

Group benefits

# Understand your benefits

DUSTINS BAR BQ  
MGR OR ASST MGRS





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

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



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



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



Complete and sign the Employee Enrollment and Waiver form.

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

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

- Dental
- Vision
- Life
- Critical illness

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

**Dental** – Note if you or your dependents had orthodontia coverage in the past 12 months.

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

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







Mailing Address  
Des Moines, IA 50392-0002

**Principal Life  
Insurance Company**

**Employee Enrollment  
& Waiver-FL**

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

Company name DUSTINS BAR BQ	Division level MGR OR ASST MGRS	Account number/unit number 1083827-10001
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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			Phone number		
Do you have an eligible spouse or domestic partner or child(ren)? <input type="checkbox"/> yes <input type="checkbox"/> no					
Salary amount (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			
Payroll mode <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly		Employer ZIP code		Employer county	

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

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

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

☐ yes ☐ no

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

Is your spouse or domestic partner employed by this company?

☐ yes ☐ no

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
<b>NOTE: Employee coverage must be elected to elect any dependent coverage.</b>			
<b>Dental</b>	Choose from one of the following plans.		
<b>Plan #1</b>	Design Description: MBRS ELEC HIGH PLN		
	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<b>Plan #2</b>	Design Description: MBRS ELEC LOW PLN		
	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
In the past 12 months, have you, the applicant, had continuous group orthodontia coverage (for yourself and/or your dependents) with a prior carrier? <input type="checkbox"/> yes <input type="checkbox"/> no			
<b>Vision</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<b>Group Term Life</b>	<input checked="" type="checkbox"/> Elect		
<b>Voluntary Term Life (VTL) Benefit Amount:</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ <b>Cannot exceed 100% of the employee election</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____
<b>Critical Illness Benefit Amount:</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____

\*NOTE: Domestic Partners can only be added if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60447).

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

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

**Primary Beneficiaries:**

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

**Contingent Beneficiaries:**

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

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

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

**Primary Beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
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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 have designated a minor child(ren) as your beneficiary, you must complete the Uniform Transfers to Minors Act form (GP55229).

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

**Declining Coverage**

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

- ☐ spouse's or domestic partner's group coverage
 ☐ individual insurance  
☐ other coverage offered by my employer
 ☐ other \_\_\_\_\_

**Employee Agreement (Read and sign)**

I understand and agree with the following statements:

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

- 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 to the best of my knowledge and belief. I understand an agent or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life Insurance Company.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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

#### Instructions

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

- One for the employee
- One for the employer





Mailing Address:  
Des Moines, IA 50392-0002

**Principal Life**  
**Insurance Company**

**Employee**  
**Change Form - FL**

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

Company name DUSTINS BAR BQ	Account/unit number 1083827
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**Employee Information** (Change of name and address)

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

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

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
<b>Dental</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to:  Change to date:	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to:  Change to date:	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to:  Change to date:
In the past twelve months, have you, the applicant, had continuous group orthodontia coverage (for yourself or your dependents) with a prior carrier? <input type="checkbox"/> yes <input type="checkbox"/> no			
<b>Vision</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to:  Change to date:	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to:  Change to date:	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to:  Change to date:
<b>Group Term Life</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to:  Change to date:	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to:  Change to date:	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to:  Change to date:
<b>Supplemental Term Life</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to:  Change to date:		

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
<b>Voluntary Term Life (VTL)</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____ or _____ X salary	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____
<b>Short Term Disability</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel Occupation: _____ Change to: _____ Change to date: _____ \$ _____		
<b>Long Term Disability</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel Occupation: _____ Change to: _____ Change to date: _____ \$ _____		
<b>Critical Illness</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____
<b>Accident</b>	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____

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

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

\* Domestic Partners can only be added if your employer allows this coverage. If adding a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60447).

