



Group benefits

Understand your benefits.

THE DESIGN AGENCY, INC.
NON UNION 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.

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

- Dental
- Vision
- Life



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

Company name THE DESIGN AGENCY INC	Division level NON UNION MEMBERS	Account number/unit number 1125009-10001
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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 Civil Union Partner or Domestic Partner¹ 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"/> civil union partner <input type="checkbox"/> domestic partner ¹
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³

¹Domestic Partners are eligible only if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60451).

²If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?

yes no

³When 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 civil union partner or domestic partner¹ employed by this company?

yes no

If you and your spouse or civil union partner or domestic partner¹ are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.

If you and a parent are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.

Coverage	Employee	Spouse or Civil Union Partner or Domestic Partner ¹	Child(ren)
NOTE: Employee coverage must be elected to elect any dependent coverage. If your dental coverage includes Pediatric Dental Essential Benefits, please refer to GP61845 for information about free language services that may be available to you.			
Dental	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Vision	<input checked="" type="checkbox"/> Elect	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Group term life	<input checked="" type="checkbox"/> Elect		
Voluntary term life benefit amount:	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ Cannot exceed 100% of the employee election	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ Cannot exceed 100% of the employee election

Group term life beneficiary designation (Complete if covered for group term life coverage.)

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

Primary beneficiaries:

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

Contingent beneficiaries:

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

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

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

Primary beneficiaries:

--	--	--	--	--	--

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
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 dental or vision, 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 they are 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.
- I understand that as the employee, the insurance I and my dependents have applied for will begin on the effective date of coverage provided I am at work on that date. If I am not actively at work on such date, subject to the terms of the group policy, coverage may not go into effect until after my return to work. Furthermore, I understand that no insurance may become effective for any member of my family while he/she is in a period of limited activity.

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. Employer retains the original form.
 - o Or, email the form to groupbenefitsadmin@principal.com.
 - o Or, send the original form to Principal Life Insurance Company. Employer retains a copy of the form.



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

Company Name	Account/Unit Number
THE DESIGN AGENCY, INC.	1125009

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

Minor Beneficiary - UTMA Instructions - Please Note the Following:

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

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

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

Your dental benefits

Policyholder: THE DESIGN AGENCY INC

Group dental insurance

Benefit summary for non union members

Your coverage renews every March 1

This summary was created on 11/27/2023 and shows benefits available at that time.

Network	Dental Preferred Provider Organization (PPO)
Network service area	Includes the Illinois counties of Adams, Alexander, Bond, Boone, Carroll, Champaign, Clark, Clinton, Coles, Cook, Cumberland, DeKalb, DeWitt, DuPage, Edgar, Effingham, Fayette, Ford, Franklin, Fulton, Greene, Grundy, Hardin, Henderson, Henry, Iroquois, Jackson, Jefferson, Jersey, Kane, Kankakee, Kendall, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, McDonough, McHenry, McLean, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Putnam, Randolph, Rock Island, St. Clair, Saline, Sangamon, Shelby, Stephenson, Tazewell, Union, Vermillion, Washington, Wayne, White, Whiteside, Will, Williamson, Winneabgo, Woodford.

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	\$0	\$0	100%	100%
Basic	\$50	\$50	80%	80%
Major	\$50	\$50	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your deductibles that are in and out-of-network for basic and major services are combined.			
Combined maximum	Maximums for preventive, basic, and major procedures are combined. In-network calendar year maximums are \$3,000 per person or non-network calendar year maximums are \$3,000 per person.			
Maximum accumulation	Included			
Plan type	Unscheduled			

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

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. 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 have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive

Routine exams	Once per six months
Routine cleanings	Once per six months
Bitewing X-rays	Once per six months
Full mouth X-rays	Once every 36 months
Fluoride	Once per calendar year (covered only for dependent children under age 19)
Sealants	Covered only for dependent children under age 19; once per tooth each 36 months

Basic

Emergency exams	Once per six months
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; once per six months
Fillings	Replacement fillings every 24 months
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planing	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months

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

Harmful habit appliance	Covered only for dependent children under age 19
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

