

Proposal for: TERRELL COUNTY COUNTY BOARD OF EDUCATION
Effective Date: January 1, 2018
Prepared by: TRAVIS PAUL MARTIN
Group Non-Medical Sales and Services

AMERICAN FIDELITY

Thank you for considering Principal Life's group insurance for your employee benefits program. This proposal includes rates and benefit information for:

- GROUP TERM LIFE
- ✓ VOLUNTARY TERM LIFE
- SHORT-TERM DISABILITY
- LONG-TERM DISABILITY
- ✓ DENTAL
- VISION
- CRITICAL ILLNESS
- ACCIDENT

Depend on Principal Life

You can count on Principal Life for the choice, flexibility and support you need. Our broad portfolio of products includes life, short-term disability, long-term disability, dental, vision, critical illness and accident insurance. These comprehensive benefits help you attract and retain the most qualified employees.

Our commitment to you doesn't stop with the sale. Professional staff assists with employee education, enrollment and account management. And our experienced local sales and service teams help meet your needs – every step of the way.

Voluntary Rates

TERRELL COUNTY COUNTY BOARD OF EDUCATION



EFFECTIVE DATE: January 1, 2018

The volume, lives, monthly costs and annual costs will be determined upon final enrollment.

VOLUNTARY TERM LIFE Monthly Rate ¹ per \$1,000 MEMBERS ELECTING BASE DENTAL, MEMBERS ELECTING HIGH DENTAL		
Age	Employee	Spouse
29 & Under	\$.064	\$.064
30 - 34	\$.072	\$.072
35 - 39	\$.108	\$.108
40 - 44	\$.174	\$.174
45 - 49	\$.268	\$.268
50 - 54	\$.437	\$.437
55 - 59	\$.687	\$.687
60 - 64	\$.953	\$.953
65 - 69	\$ 1.759	\$ 1.759
70 & over	\$ 2.947	\$ 2.947

RATE GUARANTEE: Two years, unless volume increases or decreases by more than 25%

¹Voluntary Term Life rates do not include the AD&D rate. The spouse is charged based upon his/her individual age.

Child(ren) monthly rate:
 \$2,500 of coverage for \$0.50 per family
 \$5,000 of coverage for \$1.00 per family
 \$7,500 of coverage for \$1.50 per family
 \$10,000 of coverage for \$2.00 per family

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) Monthly Rate per \$1,000	
Employee and Spouse	\$.019

AD&D is automatically added to any Voluntary Term Life benefit elected. Employee and spouse are charged separately.

Insurance underwritten by Principal Life Insurance Company, Des Moines, IA 50392

Voluntary Rates

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VOLUNTARY DENTAL BENEFIT CHOICE ¹	
MEMBERS ELECTING HIGH DENTAL	
	Monthly Rate
Employee	\$33.51
Employee & 1 Dependent	\$71.52
Family	\$104.90
RATE GUARANTEE: One year	
¹ Lives, monthly cost and annual cost determined upon final enrollment.	
Rate includes:	
<ul style="list-style-type: none"> • Orthodontia - Child 	
VOLUNTARY DENTAL BENEFIT CHOICE ¹	
MEMBERS ELECTING BASE DENTAL	
	Monthly Rate
Employee	\$28.70
Employee & 1 Dependent	\$60.85
Family	\$87.01
RATE GUARANTEE: One year	
¹ Lives, monthly cost and annual cost determined upon final enrollment.	

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Voluntary Term Life

TERRELL COUNTY COUNTY BOARD OF EDUCATION



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VOLUNTARY TERM LIFE FOR MEMBERS ELECTING BASE DENTAL, MEMBERS ELECTING HIGH DENTAL		
	Employee	Spouse
Life Benefit	<p>Employees choose to purchase benefits in \$10,000 increments.</p> <p>Minimum amount: \$10,000</p> <p>Maximum amount: \$500,000</p>	<p>Eligible spouses choose an amount in \$5,000 increments.</p> <p>Minimum amount: \$5,000</p> <p>Maximum amount: Up to \$100,000.</p> <p>Employee coverage is required for spouse to elect coverage.</p> <p>Spouse benefits cannot exceed 100% of the employee's coverage.</p>
Accidental Death & Dismemberment	<p>Included. Benefit equal to the base voluntary term coverage.</p> <p>This is automatically included for employees electing voluntary term life insurance.</p>	<p>Included. Benefit equal to the base voluntary term coverage.</p> <p>This is automatically included for employees electing spouse voluntary term life insurance.</p>
Benefit Age Reduction	<p>35% reduction of benefits at age 65 and an additional 15% reduction at age 70</p> <p>Age reductions apply to the benefit amount after proof of good health.</p>	<p>35% reduction of benefits at age 65 and an additional 15% reduction at age 70</p> <p>Age reductions apply to the benefit amount after proof of good health.</p>
Proof of Good Health	<p>Required for life insurance amounts greater than:</p> <p>Under age 70: \$150,000</p> <p>Age 70 and over: \$10,000</p> <p>Guaranteed coverage may be limited to the amount insured under the prior carrier based upon the method of enrollment.</p>	<p>Required for life insurance amounts greater than:</p> <p>Under age 70: \$30,000</p> <p>Age 70 and over: \$10,000</p> <p>Guaranteed coverage may be limited to the amount insured under the prior carrier based upon the method of enrollment.</p>

