.25	\$7,500	\$22.26
\$20,000	\$1.82	\$1.96	\$2.68	\$4.00	\$5.86	\$9.20	\$14.14	\$19.42	\$13,000	\$23.01	\$10,000	\$29.68
\$25,000	\$2.28	\$2.46	\$3.36	\$5.01	\$7.33	\$11.51	\$17.68	\$24.28	\$16,250	\$28.76	\$12,500	\$37.10
\$30,000	\$2.73	\$2.94	\$4.02	\$6.00	\$8.79	\$13.80	\$21.21	\$29.13	\$19,500	\$34.52	\$15,000	\$44.53
\$35,000	\$3.19	\$3.44	\$4.70	\$7.01	\$10.26	\$16.11	\$24.75	\$33.99	\$22,750	\$40.26	\$17,500	\$51.94
\$40,000	\$3.64	\$3.92	\$5.36	\$8.00	\$11.72	\$18.40	\$28.28	\$38.84	\$26,000	\$46.02	\$20,000	\$59.36
\$45,000	\$4.10	\$4.42	\$6.04	\$9.01	\$13.19	\$20.71	\$31.82	\$43.70	\$29,250	\$51.77	\$22,500	\$66.78
\$50,000	\$4.55	\$4.90	\$6.70	\$10.00	\$14.65	\$23.00	\$35.35	\$48.55	\$32,500	\$57.53	\$25,000	\$74.21
\$55,000	\$5.01	\$5.40	\$7.38	\$11.01	\$16.12	\$25.31	\$38.89	\$53.41	\$35,750	\$63.28	\$27,500	\$81.62
\$60,000	\$5.46	\$5.88	\$8.04	\$12.00	\$17.58	\$27.60	\$42.42	\$58.26	\$39,000	\$69.03	\$30,000	\$89.04
\$65,000	\$5.92	\$6.38	\$8.72	\$13.01	\$19.05	\$29.91	\$45.96	\$63.12	\$42,250	\$74.78	\$32,500	\$96.46
\$70,000	\$6.37	\$6.86	\$9.38	\$14.00	\$20.51	\$32.20	\$49.49	\$67.97	\$45,500	\$80.54	\$35,000	\$103.89
\$75,000	\$6.83	\$7.36	\$10.06	\$15.01	\$21.98	\$34.51	\$53.03	\$72.83	\$48,750	\$86.29	\$37,500	\$111.30
\$80,000	\$7.28	\$7.84	\$10.72	\$16.00	\$23.44	\$36.80	\$56.56	\$77.68	\$52,000	\$92.04	\$40,000	\$118.72
\$85,000	\$7.74	\$8.34	\$11.40	\$17.01	\$24.91	\$39.11	\$60.10	\$82.54	\$55,250	\$97.79	\$42,500	\$126.14
\$90,000	\$8.19	\$8.82	\$12.06	\$18.00	\$26.37	\$41.40	\$63.63	\$87.39	\$58,500	\$103.55	\$45,000	\$133.57
\$95,000	\$8.65	\$9.32	\$12.74	\$19.01	\$27.84	\$43.71	\$67.17	\$92.25	\$61,750	\$109.30	\$47,500	\$140.98
\$100,000	\$9.10	\$9.80	\$13.40	\$20.00	\$29.30	\$46.00	\$70.70	\$97.10	\$65,000	\$115.06	\$50,000	\$148.40

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

**Child(ren) premium amounts (per family) --Child(ren) are covered until age 26**

\$10,000 \$2.00  
\$20,000 \$4.00

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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# Total Joint Orthopedics