Major

Crowns	Each 60 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 60 months per tooth
Implants	Each 60 months per tooth
Bridges	60 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)

Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 99 th percentile of the usual and customary charges.
Maximum accumulation	Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the out-of-network maximum benefit or \$1,000. If the qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effective dates will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year
Emergency services	If you have a dental emergency and you can't see an in-network provider in a reasonable amount of time, your claim may be paid if you see an out-of-network provider. You must provide information either with the claim or during an appeal that identifies the situation as an emergency.
Participating provider services	If you require treatment and you can't see an in-network provider in a reasonable amount of time, your claim may be paid if you see an out-of-network provider. You must provide information either with the claim or during an appeal that informs Principal Life if there was no participating provider reasonably available.
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.

Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth provision –This means the initial placement of bridges, partials, dentures, and implant services to replace teeth missing before this coverage starts may not be covered. If the policy your employer purchased replaces coverage with another carrier, continuous coverage under the prior plan may be applied and you may be eligible for coverage to replace teeth missing before this coverage started. Your effective date with your current employer, along with the employer's effective date with Principal are used to determine coverage. Missing tooth provision doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

How are complaints handled?

You, your provider, or your representatives can send a complaint in writing to us or to the Illinois Insurance Department.

When you send the complaint to us, we will let you know that we received your complaint and immediately start an investigation. A response will be sent to you within 15 working days from the receipt of the complaint.

When we receive a complaint from the Illinois Department of Insurance, we will send a response within 21 calendar days of the department's letter (unless specified earlier by the Insurance Department).

Our response will include a description of how and when you were covered with Principal Life, the policy provisions that we relied on, what has happened with your claim, and an explanation of the final decision.

We maintain a complaint register that allows individual reconstruction of complaints as well as summary data.



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

This is a summary of dental 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

See the rewards of making healthy dental choices.

Be prepared for big dental expenses with Maximum Accumulation.

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

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

That's where Maximum Accumulation comes in.

How does Maximum Accumulation work?

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

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

How do you know if you're eligible to carry benefits over to the next year? If your dental benefits paid are less than \$1,000, you can roll over \$500 and accumulate up to \$2,000. The amount accumulated is added to your annual maximum for the next year.

Let's look at an example of how the rollover amount is calculated assuming a \$3,000 calendar-year maximum.

	Maximum*	Claim limit	Benefits paid	Rollover amount	Accumulated rollover
Year 1	\$3,000	\$1,000	\$450	\$500	\$500
Year 2	\$3,500	\$1,000	\$1,200	\$0	\$500
Year 3	\$3,500	\$1,000	\$450	\$500	\$1,000
Year 4	\$4,000	\$1,000	\$0	\$0	\$0
Year 5	\$3,000	\$1,000	\$450	\$500	\$500

*Calendar-year maximum, plus accumulated rollover from the prior year.

You can see that in year 2, where benefits paid were more than the yearly claim limit of \$1,000, there was no rollover. And in year 4, where there were no claims at all, your accumulated amount went back down to zero. That's why it pays to visit the dentist regularly for preventive care.

With Maximum Accumulation, you won't leave money for costly dental procedures on the table. See

the rewards of making healthy choices for your teeth—all it takes is making regular visits to your dentist.

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

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

This policy has limitations and exclusions. For costs and complete coverage details, ask your employer. If your dental benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal is contracted to administer the coverage on your employer's behalf.

For members with split maximums, the accumulation amount is based on the non-network maximum. If your dental coverage is effective in October, November, or December, you're eligible to start qualifying for rollover beginning in January. The amount you accumulate will be added to your maximum the following January.

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Extra dental care when you need it most

Vouchers for dental care

Having a healthy smile isn't always as easy as you'd like it to be. Certain health conditions may result in the need for extra oral health care. And sometimes you want a second opinion to be sure you're making the right decision. That's where your dental insurance from Principal® can help. Talk with your dentist about the voucher program, which provides you and your covered dependents with the extra care you need to maintain good oral health.

How can I benefit?