#### Nicotine Products

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

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

**Reason for Adding a Coverage or Dependent**

- ☐ marriage      ☐ loss of other group coverage\*      ☐ open enrollment\*  
☐ birth/adoption      ☐ court order (attach a copy)      ☐ change in job status  
☐ annual enrollment (if available)      ☐ other \_\_\_\_\_

Date of event

\*For loss of other group coverage and open enrollment, you must complete the following:

Name of prior dental carrier

Date coverage ended

Name of prior life carrier

Date coverage ended

Name of prior vision carrier

Date coverage ended

**Reason for Canceling a Coverage or Dependent**

Date of request/ineligibility

- ☐ divorce      ☐ age limit      ☐ individual insurance  
☐ spouse's or domestic partner's group coverage  
☐ other \_\_\_\_\_

**Beneficiary Designation**

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

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

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

\* If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court? ☐ yes      ☐ no

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

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

- My dependents are not eligible for any coverage for which I am not covered.
- My dependents, including stepchild(ren), foster child(ren) and those over the maximum age, are eligible for coverage based on policy provisions. Eligibility for my dependents over the maximum age will be verified when claims are submitted.
- If I cancel dental or vision coverage, I or my dependents may enroll at a later date; however, enrolling late will affect the level of benefits.
- If I cancel any type of life, disability, or critical illness coverage, I may apply at a later date; however, I must provide proof of good health at my own expense and coverage will only become effective subject to approval from Principal Life Insurance Company.
- If I cancel coverage, I cannot under any circumstance enroll in the policy once I have retired.
- If the group policy requires that I make contributions, I authorize my employer to deduct them from my pay.

**Employee Signature** (Read and sign below) - continued

I declare that the information I have completed on this change 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.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

**Note – Make two copies: one for employer and one for employee**

You must complete all pages of this form.

## Statement of Health - FL

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



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

**Collective Group Underwriting and Late Enrollees Application ONLY**

(Also for use when requesting life coverage over the guaranteed issue amount)

**Account number** 1083827

**Instructions**

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

**Employee Information**

Your name (last, first, middle initial)	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Social security number	Date of birth
Mailing address (street)			
City	State	ZIP code	
Email address			
Home phone number	Employer name DUSTINS BAR BQ		

**Eligible Dependent Information – Please provide the requested information for the eligible dependents electing coverage.**

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

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



**To prevent delays give full details to "yes" answers for everyone requesting coverage.** You do not have to reveal additional details regarding HIV/AIDS/ARC treatment or testing. If more space is needed, attach a separate page giving full details. Sign and date all those pages.

1. **Employee's height** \_\_\_ ft. \_\_\_\_\_ in. **weight** \_\_\_\_\_ lbs.

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

2. <input type="checkbox"/> yes <input type="checkbox"/> no	Is any person receiving medical treatment or taking prescription medication?
3. <input type="checkbox"/> yes <input type="checkbox"/> no	To the best of your knowledge and belief, is any person currently pregnant?
4. <input type="checkbox"/> yes <input type="checkbox"/> no	<b>In the past 5 years</b> , has any person had surgery, been hospitalized or consulted with a doctor/physician or medical practitioner or had blood or other diagnostic tests (other than for HIV antibody)? Provide results of all tests.
5. <input type="checkbox"/> yes <input type="checkbox"/> no	<p><b>In the past 5 years</b>, has any person been diagnosed with or received treatment by a licensed provider for any of the following (check all that apply)?</p> <p> <input type="checkbox"/> cancer/tumor(s)    <input type="checkbox"/> liver disorder/hepatitis    <input type="checkbox"/> bone/joint disorder    <input type="checkbox"/> infertility  <input type="checkbox"/> back/spine disorder    <input type="checkbox"/> kidney/urinary disorder    <input type="checkbox"/> digestive disorder    <input type="checkbox"/> blood disorder  <input type="checkbox"/> stroke    <input type="checkbox"/> migraines/headaches    <input type="checkbox"/> alcohol/drug abuse    <input type="checkbox"/> gland/thyroid disorder  <input type="checkbox"/> skin/eyes/ears/nose/throat disorder    <input type="checkbox"/> multiple sclerosis/neurological disorder    <input type="checkbox"/> organ or other transplants  <input type="checkbox"/> asthma/respiratory disorder    <input type="checkbox"/> heart or circulatory disorder    <input type="checkbox"/> psychological/mental disorder  <input type="checkbox"/> Other conditions – including prescription medicine _____  <input type="checkbox"/> High blood pressure – last reading and date _____ / _____  <input type="checkbox"/> Diabetes – last HbA1c reading and date _____ / _____ </p>
6. <input type="checkbox"/> yes <input type="checkbox"/> no	<b>In the last ten years</b> , has anyone tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?

Provide details for all "yes" answers on Page 3. You do not have to reveal additional details regarding HIV/AIDS/ARC treatment or testing.