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Voluntary Term Life

TERRELL COUNTY COUNTY BOARD OF EDUCATION



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Child Life Benefit

For eligible children 14 days of age or older, employees may elect coverage in the amount of:

- \$2,500, or
- \$5,000, or
- \$7,500, or
- \$10,000

For eligible children under 14 days of age, employees who elect child coverage receive \$1,000 of coverage.

Child benefits cannot exceed 100% of the employee's coverage.

ADDITIONAL BENEFITS

Accelerated Benefits	<p>Terminally ill employees can receive up to 75% of their life insurance benefit, up to \$250,000, if their life expectancy is 12 months or less (as diagnosed by a physician) and the death benefit is at least \$10,000. When an employee uses the accelerated benefit, the death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment and the employee should contact a tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance.</p>
Coverage During Disability	<p>If an employee becomes totally disabled before age 60, coverage will continue and premium will be waived for the employee and any covered dependents. The employee must be totally disabled for 9 months before the waiver begins. Coverage continues without premium payment until the employee recovers or turns age 65, whichever occurs first. No benefits will be paid for any disability that results from: willful self-injury or self-destruction, while sane or insane / war or act of war / voluntary participation in an assault, felony, criminal activity, insurrection, or riot.</p>
Accidental Death & Dismemberment	<p>Benefit is paid when the loss occurs within 365 days of the accident.</p> <ul style="list-style-type: none"> • Full benefit - Loss of life, loss of both hands, both feet, sight of both eyes, one hand and sight of one eye, one foot and sight of one eye, or one hand and one foot. • Half the benefit - Loss of one hand, one foot, or sight of one eye. • One fourth the benefit - Loss of thumb and index finger on the same hand. <p>Additional AD&D benefits:</p> <ul style="list-style-type: none"> • Standard package - Seatbelt/airbag, education, repatriation, loss of use/paralysis, loss of speech and/or hearing, exposure, disappearance.
Portability	<p>Employees may continue coverage for themselves and any covered dependents until age 70 if the employee ceases to qualify as a member. The employee or spouse must enroll within 60 days from the date they cease to qualify as a member. Maximum age requirements apply. Portability is not available if: coverage is continued during disability / the employee has received accelerated benefits / individual purchase rights have been exercised / the employee dies / a dependent no longer meets the eligibility requirements.</p>

Insurance underwritten by Principal Life Insurance Company, Des Moines, IA 50392

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Voluntary Term Life

TERRELL COUNTY COUNTY BOARD OF EDUCATION



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Individual Purchase Rights	Several circumstances exist where employees and covered dependents can convert to individual policies. Upon coverage termination, employers are required to inform employees of their individual purchase rights to convert to an individual policy without proof of good health. The purchase amount varies depending on the termination situation.
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HIGHLIGHTS

Participation	20% or 5 lives, whichever is greater. All eligible employees may enroll for coverage.
Eligibility	<p>EMPLOYEE: Eligible employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents.</p> <p>DEPENDENT: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
Express Claim Processing	For claims meeting certain criteria, decisions are reached within 5 working days without the employer or beneficiary submitting paperwork.
Open Enrollment	One month before the policy anniversary date, an employee or eligible dependent can change coverage. An employee or eligible dependent may be required to provide proof of good health to: <ul style="list-style-type: none"> • Increase the benefit amount more than one benefit increment or above the guaranteed coverage amount for the first time.
Life Benefit Limitations and Exclusions	Benefits are not paid for employees and dependents who commit suicide within the first 24 months of coverage (prior group voluntary life insurance applies towards the 24 month time period). Benefits will not be paid if you or your dependents are outside the United States for certain reasons for more than six months.
AD&D Limitations	Unless otherwise covered in the policy or required by state or federal law, AD&D benefits are not paid for losses resulting from: willful self-injury or self-destruction / disease or treatment of disease or complications following the surgical treatment of disease / participation in certain criminal activities / participation in certain activities such as flying, ballooning, parachuting, parasailing, bungee jumping or other aeronautic activities / duty as a member of a military organization / war or act of war / the use of alcohol, if the insured's alcohol concentration level exceeds the legal limit in the jurisdiction where the injury occurs / the insured's operation of a motor vehicle or motor boat if the insured's alcohol concentration level exceeds the legal limit in the jurisdiction where the injury occurs / the insured's use of certain drugs, narcotics or hallucinogens not prescribed by a licensed physician / a work-related sickness or injury for an insured spouse.