## Voluntary-term life/AD&D - employee (smoker)

Estimated employee monthly premium amounts

End of the rate guarantee period: 11/30/2024

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
\$10,000	\$1.37	\$1.47	\$2.07	\$3.18	\$4.75	\$7.58	\$11.75	\$16.20	\$6,500	\$19.30	\$5,000	\$23.57
\$20,000	\$2.74	\$2.94	\$4.14	\$6.36	\$9.50	\$15.16	\$23.50	\$32.40	\$13,000	\$38.58	\$10,000	\$47.12
\$30,000	\$4.11	\$4.41	\$6.21	\$9.54	\$14.25	\$22.74	\$35.25	\$48.60	\$19,500	\$57.88	\$15,000	\$70.69
\$40,000	\$5.48	\$5.88	\$8.28	\$12.72	\$19.00	\$30.32	\$47.00	\$64.80	\$26,000	\$77.17	\$20,000	\$94.24
\$50,000	\$6.85	\$7.35	\$10.35	\$15.90	\$23.75	\$37.90	\$58.75	\$81.00	\$32,500	\$96.46	\$25,000	\$117.81
\$60,000	\$8.22	\$8.82	\$12.42	\$19.08	\$28.50	\$45.48	\$70.50	\$97.20	\$39,000	\$115.75	\$30,000	\$141.36
\$70,000	\$9.59	\$10.29	\$14.49	\$22.26	\$33.25	\$53.06	\$82.25	\$113.40	\$45,500	\$135.05	\$35,000	\$164.93
\$80,000	\$10.96	\$11.76	\$16.56	\$25.44	\$38.00	\$60.64	\$94.00	\$129.60	\$52,000	\$154.33	\$40,000	\$188.48
\$90,000	\$12.33	\$13.23	\$18.63	\$28.62	\$42.75	\$68.22	\$105.75	\$145.80	\$58,500	\$173.63	\$45,000	\$212.05
\$100,000	\$13.70	\$14.70	\$20.70	\$31.80	\$47.50	\$75.80	\$117.50	\$162.00	\$65,000	\$192.93	\$50,000	\$235.60
\$110,000	\$15.07	\$16.17	\$22.77	\$34.98	\$52.25	\$83.38	\$129.25	\$178.20	\$71,500	\$212.21	\$55,000	\$259.17
\$120,000	\$16.44	\$17.64	\$24.84	\$38.16	\$57.00	\$90.96	\$141.00	\$194.40	\$78,000	\$231.51	\$60,000	\$282.72
\$130,000	\$17.81	\$19.11	\$26.91	\$41.34	\$61.75	\$98.54	\$152.75	\$210.60	\$84,500	\$250.79	\$65,000	\$306.29
\$140,000	\$19.18	\$20.58	\$28.98	\$44.52	\$66.50	\$106.12	\$164.50	\$226.80	\$91,000	\$270.09	\$70,000	\$329.84
\$150,000	\$20.55	\$22.05	\$31.05	\$47.70	\$71.25	\$113.70	\$176.25	\$243.00	\$97,500	\$289.38	\$75,000	\$353.41
\$160,000	\$21.92	\$23.52	\$33.12	\$50.88	\$76.00	\$121.28	\$188.00	\$259.20	\$104,000	\$308.67	\$80,000	\$376.96
\$170,000	\$23.29	\$24.99	\$35.19	\$54.06	\$80.75	\$128.86	\$199.75	\$275.40	\$110,500	\$327.96	\$85,000	\$400.53
\$180,000	\$24.66	\$26.46	\$37.26	\$57.24	\$85.50	\$136.44	\$211.50	\$291.60	\$117,000	\$347.26	\$90,000	\$424.08
\$190,000	\$26.03	\$27.93	\$39.33	\$60.42	\$90.25	\$144.02	\$223.25	\$307.80	\$123,500	\$366.54	\$95,000	\$447.65
\$200,000	\$27.40	\$29.40	\$41.40	\$63.60	\$95.00	\$151.60	\$235.00	\$324.00	\$130,000	\$385.84	\$100,000	\$471.20
\$210,000	\$28.77	\$30.87	\$43.47	\$66.78	\$99.75	\$159.18	\$246.75	\$340.20	\$136,500	\$405.14	\$105,000	\$494.77
\$220,000	\$30.14	\$32.34	\$45.54	\$69.96	\$104.50	\$166.76	\$258.50	\$356.40	\$143,000	\$424.42	\$110,000	\$518.32
\$230,000	\$31.51	\$33.81	\$47.61	\$73.14	\$109.25	\$174.34	\$270.25	\$372.60	\$149,500	\$443.72	\$115,000	\$541.89
\$240,000	\$32.88	\$35.28	\$49.68	\$76.32	\$114.00	\$181.92	\$282.00	\$388.80	\$156,000	\$463.01	\$120,000	\$565.44
\$250,000	\$34.25	\$36.75	\$51.75	\$79.50	\$118.75	\$189.50	\$293.75	\$405.00	\$162,500	\$482.30	\$125,000	\$589.01
\$260,000	\$35.62	\$38.22	\$53.82	\$82.68	\$123.50	\$197.08	\$305.50	\$421.20	\$169,000	\$501.59	\$130,000	\$612.56
\$270,000	\$36.99	\$39.69	\$55.89	\$85.86	\$128.25	\$204.66	\$317.25	\$437.40	\$175,500	\$520.89	\$135,000	\$636.13
\$280,000	\$38.36	\$41.16	\$57.96	\$89.04	\$133.00	\$212.24	\$329.00	\$453.60	\$182,000	\$540.17	\$140,000	\$659.68
\$290,000	\$39.73	\$42.63	\$60.03	\$92.22	\$137.75	\$219.82	\$340.75	\$469.80	\$188,500	\$559.47	\$145,000	\$683.25
\$300,000	\$41.10	\$44.10	\$62.10	\$95.40	\$142.50	\$227.40	\$352.50	\$486.00	\$195,000	\$578.77	\$150,000	\$706.80