- **Periodontal program.** Members who are pregnant—or those who have diabetes or heart disease—receive scaling and root planing covered at 100% (if dentally necessary). Or, they receive one additional cleaning (routine or periodontal), subject to deductible and coinsurance.*
- **General anesthesia program.** All members who have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office.
- **Cancer treatment oral health program.** Members with cancer who are undergoing chemotherapy or head/neck radiation therapy receive up to three fluoride treatments every 12 months covered at 100%, plus one additional routine cleaning.*
- **Second opinion program.** All members are eligible for second opinions from dental providers at 100%. This program helps you to make an informed decision about your care.*

* Voucher benefits are applied to the benefit period maximum.

Using the voucher program

Most dentists submit the voucher on your behalf. If you need to submit it yourself, fill out the form below and follow the instructions on the back. **Important: the dentist needs to sign the form for correct claim processing.**

1 Check which voucher program applies to you.

<input type="checkbox"/> Periodontal program	Which condition(s) apply? <input type="checkbox"/> Pregnancy <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease	Which service was performed? <input type="checkbox"/> Routine cleaning <input type="checkbox"/> Periodontal cleaning <input type="checkbox"/> Scaling and root planing
<input type="checkbox"/> General anesthesia program	Which condition(s) apply? <input type="checkbox"/> Autism <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Down syndrome <input type="checkbox"/> Spina bifida <input type="checkbox"/> Cerebral palsy	Which covered service(s) was performed? <input type="checkbox"/> Any covered service
<input type="checkbox"/> Cancer treatment oral health program	Which conditions(s) apply? <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Head/neck radiation	Which services were performed? <input type="checkbox"/> Routine cleaning <input type="checkbox"/> Fluoride treatment
<input type="checkbox"/> Second opinion program		

2 Complete this section with your dentist.

Date of service _____ Patient ID/Account number _____

Patient name _____

Dentist signature _____

Need to submit the voucher yourself?



Send these items to our address below after your dental visit:

- This completed voucher signed by your dentist
- A completed claim form from your dentist

Principal Life Insurance Company
P.O. Box 10357
Des Moines, IA 50306-0357



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

Insurance from Principal® is issued by **Principal Life Insurance Company®**, Des Moines, IA 50392.

Dental insurance has limitations and exclusions. For further details about vouchers available with your dental coverage, contact Principal Life or ask your employer.

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Your vision benefits

Group vision

Benefit summary for non union members

Your coverage renews every March 1

This summary was created on 11/27/2023 and shows benefits available at that time.

What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

VSP choice network	
Exams	Every 12 months, one exam is covered in full after \$10 copay
Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to \$150 every 24 months; 20% off amount over allowance ¹	\$25 copay <ul style="list-style-type: none"> • Single lenses • Lined bifocal lenses • Lined trifocal lenses • Lenticular lenses • Polycarbonate lenses for dependent children under age 18
Lens enhancements	Standard progressive lenses covered once every 12 months with a \$0 copay ¹ Most other popular lens enhancements are covered after a copay, saving our members an average of 30% ¹
Elective contacts	Covered up to \$150 every 12 months. Contact lenses can be chosen instead of glasses.
Contact fitting and evaluation	Up to \$60 copay
Necessary contacts	Covered in full after \$25 copay every 12 months Contact lenses can be chosen instead of glasses.

¹This can vary based on state laws and provider location Savings may not apply at participating retail chains.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
 - 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 have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$80 which is equivalent to a \$150 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
 - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID. Or call 800-877-7195.

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Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics. Go to VSP.com and register using your member ID to see the laser vision promotions and find a contracted clinic.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to \$45	Once every 12 months
Single lenses	Up to \$30	One pair every 12 months
Lined bifocal lenses	Up to \$50	One pair every 12 months
Lined trifocal lenses	Up to \$65	One pair every 12 months
Lenticular lenses	Up to \$100	One pair every 12 months
Frames	Up to \$70	One set every 24 months
Elective contacts	Up to \$105	Contacts are instead of frames and lenses
Necessary contacts	Up to \$210	Contacts are instead of frames and lenses

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
 - Non-prescription glasses
 - Medical or surgical treatment of the eyes
 - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.



principal.com



This is a summary of vision 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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GP62454-7

1125009 - 10001 Page 4 of 4

05/2023

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. Have you planned ahead to protect the dreams 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—may be a top priority.