Policy Form GC 6000

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VOLUNTARY DENTAL PPO NETWORK BENEFIT DESIGN

BENEFIT CHOICE FOR MEMBERS ELECTING HIGH DENTAL

	Calendar Year Deductible		Coinsurance (Policy Pays)		Calendar Year Maximum Benefit	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Preventive	\$0	\$0	100%	100%	\$1,500	\$1,500
Basic	\$75	\$75	80%	80%	\$1,500	\$1,500
Major	\$75	\$75	50%	50%	\$1,500	\$1,500

Family deductible = 3 x per person deductible.

Combined deductibles: Deductibles for basic and major in-network and non-network services are combined.

Combined maximums: Calendar Year maximums for preventive, basic and major services are combined.

We process claims using Maximum Allowable Cost fees at the 99th percentile.

ADDITIONAL BENEFIT RIDERS

	Lifetime Deductible		Coinsurance (Policy Pays)		Lifetime Maximum	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Orthodontia Child	\$0	\$0	50%	50%	\$1,500	\$1,500

Minimum enrolled lives required for child orthodontia: 5

Child orthodontia provides coverage for children up to age 19.

Participation:

- If the employer contributes less than 50% of the employee cost for both plans, combined participation of 20% or 5 lives, whichever is greater, is required between choice offerings.
- If the employer contributes 50-99% of the employee cost for either choice plan, 75% combined employee participation is required between choice offerings.
- If the employer contributes 100% of the employee cost for either choice plan, 100% combined employee participation is required between choice offerings.

COVERED SERVICES

Preventive	Exams (1 per 6 months) Second opinion consultation Cleanings (1 per 6 months) <ul style="list-style-type: none"> • Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.
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	<p>X-rays</p> <ul style="list-style-type: none"> • Bitewing (1 per calendar year) • Occlusal (2 per calendar year) • Periapical (4 per calendar year) • Full mouth survey (1 per 60 months) • Extraoral (2 per 12 months) <p>Fluoride application (1 per calendar year); covered only for dependent children under age 14</p>
Basic	<p>Emergency exams (subject to exam frequency 1 per 6 months)</p> <p>Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit)</p> <ul style="list-style-type: none"> • Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year. <p>Sealants on first and second permanent molars for dependent children under age 14 (1 per 36 months)</p> <p>Space maintainers (covered only for dependent children under age 14; repairs not covered)</p> <p>Harmful habit appliance (covered only for dependent children under age 14)</p> <p>Fillings</p> <p>Stainless steel crowns</p> <p>Simple oral surgery</p> <p>Complex oral surgery</p>
Major	<p>General anesthesia/IV sedation</p> <p>Periodontics (non-surgical), including scaling and root planing (1 per quad per 24 months)</p> <p>Periodontal surgical procedures (1 per quad per 36 months)</p> <p>Simple endodontics (root canal therapy for anterior teeth)</p> <p>Complex endodontics (root canal therapy for molar teeth)</p> <p>Crowns (1 per tooth per 84 months) if tooth cannot be restored by a filling</p> <p>Inlays, onlays, cast post and core, core buildup (1 per tooth per 84 months)</p> <p>Bridges - initial placement; replacement after 84 months</p> <p>Complete or partial dentures - initial placement; replacement after 60 months</p> <p>Repairs - partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)</p>

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Orthodontia	X-rays and other diagnostic procedures Fixed and removable appliances Lifetime maximum
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VOLUNTARY DENTAL PPO NETWORK BENEFIT DESIGN

BENEFIT CHOICE FOR MEMBERS ELECTING BASE DENTAL

	Calendar Year Deductible		Coinsurance (Policy Pays)		Calendar Year Maximum Benefit	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Preventive	\$0	\$0	100%	100%	\$1,000	\$1,000
Basic	\$75	\$75	80%	80%	\$1,000	\$1,000

Family deductible = 3 x per person deductible.