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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## Total Joint Orthopedics

### Voluntary-term life/AD&D - spouse (smoker)

Estimated spouse monthly premium amounts  
End of the rate guarantee period: 11/30/2024

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>\$5,000</b>	\$0.69	\$0.74	\$1.04	\$1.60	\$2.38	\$3.80	\$5.88	\$8.11	<b>\$3,250</b>	\$9.65	<b>\$2,500</b>	\$11.78
<b>\$10,000</b>	\$1.37	\$1.47	\$2.07	\$3.18	\$4.75	\$7.58	\$11.75	\$16.20	<b>\$6,500</b>	\$19.30	<b>\$5,000</b>	\$23.57
<b>\$15,000</b>	\$2.06	\$2.21	\$3.11	\$4.78	\$7.13	\$11.38	\$17.63	\$24.31	<b>\$9,750</b>	\$28.93	<b>\$7,500</b>	\$35.34
<b>\$20,000</b>	\$2.74	\$2.94	\$4.14	\$6.36	\$9.50	\$15.16	\$23.50	\$32.40	<b>\$13,000</b>	\$38.58	<b>\$10,000</b>	\$47.12
<b>\$25,000</b>	\$3.43	\$3.68	\$5.18	\$7.96	\$11.88	\$18.96	\$29.38	\$40.51	<b>\$16,250</b>	\$48.23	<b>\$12,500</b>	\$58.90
<b>\$30,000</b>	\$4.11	\$4.41	\$6.21	\$9.54	\$14.25	\$22.74	\$35.25	\$48.60	<b>\$19,500</b>	\$57.88	<b>\$15,000</b>	\$70.69
<b>\$35,000</b>	\$4.80	\$5.15	\$7.25	\$11.14	\$16.63	\$26.54	\$41.13	\$56.71	<b>\$22,750</b>	\$67.52	<b>\$17,500</b>	\$82.46
<b>\$40,000</b>	\$5.48	\$5.88	\$8.28	\$12.72	\$19.00	\$30.32	\$47.00	\$64.80	<b>\$26,000</b>	\$77.17	<b>\$20,000</b>	\$94.24
<b>\$45,000</b>	\$6.17	\$6.62	\$9.32	\$14.32	\$21.38	\$34.12	\$52.88	\$72.91	<b>\$29,250</b>	\$86.81	<b>\$22,500</b>	\$106.02
<b>\$50,000</b>	\$6.85	\$7.35	\$10.35	\$15.90	\$23.75	\$37.90	\$58.75	\$81.00	<b>\$32,500</b>	\$96.46	<b>\$25,000</b>	\$117.81
<b>\$55,000</b>	\$7.54	\$8.09	\$11.39	\$17.50	\$26.13	\$41.70	\$64.63	\$89.11	<b>\$35,750</b>	\$106.11	<b>\$27,500</b>	\$129.58
<b>\$60,000</b>	\$8.22	\$8.82	\$12.42	\$19.08	\$28.50	\$45.48	\$70.50	\$97.20	<b>\$39,000</b>	\$115.75	<b>\$30,000</b>	\$141.36
<b>\$65,000</b>	\$8.91	\$9.56	\$13.46	\$20.68	\$30.88	\$49.28	\$76.38	\$105.31	<b>\$42,250</b>	\$125.40	<b>\$32,500</b>	\$153.14
<b>\$70,000</b>	\$9.59	\$10.29	\$14.49	\$22.26	\$33.25	\$53.06	\$82.25	\$113.40	<b>\$45,500</b>	\$135.05	<b>\$35,000</b>	\$164.93
<b>\$75,000</b>	\$10.28	\$11.03	\$15.53	\$23.86	\$35.63	\$56.86	\$88.13	\$121.51	<b>\$48,750</b>	\$144.69	<b>\$37,500</b>	\$176.70
<b>\$80,000</b>	\$10.96	\$11.76	\$16.56	\$25.44	\$38.00	\$60.64	\$94.00	\$129.60	<b>\$52,000</b>	\$154.33	<b>\$40,000</b>	\$188.48
<b>\$85,000</b>	\$11.65	\$12.50	\$17.60	\$27.04	\$40.38	\$64.44	\$99.88	\$137.71	<b>\$55,250</b>	\$163.98	<b>\$42,500</b>	\$200.26
<b>\$90,000</b>	\$12.33	\$13.23	\$18.63	\$28.62	\$42.75	\$68.22	\$105.75	\$145.80	<b>\$58,500</b>	\$173.63	<b>\$45,000</b>	\$212.05
<b>\$95,000</b>	\$13.02	\$13.97	\$19.67	\$30.22	\$45.13	\$72.02	\$111.63	\$153.91	<b>\$61,750</b>	\$183.28	<b>\$47,500</b>	\$223.82
<b>\$100,000</b>	\$13.70	\$14.70	\$20.70	\$31.80	\$47.50	\$75.80	\$117.50	\$162.00	<b>\$65,000</b>	\$192.93	<b>\$50,000</b>	\$235.60