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.

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

So when a sudden heart attack took Logan's life, Riley knew their family's financial future would be taken care of. They could mourn Logan's loss as a family, all while knowing their world wouldn't be disrupted more than they'd already experienced.

For illustrative purposes only.



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.

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

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.

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Guarantees are based on the claims-paying ability of Principal Life Insurance Company. This is an overview of the benefits group term life insurance provides, but there are limitations and exclusions. For additional details, contact your employer. Oregon policy forms GC 6000 (06/04) and GC 6000 (VTL) (06/04).

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Policyholder: THE DESIGN AGENCY INC

Group term life insurance

Benefit summary for non union members

Your coverage renews every March 1.

This summary was created on 11/27/2023 and shows benefits available at that time.

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 ¹	Benefit reduction ²
You	\$25,000	<p>If you're under 70: \$25,000</p> <p>If you're 70 or older: The lesser of \$25,000 or the amount with the prior carrier</p>	<p>35% reduction at age 65, with an additional 15% reduction at age 70</p>

¹Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

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

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 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 up to the guaranteed issue shown in the table above won't require health information.

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%

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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
Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
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%
Loss of speech and/or hearing - total loss for 12 consecutive months	
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:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Conversion of terminated coverage	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.



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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

Policyholder: THE DESIGN AGENCY INC

Group voluntary term life insurance

Benefit summary for non union members

Your coverage renews every March 1.

This summary was created on 11/27/2023 and shows benefits available at that time.

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 ¹	Maximum	Benefit reduction ²
You	Select a benefit in increments of \$25,000	\$25,000	If you're under 70: \$50,000 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 ³	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) ³	Options ⁴ : • \$10,000				

¹Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

²As you get older, your life insurance benefit amount decreases.

³Amount of coverage may not exceed 100% of your benefit.

⁴Dependent 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 and your spouse are both employed at THE DESIGN AGENCY INC and are eligible for benefits, you're not eligible to have benefits as both an employee and a spouse.
- 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.

May I increase my benefit later?

- You may be able to enroll for or increase your benefit and your dependent's benefit one increment 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
Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%

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

Loss of use of one arm, one leg, one hand or one foot	25%
Loss of speech and/or hearing - total loss for 12 consecutive months	
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:

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

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.



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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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Group life insurance

Easily get life insurance during open enrollment

Then gradually increase your coverage every year.

Protecting the people who mean the most to you is important. That's why Principal® makes it easy for you to purchase—or increase—voluntary term life insurance. It's available through your employer for yourself, spouse, and children.

Increase your voluntary term life insurance

Open enrollment is a great time to increase your coverage. You can add an additional \$10,000 or \$20,000¹ in coverage for yourself—with no health questions asked. That means no medical appointments and quick approval. And every year during open enrollment, you can continue to increase your coverage—up to the maximum benefit. If you have coverage for yourself, you can also add or increase coverage for your spouse and children²—with no health questions asked.

Purchase coverage for the first time

Don't already have voluntary term life insurance? Easily get coverage for the first time during open enrollment. You can purchase \$10,000 or \$20,000¹ in coverage for yourself—with no health questions asked. And when you have coverage, your spouse and children² can also get coverage.

Higher levels of coverage

During open enrollment, you or your spouse² can request to add or increase even more coverage by providing proof of good health.

Let's look at an example

When Jordan started working for the company, voluntary term life insurance wasn't purchased. A few years later, Jordan bought a house and saw the need for coverage, so purchased \$20,000 in coverage during the company's open enrollment. Jordan plans to increase the coverage by \$10,000 each year after that. Jordan also bought \$10,000 of spouse coverage and an additional \$5,000 for their children.





Let's connect

Log into **Principal.com** to view or change your benefits.

¹ Amount provided is for illustrative purposes only. Options available will vary by benefit design, and your policy may be different.

² Coverage for your dependents is limited, based on your coverage. Refer to your policy for details.



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

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This is a summary of your voluntary term life insurance policy. Life insurance has limitations and exclusions. For coverage details, refer to your benefit booklet or ask your employer. Oregon policy form GC 6000 (VTL) (06/04).