Combined deductibles: Deductibles for in-network and non-network services are combined.

Combined maximums: Calendar Year maximums for preventive and basic services are combined.

We process claims using Maximum Allowable Cost fees at the 99th percentile.

Participation:

- If the employer contributes less than 50% of the employee cost for both plans, combined participation of 20% or 5 lives, whichever is greater, is required between choice offerings.
- If the employer contributes 50-99% of the employee cost for either choice plan, 75% combined employee participation is required between choice offerings.
- If the employer contributes 100% of the employee cost for either choice plan, 100% combined employee participation is required between choice offerings.

COVERED SERVICES

Preventive	<p>Exams (1 per 6 months)</p> <p>Second opinion consultation</p> <p>Cleanings (1 per 6 months)</p> <ul style="list-style-type: none"> • Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year. <p>X-rays</p> <ul style="list-style-type: none"> • Bitewing (1 per calendar year) • Occlusal (2 per calendar year) • Periapical (4 per calendar year) • Full mouth survey (1 per 60 months) • Extraoral (2 per 12 months) <p>Fluoride application (1 per calendar year); covered only for dependent children under age 14</p>
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Basic	<p>Emergency exams (subject to exam frequency¹ per 6 months)</p> <p>Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit)</p> <ul style="list-style-type: none"> Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year. <p>Sealants on first and second permanent molars for dependent children under age 14 (1 per 36 months)</p> <p>Space maintainers (covered only for dependent children under age 14; repairs not covered)</p> <p>Harmful habit appliance (covered only for dependent children under age 14)</p> <p>Fillings</p> <p>Stainless steel crowns</p> <p>Simple oral surgery</p> <p>Complex oral surgery</p>
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HIGHLIGHTS

Coordination of benefits	As allowed by state law, we coordinate benefits with coverage provided by any other employer, trust, union, association, or educational institution - other than student accident policies, governmental program or state law. Total benefits from all sources cannot exceed 100% of covered charges.
Eligibility	<p>EMPLOYEE: Eligible employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents.</p> <p>DEPENDENT: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
Future enrollees	<p>Late entrants (those enrolling more than 31 days after becoming eligible) will be subject to an individual benefit waiting period, as outlined below.</p> <ul style="list-style-type: none"> Coverage for Preventive services begins on the individual's effective date. There is a 12 month waiting period for Basic and Major services (including riders).
Waiting Periods	None
Prior dental coverage	This proposal assumes the group had prior dental coverage for preventive/basic/major/ortho services.
Annual enrollment	One month before the policy anniversary date, employees and dependents (who were not previously enrolled) can enroll.

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<p>Limitations</p>	<p>The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.</p> <p>The insurance does not pay for treatment or services above: unless specifically mentioned above, veneers, anterior ¾ cast crowns, personalization or cosmetic reasons / performed by an immediate family member / performed by any person who is not a dentist, dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a Covered Charge / that exceed maximum allowable cost or prevailing fee charges / unless specifically mentioned above, implants / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U.S. government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of insurance / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / unless specifically mentioned above, occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. The insurance also does not cover: drugs or medicines other than antibiotic injections / instructions for plaque control, oral hygiene, or diet control / bite registration or occlusal analysis / orthodontic treatment, service, appliance, or bands / temporomandibular joint (TMJ) disorders.</p>
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Discounts and Services