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

**Child(ren) premium amounts (per family) --Child(ren) are covered until age 26**

**\$10,000** \$2.00  
**\$20,000** \$4.00

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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# Your disability benefits



# Policyholder: TOTAL JOINT ORTHOPEDICS



## Group short-term disability insurance

### Benefit summary for all members

Policy anniversary: December 1

The benefits shown below are the benefits available as of 11/06/2022.

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary weekly benefit	60% of your earnings up to \$1,500
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	Benefits begin on the 8th day for accidents and 8th day for sickness
Benefit payment period	Up to 12 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability

### What's available to me?

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is 60% of your earnings prior to your disability up to \$1,500 minus other income sources. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation, state disability (if applicable), and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

### Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval.

Additional eligibility requirements may apply.

### When do I begin receiving disability benefits?

Your elimination period is completed and benefits begin on the 8th day for accidents and the 8th day for sickness. The elimination period is the amount of time before you start receiving benefits.

### Once I start receiving benefits, how long will they continue?

Short-term disability benefits can continue up to 12 weeks.

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What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During your elimination period and your benefit payment period (how long benefit is paid), one of the following must apply:

- You're unable to perform the majority of substantial duties of your own job; or
- You're unable to earn 80% of your income prior to your disability while working in a modified capacity.

Additional benefits:

Work incentive benefit	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit. You can't receive more than 100% of your earnings prior to your disability.
Rehabilitation plan	<p>If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work.</p> <p>You may also receive this benefit if you're not disabled but have a condition that prevents you from working.</p>



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This is a summary of short-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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# Policyholder: TOTAL JOINT ORTHOPEDICS



## Group long-term disability insurance Benefit summary for all members

Policy anniversary: December 1

The benefits shown below are the benefits available as of 11/07/2022.