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

Name of person diagnosed	Date diagnosed	Date released from medical care
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Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

Name of person diagnosed	Date diagnosed	Date released from medical care
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Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

Name of person diagnosed	Date diagnosed	Date released from medical care
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Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

Name of person diagnosed	Date diagnosed	Date released from medical care
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Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

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

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

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

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

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

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

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

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

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

### Authorization, Acknowledgment, and Signatures

- I represent information, statements, and answers on this form, and any attachments, are complete and true to the best of my knowledge. They are a part of this request for coverage under the group policies. I agree Principal Life is not liable for anyone's claim which happens or begins before the effective date and approval of coverage. No information will be considered to have been given to Principal Life unless it is stated on this form.
- I have read, or had read to me, the questions and responses and realize any false statements, omissions or material misrepresentation regarding age or health information could cause coverage, if issued, to be cancelled as never effective.
- If approved for coverage, all policy provisions will apply including, but not limited to, preexisting conditions restriction, the Actively at Work and Period of Limited Activity provisions.
- I understand an agent cannot change or waive any rates, benefits, or provisions of any policy, if issued, without the written approval of an officer of Principal Life.
- I authorize any physician, medical practitioner, health care provider, hospital, clinic or medically related facility, pharmacy benefit manager, insurance company, consumer reporting agency or employer, that has any personal information, including physical, mental, drug or alcohol use history, regarding me or any dependent, to give to Principal Life, its agents, employees or reinsurers performing business transactions, any such data.
- I authorize Principal Life to release any such data as required by law. When signed in connection with any application for, reinstatement of, or request for change in benefits, this form shall be valid for two years after the date signed. I understand I may revoke this authorization for information at any time. The request for revocation must be in writing and sent to: Group Operations, Medical Underwriting, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0531. I understand that a revocation is not effective if Principal Life has relied on the protected health information disclosed to it or has a legal right to contest a claim under an insurance policy or to contest coverage under the policy itself. A photocopy of this form shall be as valid as the original. I understand additional medical records may be requested at the time a claim is filed.
- I understand the data obtained by use of this authorization will be used by Principal Life for claims administration and to determine eligibility for coverage. This information will not be used for any purposes prohibited by law.
- Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules.
- Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

\*Spouse's or domestic partner's signature only required if Voluntary Term Life or Critical Illness coverage is elected.



Mailing Address:  
Des Moines, IA 50392-0002

Principal Life  
Insurance Company

UTMA Beneficiary  
Designation

Company Name	Account/Unit Number
DUSTINS BAR BQ	1083827

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

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

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

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

\_\_\_\_\_  
(Address)

as custodian for such beneficiary:

**(Check One Only) See instructions on Page 2.**

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

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

Name	Address
Name	Address

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

**Signature**

**Read important instructions on Page 2 before signing.**

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

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

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

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

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

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

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



# Beneficiary Designation/Change

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



Company Name	Account/Unit Number
DUSTINS BAR BQ	1083827

## Employee Information

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

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

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

### Primary Beneficiaries:

Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number

### Contingent Beneficiaries:

Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number

**Section II Voluntary Term Life Beneficiary Designation** (Complete if covered for voluntary term life coverage. If you want to use the same beneficiary designation as indicated for group term life coverage on Page 1, write "same as Section I" in the beneficiary section below.)

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.

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

**Primary Beneficiaries:**

Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number

**Contingent Beneficiaries:**

Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number

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

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

**Primary Beneficiaries:**

Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number

**Contingent Beneficiaries:**

Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number

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

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

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

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

(Name)

\_\_\_\_\_  
(Address)

as custodian for such beneficiary:

**(Check One Only) See instructions on Page 5.**

☐ under the Iowa Uniform Transfers to Minor Act.

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

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

Name

Address

Name

Address

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

**Section III Signature**

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

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

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

**Note: make a copy of Page 1, 2, 3, and 4 for your records and distribute copy to employee.**

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

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

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

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

## Sample Beneficiary Designations

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

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







# Your dental benefits



# Enjoy a lifetime of healthy smiles

We've all heard sugar, coffee and soda are hard on our teeth. But not everyone's willing to give up their treats. Are you? That's why dental care is so important.

An ounce of prevention ... you know the rest. Dental cleanings remove the plaque that routine brushing misses, often leading to tooth decay. And finding tooth decay early can help protect your teeth – and your wallet from costly dental procedures.

Having dental insurance increases the odds that you'll go to the dentist regularly. It also helps you control your out-of-pocket costs for qualifying basic and major dental care. You've probably had a friend tell you how expensive their crown was. Having dental insurance helps you budget for your care.