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THE DESIGN AGENCY, INC.

Voluntary-term life/AD&D - employee

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 02/29/2025

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
\$25,000	\$1.37	\$1.59	\$2.11	\$2.71	\$3.98	\$6.60	\$9.87	\$13.75	\$16,250	\$21.13	\$12,500	\$29.01
\$50,000	\$2.75	\$3.18	\$4.22	\$5.42	\$7.96	\$13.20	\$19.73	\$27.51	\$32,500	\$42.24	\$25,000	\$58.03
\$75,000	\$4.12	\$4.78	\$6.33	\$8.13	\$11.94	\$19.80	\$29.60	\$41.26	\$48,750	\$63.37	\$37,500	\$87.04
\$100,000	\$5.49	\$6.37	\$8.45	\$10.85	\$15.92	\$26.40	\$39.46	\$55.02	\$65,000	\$84.48	\$50,000	\$116.05
\$125,000	\$6.87	\$7.96	\$10.56	\$13.56	\$19.90	\$33.00	\$49.33	\$68.77	\$81,250	\$105.61	\$62,500	\$145.07
\$150,000	\$8.24	\$9.55	\$12.67	\$16.27	\$23.88	\$39.60	\$59.19	\$82.52	\$97,500	\$126.72	\$75,000	\$174.08
\$175,000	\$9.61	\$11.15	\$14.78	\$18.98	\$27.87	\$46.20	\$69.06	\$96.28	\$113,750	\$147.85	\$87,500	\$203.09
\$200,000	\$10.98	\$12.74	\$16.89	\$21.69	\$31.85	\$52.80	\$78.92	\$110.03	\$130,000	\$168.96	\$100,000	\$232.11
\$225,000	\$12.36	\$14.33	\$19.00	\$24.40	\$35.83	\$59.40	\$88.79	\$123.78	\$146,250	\$190.09	\$112,500	\$261.12
\$250,000	\$13.73	\$15.92	\$21.12	\$27.12	\$39.81	\$66.00	\$98.65	\$137.54	\$162,500	\$211.20	\$125,000	\$290.13
\$275,000	\$15.10	\$17.52	\$23.23	\$29.83	\$43.79	\$72.60	\$108.52	\$151.29	\$178,750	\$232.33	\$137,500	\$319.15
\$300,000	\$16.48	\$19.11	\$25.34	\$32.54	\$47.77	\$79.20	\$118.38	\$165.05	\$195,000	\$253.44	\$150,000	\$348.16

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.

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

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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THE DESIGN AGENCY, INC.