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary monthly benefit	60% of your earnings up to \$3,000
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	Benefits begin after 90 days
Own occupation period	2 year
Benefit payment period	Varies based on your age when you become disabled, see chart below
Limitations & exclusions	
Pre-existing conditions	3 months prior / 3 months treatment-free or 12 months insured
Other limitations	A complete list is included in your booklet

### What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is 60% of your earnings prior to your disability up to \$3,000 minus other income sources. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

### Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval.

Additional eligibility requirements may apply.

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## When do I begin receiving disability benefits?

Your elimination period is 90 days. The elimination period is the amount of time before you start receiving benefits.

If you recover and return to work during your elimination period and become disabled again, you may not have to satisfy a new elimination period. If you qualify for this, your elimination period will pick up at the point where it was left off when you recovered.

## Once I start receiving benefits, how long will they continue?

Age disability occurs	Benefits are payable until the later of:
Under age 65	Social Security Normal Retirement Age (SSNRA) or 36 months
Age 65-67	SSNRA or 24 months
Age 68-69	SSNRA or 18 months
Age 70-71	SSNRA or 15 months
Age 72 and over	SSNRA or 12 months

## Do I need to provide health information?

- Amounts above \$3,000 require you to provide health information.

## What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During the first 2 years of receiving benefits, your disability is based on your own occupation, known as the own occupation period. This is the occupation you're routinely performing at the time of disability. After 2 years, we'll evaluate for any occupation based on education, training or experience.

During your elimination period and your own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of your own occupation; or
- You're unable to earn 80% of your indexed income prior to your disability while working in a modified capacity.

After completing the own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of any gainful occupation for which you are or may reasonably become qualified based on education, training, or experience.
- You're performing the substantial and material duties of your own occupation or any occupation on a modified basis and are unable to earn more than 60% of your indexed income prior to your disability.

## Do I qualify if I have a preexisting condition?

- You may. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months, you've gone 3 consecutive months without treatment, or if your disability happens after 12 consecutive months of coverage, you may qualify.

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## Are mental nervous and drug/alcohol covered?

- It'll be considered a disability if it's caused by:
  - A mental health condition for up to a lifetime maximum of 24 months
  - Abuse, dependency, or addiction to alcohol, drug, or chemicals for up to a lifetime maximum of 24 months

## Additional benefits:

<b>Work incentive benefit</b>	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit for 12 months. You can't receive more than 100% of your earnings prior to your disability.
<b>Rehabilitation plan</b>	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
<b>Rehabilitation incentive benefit</b>	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
<b>Mandatory rehabilitation</b>	You may be paid for any expenses associated with an approved rehabilitation plan.
<b>Survivor benefit</b>	If you haven't been paid an accelerated survivor benefit, your survivors will receive 3 times your primary monthly benefit.

## What are the limitations and exclusions of my coverage?

<b>Preexisting conditions</b>	<p>A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:</p> <ul style="list-style-type: none"><li>• Received medical treatment, consultation, care or service; or</li><li>• Were prescribed or took prescription medications</li></ul> <p>Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after completing the earlier of:</p> <ul style="list-style-type: none"><li>• Three consecutive months of coverage under the policy in which you received no treatment, including prescription medication, for the disabling condition; or</li><li>• 12 consecutive months of coverage under the policy.</li></ul> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments and changes in earnings of 25% or greater.</p>
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**Treatment of mental health conditions and drug and alcohol abuse conditions**

A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition if the disability is caused by one of these condition(s) and not by other disabling conditions.

Maximum benefit payment periods for:

Mental health conditions – 24 months

Alcohol, drug or chemical abuse conditions – 24 months

The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum.

However, if at the end of the benefit payment period, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.