And a visit to the dentist may even detect serious illness. Regular check-ups can reveal signs of disease, such as osteoporosis and certain cancers, before you even know about them.



## Tips for a healthy smile

Prevent gum disease and cavities by:

- Brushing twice a day with fluoride toothpaste and flossing
- Replacing your toothbrush every three months
- Not smoking or chewing tobacco
- Eating healthy foods and drinking water

## Let's look at an example



Carla is married and has a young daughter. She tries hard to prepare healthy meals and keep her family active. But, Carla and her husband start each morning with their favorite coffee. And their daughter inherited her mom's sweet tooth. Carla's husband skipped routine dental exams in his 20's, which led to extensive dental work later.

Carla knows – first hand – the value of routine dental care. That's why she appreciates having access to dental insurance for her and her family through her employer. It's one more way she can help keep her family healthy.



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

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

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

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Policyholder: DUSTINS BAR BQ

## Voluntary Dental PPO Benefit Summary

Effective Date: 12/01/2019

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

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

Eligibility				
Job Class	MEMBERS ELEC DNTL HIGH PLAN			
Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$50	\$50	80%	80%
Unit 3 – Major	\$50	\$50	50%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for basic and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,500 per person. Non-network Calendar year maximums are \$1,500 per person.			
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.			
Additional Benefits				
	Lifetime Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child  Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000	\$0	\$0	50%	50%

### How Are Dental Procedures Covered?

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

<b>Unit 1 – Preventive Procedures</b>	<ul style="list-style-type: none"> <li>• Routine exams - two per calendar year</li> <li>• Routine cleaning (prophylaxis) - two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Second Opinion Consultation</li> <li>• Fluoride – two treatments each calendar year (covered only for dependent children under age 19)</li> <li>• Space maintainers - covered only for dependent children under age 19; repairs not covered</li> <li>• Sealants – on first and second permanent molars for dependent children under age 19; one each tooth each 36 months</li> <li>• Harmful Habit Appliance - covered only for dependent children under age 19</li> <li>• X-rays - Bitewing (one set every calendar year), occlusal, periapical</li> </ul>
<b>Unit 2 – Basic Procedures</b>	<ul style="list-style-type: none"> <li>• Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to Routine cleaning frequency limit (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Emergency exams – subject to Routine exam frequency limit</li> <li>• X-rays – Full mouth survey (one every 60 months), extraoral</li> <li>• Fillings and stainless steel crowns</li> <li>• General Anesthesia (covered only for specific procedures)/IV Sedation</li> <li>• Simple Oral Surgery</li> <li>• Complex Oral Surgical Procedures</li> <li>• Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)</li> <li>• Periodontal Surgical Procedures – one each quadrant each 36 months</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> <li>• Complex Endodontics (root canal therapy for molar teeth)</li> <li>• Occlusal Guards – one guard per 36 months</li> <li>• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations</li> </ul>
<b>Unit 3 – Major Procedures</b>	<ul style="list-style-type: none"> <li>• Crowns – each 120 months per tooth if tooth cannot be restored by a filling.</li> <li>• Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth</li> <li>• Bridges - Initial placement / Replacement of bridges 120 months old.</li> <li>• Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old</li> </ul>
<b>Unit 4 - Orthodontic Procedures</b>	<ul style="list-style-type: none"> <li>• For dependent children when bands are placed before age 19, x-rays and other diagnostic procedures, fixed and removable appliances</li> </ul>

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

## Understanding Your Dental Benefits

### Am I Eligible For Coverage?

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

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

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

### How Do I Find A Participating Provider?

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

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

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

### What Are The Restrictions Of My Coverage?

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

## VOLUNTARY DENTAL

Limitations & Exclusions	
<b>Late Entrant Provision</b>	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
<b>Missing Tooth</b>	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
<b>Orthodontia</b>	<p>If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:</p> <ol style="list-style-type: none"> <li>1) The lifetime maximum under any prior group coverage has not been exceeded,</li> <li>2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and</li> <li>3) Ortho treatment has been continued while insured under this policy.</li> </ol> <p>Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.</p> <p>You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.</p>
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your booklet.