Voluntary-term life/AD&D - spouse

Estimated spouse bi-weekly premium amounts

End of the rate guarantee period: 02/29/2025

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	\$0.27	\$0.32	\$0.42	\$0.54	\$0.80	\$1.32	\$1.97	\$2.75	\$3,250	\$4.23	\$2,500	\$5.80
\$10,000	\$0.55	\$0.64	\$0.84	\$1.08	\$1.59	\$2.64	\$3.95	\$5.50	\$6,500	\$8.45	\$5,000	\$11.61
\$15,000	\$0.82	\$0.96	\$1.27	\$1.63	\$2.39	\$3.96	\$5.92	\$8.25	\$9,750	\$12.68	\$7,500	\$17.41
\$20,000	\$1.10	\$1.27	\$1.69	\$2.17	\$3.18	\$5.28	\$7.89	\$11.00	\$13,000	\$16.90	\$10,000	\$23.21
\$25,000	\$1.37	\$1.59	\$2.11	\$2.71	\$3.98	\$6.60	\$9.87	\$13.75	\$16,250	\$21.13	\$12,500	\$29.01
\$30,000	\$1.65	\$1.91	\$2.53	\$3.25	\$4.78	\$7.92	\$11.84	\$16.50	\$19,500	\$25.34	\$15,000	\$34.82
\$35,000	\$1.92	\$2.23	\$2.96	\$3.80	\$5.57	\$9.24	\$13.81	\$19.26	\$22,750	\$29.57	\$17,500	\$40.62
\$40,000	\$2.20	\$2.55	\$3.38	\$4.34	\$6.37	\$10.56	\$15.78	\$22.01	\$26,000	\$33.79	\$20,000	\$46.42
\$45,000	\$2.47	\$2.87	\$3.80	\$4.88	\$7.17	\$11.88	\$17.76	\$24.76	\$29,250	\$38.02	\$22,500	\$52.22
\$50,000	\$2.75	\$3.18	\$4.22	\$5.42	\$7.96	\$13.20	\$19.73	\$27.51	\$32,500	\$42.24	\$25,000	\$58.03
\$55,000	\$3.02	\$3.50	\$4.65	\$5.97	\$8.76	\$14.52	\$21.70	\$30.26	\$35,750	\$46.47	\$27,500	\$63.83
\$60,000	\$3.30	\$3.82	\$5.07	\$6.51	\$9.55	\$15.84	\$23.68	\$33.01	\$39,000	\$50.69	\$30,000	\$69.63
\$65,000	\$3.57	\$4.14	\$5.49	\$7.05	\$10.35	\$17.16	\$25.65	\$35.76	\$42,250	\$54.92	\$32,500	\$75.44
\$70,000	\$3.84	\$4.46	\$5.91	\$7.59	\$11.15	\$18.48	\$27.62	\$38.51	\$45,500	\$59.14	\$35,000	\$81.24
\$75,000	\$4.12	\$4.78	\$6.33	\$8.13	\$11.94	\$19.80	\$29.60	\$41.26	\$48,750	\$63.37	\$37,500	\$87.04
\$80,000	\$4.39	\$5.10	\$6.76	\$8.68	\$12.74	\$21.12	\$31.57	\$44.01	\$52,000	\$67.58	\$40,000	\$92.84
\$85,000	\$4.67	\$5.41	\$7.18	\$9.22	\$13.53	\$22.44	\$33.54	\$46.76	\$55,250	\$71.81	\$42,500	\$98.65
\$90,000	\$4.94	\$5.73	\$7.60	\$9.76	\$14.33	\$23.76	\$35.52	\$49.51	\$58,500	\$76.03	\$45,000	\$104.45
\$95,000	\$5.22	\$6.05	\$8.02	\$10.30	\$15.13	\$25.08	\$37.49	\$52.26	\$61,750	\$80.26	\$47,500	\$110.25
\$100,000	\$5.49	\$6.37	\$8.45	\$10.85	\$15.92	\$26.40	\$39.46	\$55.02	\$65,000	\$84.48	\$50,000	\$116.05

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 \$0.92

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.

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

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Discounts and resources

Save money. Improve your life.

Use discounts and services available through your group benefits. **These discounts are not insurance.**

<p>Laser vision correction</p>	<p>Imagine your life free from glasses and contacts. You, your spouse, and dependent children save \$800 with featured providers LasikPlus, TLC Laser Eye Centers, or The LASIK Vision Institute. Or receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network's 600 locations. Administered by LCA Vision.</p> <p>principallasik.com 888-647-3937</p>
<p>Hearing aid program</p>	<p>Protect your hearing health to improve your quality of life. You, your spouse, children, parents, and grandparents can get discounts up to 48% off hearing aids, including rechargeable and Bluetooth options, with a 60-day trial to ensure full satisfaction. You can also receive a free hearing consultation at any of the 3,000+ locations nationwide. Administered by Start Hearing.</p> <p>www.starhearing.com/partners/principallife 877-890-4694</p>
<p>Emotional health support line</p>	<p>Get help when you're feeling overwhelmed or need support. You, your spouse, and dependent children can call this free, confidential support line 24/7 to reach licensed behavioral health clinicians who can provide emotional support, tips for coping, and referrals to local resources. If your employer offers an employee assistance program (EAP), use it instead.</p> <p>800-424-4612</p>
<p>Available with your dental insurance</p>	
<p>Principal oral health center</p>	<p>Get the information you need to make better decisions about oral health care. You can go online and submit a dental care question and get a response from a dentist in one business day. A dental cost estimator shows approximate costs in a ZIP code. And you can access articles about dental health topics plus get information about how dental coverage works.</p> <p>http://c3.go2dental.com/scontent/</p>
<p>Teeth whitening</p>	<p>Share a smile you can be proud of. You, your spouse, and dependents can save 20% on a dentist-invented teeth whitening technology from GLO Science. Available for home use, it's fast and sensitivity-free so you can smile with confidence.</p> <p>gloscience.com/principal and use discount code PRINCIPAL</p>