TERRELL COUNTY COUNTY BOARD OF EDUCATION



EFFECTIVE DATE: January 1, 2018

DISCOUNTS AND SERVICES	
Laser Vision Correction	Through the National Lasik Network, administered by LCA-Vision, Inc., employees, their spouses and dependent children receive savings on one of the most frequently performed elective surgeries in America. The discount includes 15% off standard pricing or 5% off promotional pricing.
Hearing Aid Program	Through American Hearing Benefits, Inc. (AHB) and Ear Professionals International Corporation (EPIC), employees and their families are eligible for up to 60% off hearing aids.
Will & Legal Document Center	Employees and their spouses have free access to resources and tools provided by ARAG ² to create a Will, Living Will, Healthcare Power of Attorney, Durable Power of Attorney and Medical Treatment Authorization for Minors. Estate Planning resources and a Personal Information Organizer are also included.
Identity Theft Kit	This valuable resource from ARAG [®] provides employees with information on how to protect their identity and restore it if stolen.
Beneficiary Support	Beneficiaries receive Grief Support Services from Magellan Healthcare. Financial professionals are available to help beneficiaries with insurance proceeds. Spouses and dependents also receive three months of free online access to will preparation services provided by ARAG.
Vision Care	Employees, their spouses and dependent children can get discounts on eye exams, prescription glasses and lens options, contact lens evaluations and fittings, as well as LASIK surgery through a nationwide network of VSP providers.
Dental Health EdgeSM	This resource helps employees make better decisions about oral health care. Certified dentists can answer questions, and a Dental Cost Estimator shows approximate costs in a specific ZIP code. The site is also available in Spanish.
<p>These discounts are not insurance.</p> <p>The discounts and services are not a part of and Principal Life insurance contract and may be changed or discontinued at any time. Principal Life and its affiliates are not responsible for any loss, injury, claim liability, or damages related to the use of the discounts and services. The third party providers are not members of the Principal Financial Group[®].</p> <p>²The use of the services provided by ARAG[®] Services, LLC should not be considered as a substitute for consultation with an attorney.</p>	

Insurance underwritten by Principal Life Insurance Company, Des Moines, IA 50392

GP61699

10/2015

Proposal number: 09131710643-1

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OUR SERVICES	
Online Benefit Administration	eService offers free administration and management of all group insurance for employers and employees. Employers can add or remove employees, view and update employee information, pay premiums and more. Employees can view statuses of claims, confirm covered dependents and more.
Claim Services	At Principal Life, we know filing a claim is a defining moment for clients. That's why we strive to make the claims process quick and easy for our customers.
Simple Payroll Deduction	We make employee payroll deductions easy by aligning your bill with your employees' pay frequency: weekly, bi-weekly, monthly and bi-monthly.

GENERAL PROVISIONS	
Renewing your coverage	Your insurance runs annually or based on your rate guarantee period, but no less than annually, unless the policy terminates before that date. While the insurance is in force and subject to its termination provisions, you may renew at the applicable premium rates in effect on your anniversary.
Termination and renewability of your coverage	The insurance is renewable at your option. Principal Life has the right to nonrenew or terminate the insurance if: you fail to pay premium / fraud or misrepresentation occurs / your company relocates to a state where Principal Life does not offer group coverage(s) provided by your policy / your company no longer meets the participation or contribution rules / you no longer qualify as an eligible business or group / we give you advance notice of termination as required by your state.
Policy changes	Principal Life has the right to modify coverage under the group policy at any time to meet legal requirements or to ensure consistent application of policy provisions. In addition, you may request coverage changes, subject to approval by Principal Life.
Federal and state laws	Various federal and state laws may affect the rights of insureds to continue coverage. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Family Medical Leave Act (FMLA) and the Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA) are examples. As an employer, you are responsible for meeting the obligations imposed by any federal and state continuation laws. However, we design and administer our policies to comply.

Rating Assumptions

TERRELL COUNTY COUNTY BOARD OF EDUCATION



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RATING ASSUMPTIONS

These rates are based on the following:

Georgia as the contract state. If you have employees located in other states, we may apply benefits based on those states' provisions, when applicable.

An effective date of January 1, 2018. Suggested premiums and benefits are provided for illustration purposes only. Acceptance of your group, the final premium rates and actual benefits cannot be offered to you until all necessary information about your group has been received and reviewed by home office underwriters of Principal Life and approved by an officer of Principal Life. Rates will be recalculated based on actual enrollment under the policy and are subject to change if the number of employees on the effective date varies by more than 15% from the sold proposal. Changes in assumptions, group demographics, policy design and policy effective date may also affect your rates. Final rates will apply for the period of time specified in the contract. Rates may increase on renewal in accordance with the terms of the policy.

There are limitations, restrictions and exclusions in this policy. There are also certain restrictions involving payment of premium, termination, fraud, eligibility and participation. Final rates are dependent on entering into an insurance contract where all limitations, exclusions, and restrictions are taken into consideration.

As a result of this sale, your broker may receive commissions, administrative service fees, other compensation including non-cash compensation, and bonuses based on factors such as total premium volume and persistency or profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. This compensation is in addition to any compensation your broker may receive from you. Contact your broker for further details.

This proposal is a general description. It is not a policy and does not modify or change the provisions of any policy or rider. If there is a discrepancy, the policy is the final arbiter of the coverage. Policy definitions and provisions may vary by state, read your policy carefully for the exact definitions and provisions. Policy limitations and exclusions apply. Benefits are limited when living outside the United States. Insurance issued by Principal Life Insurance Company, a member of the Principal Financial Group®.

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