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# Discounts and services



Protect and improve your family's vision

# Immediate savings on eye care and eyewear with VSP® Vision Savings Pass™

Everybody loves a discount! Save money when you or your dependents use this discount program offered by VSP. The VSP Vision Savings Pass is available with your dental or vision coverage from Principal®. And with 83,000 access points in VSP's nationwide network, you're sure to find an eye doctor near you.

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

**This discount plan is not vision insurance.**

Service and eyewear	Reduced prices and discounts*
<b>Eye exam</b>	\$50 with purchase of a complete pair of glasses. Once every calendar year. 20% off without purchase.
<b>Prescription glasses or sunglasses</b>	<p>When you purchase a complete pair of glasses, you save on lenses and frames.</p> <ul style="list-style-type: none"> <li>• Single vision lenses \$40</li> <li>• Lined bifocal lenses \$60</li> <li>• Lined trifocal lenses \$75</li> <li>• Lenticular lenses \$75</li> </ul> <p>25% savings off frames</p>
<b>Lens enhancements</b>	Average savings of 30% on lens enhancements such as progressive, scratch-resistant, and anti-reflective coatings.
<b>Non-prescription sunglasses</b>	20% off unlimited sunglasses purchased within 12 months of last covered exam
<b>Contact lens exam</b>	15% savings on contact lens exam (fitting and evaluation).
<b>Laser vision correction</b>	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.
<b>Retinal screening</b>	<p>Your eye doctor takes a high-resolution image of the inside of your eye to identify potential or existing vision and health problems.</p> <p>\$39 maximum fee</p>

Keep this card.

You don't need to give it to your VSP eye doctor. But you may want to keep it as a reminder of the discounts.

## Using VSP is easy

### Step 1 | Find a VSP eye doctor near you.

Go to [principal.com/vsp](http://principal.com/vsp) and select the VSP Choice network or call 800-877-7195.

**Step 2 | Make an appointment.** Identify yourself as a VSP member to receive the discount.

**Step 3 | Let VSP take it from there.** Your VSP eye doctor will handle the rest. Fees are automatically reduced at the time of service.

**This discount plan is not vision insurance.** 47

Using VSP is easy. Just follow these steps.

- Step 1 | Find a VSP eye doctor near you.** Go to principal.com/vsp and select the VSP Choice network or call 800-877-7195.
- Step 2 | Make an appointment.** Identify yourself as a VSP member to receive the discount.
- Step 3 | Let VSP take it from there.** Your VSP eye doctor will handle the rest. Fees are automatically reduced at the time of service.



principal.com

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN. There is no cost to join this discount program. The plan provides discounts at certain health care providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have agreed to provide discounts. The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This plan is not available in Vermont and Washington. Void where prohibited. While Principal has arranged to make this discount plan available to members with dental and vision coverage from Principal Life, this value-added service is not part of any insurance contract and may be changed or canceled at any time. Insurance issued by Principal Life Insurance Company, a member of the Principal Financial Group(R), Des Moines, IA 50392.

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Service and eyewear	Reduced prices and discounts*
Eye exam	\$50 with purchase of a complete pair of glasses. Once every calendar year. 20% off without purchase.
Prescription glasses or sunglasses	When you purchase a complete pair of glasses, save: <b>Lenses</b> – Single vision \$40, lined bifocal \$60, lined trifocal \$75, lenticular \$75   <b>Frames</b> – 25% savings
Lens enhancements	Average savings of 30% on lens enhancements such as progressive, scratch-resistant, and anti-reflective coatings
Non-prescription sunglasses	20% off unlimited sunglasses purchased within 12 months of last covered exam
Contact lens exam	15% savings on contact lens exam (fitting and evaluation).
Laser vision correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.
Retinal screening	\$39 maximum fee

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

# Help handling life's ups and downs

**Life can be unpredictable.** And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by Magellan Healthcare, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges.

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

## Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

### In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

### Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.

- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

### Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

## Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



**800-450-1327**

International: 800-662-4504

TTY: 711



**Member.MagellanHealthcare.com**

When you create an account, enter **Principal Core** as the program name.



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

Insurance products issued by Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392.