Available with your life insurance

Travel assistance	<p>Ease some of the worries of traveling—whether in the U.S. or internationally. You, your spouse, and dependent children have access to a variety of benefits provided through AXA Assistance¹. These services include travel and medical assistance plus emergency medical evacuation benefits. Assistance is available for travel 100+ miles away from home for up to 120 consecutive days. Available with group term life insurance only.</p> <p>principal.com/travelassistance</p>
Will & Legal Document Center	<p>Consider preparing your simple legal documents online. These online resources and tools, provided by ARAG^{®2}, are easy-to-use. You and your spouse can prepare, print, and store essential legal documents — such as a will, living will, healthcare power of attorney, durable power of attorney, and medical treatment authorization for minors. Plus, you can access estate planning tools and resources, and a personal information organizer.</p> <p>principal.araggroup.com</p> <p>Enter your group policy number: 1125009</p>
Identity theft kit	<p>Be proactive in protecting one of your most important assets—your identity. If your identity is stolen, despite your best efforts, you’ll get valuable tips on how to restore it.</p> <p>principalaraggroup.com</p> <p>Enter your group policy number: 1125009</p>
Beneficiary support	<p>Get help coping with the death of a loved one. Beneficiaries receive help coping with the emotions and financial decisions that surface when a loved one dies. Services include grief support from Magellan Healthcare and financial review from Principal[®]. Spouses and dependents receive three months of free online will preparation services provided by ARAG^{®2}</p> <p>Information is provided after the loss of a loved one.</p>

principal.com

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

The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time.

For group life and dental policies issued in New York: travel assistance, Will & Legal Document Center, identity theft kit, emotional health support line, beneficiary support and teeth whitening are not available; laser vision correction and hearing aid program are only available with dental or vision insurance. ARAG Services, LLC, AXA Assistance USA, Inc., LCA Vision, Magellan Healthcare, Magellan Health Services of California, Inc.— Employer Services, Start Hearing, and VSP are not affiliated with any company of the Principal Financial Group[®]. Third party providers are solely responsible for their products and services.

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¹ Participants are responsible for any incurred fees or expenses. Indemnified transportation services are administered by AXA Assistance USA, Inc. and underwritten by a third party licensed insurance company.

² The use of the services provided by ARAG Services, LLC should not be considered as a substitute for consultation with an attorney. Neither your employer nor Principal[®] is responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG legal document service.



Group life insurance

Help protect your family, your finances —and your future

Create and store your important documents using your 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 online resources, you and/or your spouse can prepare these documents:

Standard Will. Specify what happens to your property and assets after you die, and appoint the person who will carry out your wishes. You can also name a guardian for your minor children.

Health care power of attorney. Grant someone permission to make medical decisions on your behalf 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.

Authorization for a Minor's Medical Treatment. Grant consent for medical personnel to treat your child(ren) if you're away and can't be reached.

HIPAA authorization. Designate person/s to access your protected medical records and health information.

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 online resources from ARAG, including:

An Identity Theft Victim Action Kit to help speed your recovery if you experience identity theft. Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

It's easy to get started

Follow these simple steps to start using these resources today:

- 1 | Visit aragwills.com/principal.
- 2 | Register by completing the required fields.
- 3 | You're in! Complete the forms or download the materials you need.

 Let's connect

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



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.

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 **Individual**, then **Create an account**.
- 3 | Enter **personal information**, such as your first and last name, date of birth, and phone number. ID number and primary zip code are optional.
- 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[®] 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 your dental and/or vision ID card, including dependent(s) names.
- Search for and contact a network dentist.
- Find discounts and services.
- Calculate coverage needs and more.

Keeping your account information 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.



Let's connect

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



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

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

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.



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