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

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

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Policyholder: DUSTINS BAR BQ

## Voluntary Dental PPO Benefit Summary

Effective Date: 12/01/2019

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

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

Eligibility				
Job Class	MEMBERS ELEC DNTL LOW PLAN			
Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$100	100%	50%
Unit 2 – Basic	\$50	\$100	80%	40%
Unit 3 – Major	\$50	\$100	50%	25%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for preventive, basic, and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,000 per person. Non-network Calendar year maximums are \$500 per person.			
Scheduled/MAC Design	Claim payments for both in-network and non-network services are based on the provider fee schedule amounts.			
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.			
Additional Benefits				
	Lifetime Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child  Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000	\$0	\$0	50%	50%

### How Are Dental Procedures Covered?

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

<b>Unit 1 – Preventive Procedures</b>	<ul style="list-style-type: none"> <li>• Routine exams - two per calendar year</li> <li>• Routine cleaning (prophylaxis) - two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Second Opinion Consultation</li> <li>• Fluoride – two treatments each calendar year (covered only for dependent children under age 19)</li> <li>• Space maintainers - covered only for dependent children under age 19; repairs not covered</li> <li>• Sealants – on first and second permanent molars for dependent children under age 19; one each tooth each 36 months</li> <li>• Harmful Habit Appliance - covered only for dependent children under age 19</li> <li>• X-rays - Bitewing (one set every calendar year), occlusal, periapical</li> </ul>
<b>Unit 2 – Basic Procedures</b>	<ul style="list-style-type: none"> <li>• Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to Routine cleaning frequency limit (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Emergency exams – subject to Routine exam frequency limit</li> <li>• X-rays – Full mouth survey (one every 60 months), extraoral</li> <li>• Fillings and stainless steel crowns</li> <li>• General Anesthesia (covered only for specific procedures)/IV Sedation</li> <li>• Simple Oral Surgery</li> <li>• Complex Oral Surgical Procedures</li> <li>• Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)</li> <li>• Periodontal Surgical Procedures – one each quadrant each 36 months</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> <li>• Complex Endodontics (root canal therapy for molar teeth)</li> <li>• Occlusal Guards – one guard per 36 months</li> <li>• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations</li> </ul>
<b>Unit 3 – Major Procedures</b>	<ul style="list-style-type: none"> <li>• Crowns – each 120 months per tooth if tooth cannot be restored by a filling.</li> <li>• Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth</li> <li>• Bridges - Initial placement / Replacement of bridges 120 months old.</li> <li>• Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old</li> </ul>
<b>Unit 4 - Orthodontic Procedures</b>	<ul style="list-style-type: none"> <li>• For dependent children when bands are placed before age 19, x-rays and other diagnostic procedures, fixed and removable appliances</li> </ul>

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

## Understanding Your Dental Benefits

### Am I Eligible For Coverage?

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

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

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

### How Do I Find A Participating Provider?

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

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

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

### What Are The Restrictions Of My Coverage?

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



## VOLUNTARY DENTAL

Limitations & Exclusions	
<b>Late Entrant Provision</b>	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
<b>Missing Tooth</b>	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
<b>Orthodontia</b>	<p>If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:</p> <ol style="list-style-type: none"> <li>1) The lifetime maximum under any prior group coverage has not been exceeded,</li> <li>2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and</li> <li>3) Ortho treatment has been continued while insured under this policy.</li> </ol> <p>Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.</p> <p>You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.</p>
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your booklet.



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

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

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# Simplify your dental care experience

Let's face it, for many of us, visiting the dentist isn't always our favorite activity. That's why the insurance side of the experience should be simple – and we get that.

This handy step-by-step guide can help you better understand your dental insurance journey.



## Path 1: You need a routine visit

They say an ounce of prevention is worth a pound of cure. Seeing your dentist regularly for routine care helps you avoid problems down the line. **So, how do you make it happen?**



### Find a network dentist.

Your out-of-pocket costs will be lower and you may even qualify for in-network discounts. How?

Check your ID card  
for your network

and

Go online to  
[principal.com/dentist](https://principal.com/dentist)

or

Give us a call:  
**800-247-4695**



### Confirm network participation.

When you schedule your appointment, confirm the provider is still in the network.

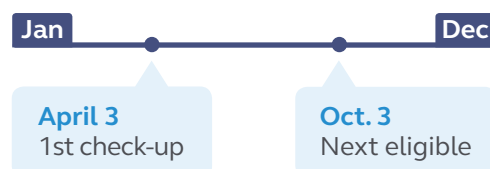


### Make sure you're eligible.

Depending on your policy, it may be too soon to schedule an appointment.