Principal® has arranged with Magellan Healthcare to make its employee assistance program (EAP) available to employees with select group coverage insured by Principal Life Insurance Company. Not all services are available to group policies issued in New York. EAP isn't part of the insurance contract or policy and may be changed or canceled at any time. Magellan is responsible for all EAP services provided through this program. EAP services in California are provided through Magellan Health Services of California, Inc.—Employer Services. Magellan isn't a member of the Principal Financial Group®.

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Group life insurance

# Help 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 help 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, tools, and resources.** 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 help 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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The value-added resources provided through ARAG Services, LLC (ARAG®) are not a part of any insurance products and plan administrative services provided through Principal Life Insurance Company® or affiliated with any company of the Principal Financial Group®. All resources may be changed or canceled at any time. Not available to group policies issued in New York.

The use of resources provided by ARAG should not be considered a substitute for consultation with an attorney or advisor. Principal® is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center resources.

Please remember that the ARAG legal documents are accurate and useful in many situations. Due to possible changes by a state, it is a good idea to periodically review a template used to be sure it is the most current template. 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.

This information is intended to be educational in nature and is not intended to be taken as a recommendation.

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# Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

Whether you're traveling within the United States or leaving the country, you can rely on AXA Assistance USA (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.

## 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 can be 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 finding medical and dental care when you're away from home.

### Connecting easily

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 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)



**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.



Emergency medical transportation

Unfortunately, medical emergencies sometimes interrupt a trip, and you just need to get to a hospital—or get home. This service is per member or qualifying dependent 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 vehicle
- 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.** Plan your trip with helpful resources at **principal.com/travelassistance**. Learn how to create an account giving you access to travel information online. 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. at 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.

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, traveling for medical treatment, or traveling to a destination country that is at a Level 4 Travel Advisory.

Participants are responsible for any incurred fees or expenses, including medical. When traveling 100 miles or more away from home for up to 120 consecutive days, medical emergency transportation services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA, Inc. **No reimbursements for out-of-pocket expenses will be accepted.** This service is not a part of any Principal Life insurance contract and may be changed or discontinued at any time. Not available to group policies issued in New York. 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



## Group benefits

# Check your benefits when, where, and how you want to

It's easy to keep track of your benefits from Principal® anytime—online or on your mobile device



### Start by creating your account

- 1 | From your favorite browser, go to **principal.com** and select Log In. Or, download the **Principal app** for free from the App Store or Google Play.
- 2 | Select **Create an account**.
- 3 | Enter personal information such as your date of birth and identification number.
- 4 | **Create a username** and password, and provide an email address.
- 5 | 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 on Principal.com and the Principal mobile app

After logging in, you can manage your benefits and other Principal products you have when, where, and how it's convenient for you. Depending on your coverages, you can:

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



### Keeping your account safe

Your information is important to us. That's why we use verification codes to prevent others from accessing your account, even if they have your password. The first time you log in—on Principal.com or the mobile app—you'll need to choose how you'll receive the codes.

If you log in from an unrecognized device, forget your password, or we notice anything out of the ordinary, the codes help us confirm it's really you accessing your account.



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



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

Insurance products issued by Principal National Life Insurance Co (except in NY) and Principal Life Insurance Co. Plan administrative services offered by Principal Life. Principal National and Principal Life are members of the Principal Financial Group®, Des Moines, IA 50392.

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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.

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**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 dental expense, group vision care expense, group hospital indemnity and/or group critical illness 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 August 1, 2022.

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: Compliance Privacy Consultant, Specialty Benefits Division (SBD) Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. Once we receive your request, a form to revoke an authorization will be sent to your attention for completion.

**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 provide a pre-determination of benefits 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. 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.

**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. 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. 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. 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.

## Exercising your rights

To exercise any of the above rights, you must submit a written request indicating which rights you are requesting to: Compliance Privacy Consultant, Specialty Benefits Division (SBD) Compliance, Principal Life Insurance Company, 711 High Street, Des Moines IA 50392-0002. Once we receive your request, a form(s) will be sent to your attention for completion.

**Complaints.** If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, Specialty Benefits Division (SBD) 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://principal.com)

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