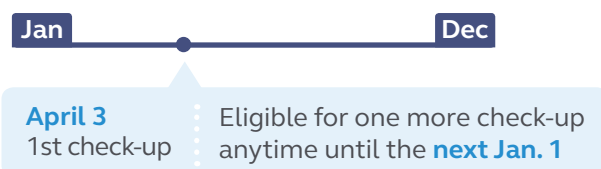
#### Example 1

One check-up every 6 months



#### Example 2

Check-ups twice a year



## Path 2: You need dental work

When your teeth need special treatment, it's up to you and your dentist to decide what work needs to be done.

### What are your next steps?

- 1 Talk to your dentist about submitting a **pre-determination**.
- 2 Remind your dentist to provide supporting documentation.
- 3 Plan for a processing period of 10 to 14 business days.
- 4 Call us with questions at 800-247-4695.

### What's a pre-determination?

It's a review of the claim by a licensed dentist to determine if the procedure is dentally necessary and will be covered by your insurance.

### Why do I need one?

- Prevents surprises about what will be paid
- Details the costs we cover and what you're responsible for, such as deductible, co-insurance or non-covered services

## Path 3 – You need more information

You're not in this alone. Have questions? We have answers.



**Call us at  
800-247-4695.**



**Send us a note via  
[principal.com/  
contact us](https://principal.com/contact-us).**

We'll get back  
to you within  
24-48 hours.



**Download the Principal  
Mobile smart phone app!**

It's free and compatible  
with both Android and  
Apple devices. Look for  
it in Google Play or the  
Apple App Store.



**Visit us on the web at  
[principal.com/individuals/  
insure/get-started](https://principal.com/individuals/insure/get-started).**



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# See the rewards of making healthy dental choices

Be prepared for big dental expenses with Maximum Accumulation



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

What happens when your dentist delivers the news that you need costly dental procedures? Dental insurance can be a 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 50% of your annual maximum, you can roll over 25% and accumulate up to 1x your annual maximum. The amount accumulated is added to your annual maximum for the next year.

**Let's look at an example of how the rollover amount is calculated assuming a \$1,500 calendar-year maximum.**

	Maximum*	Claim limit	Benefits paid	Rollover amount	Accumulated rollover
Year 1	\$1,500	\$750	\$450	\$375	\$375
Year 2	\$1,875	\$750	\$850	\$0	\$375
Year 3	\$1,875	\$750	\$450	\$375	\$750
Year 4	\$2,250	\$750	\$0	\$0	\$0
Year 5	\$1,500	\$750	\$450	\$375	\$375

\*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 — which is 50% of the maximum — there was no rollover. And in year 4, where there were no claims at all, your accumulated amount went back down to zero. That's why it pays to visit the dentist regularly for preventive care.

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

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

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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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# 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.

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That's where Maximum Accumulation comes in.

## How does Maximum Accumulation work?

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- **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 50% of your annual maximum, you can roll over 25% and accumulate up to 1x your annual maximum. The amount accumulated is added to your annual maximum for the next year.

**Let's look at an example of how the rollover amount is calculated assuming a \$500 calendar-year maximum.**

	Maximum*	Claim limit	Benefits paid	Rollover amount	Accumulated rollover
Year 1	\$500	\$250	\$200	\$125	\$125
Year 2	\$625	\$250	\$325	\$0	\$125
Year 3	\$625	\$250	\$200	\$125	\$250
Year 4	\$750	\$250	\$0	\$0	\$0
Year 5	\$500	\$250	\$200	\$125	\$125

\*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 — which is 50% of the maximum — there was no rollover. And in year 4, where there were no claims at all, your accumulated amount went back down to zero. That's why it pays to visit the dentist regularly for preventive care.

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

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## Save money with network dentists

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

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

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

### Let's look at an example

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

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

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

Example is for illustrative purposes only.

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

Find a  
network  
dentist

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



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

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Your vision  
benefits



## Focus on your eye health

Taking good care of your vision can be simple and affordable. And it's important — after all, you only have one pair of eyes. In fact, did you know healthy vision plays a big role in your overall health?



It's a digital world. For most of us, a day doesn't go by without using our eyes to read, scan or view a smart phone, tablet, laptop or computer screen. That can lead to eye strain and potential long-term vision problems. For this reason alone, vision care is more important than ever.

And healthy vision is also an important component of your overall wellness. Regular eye exams can help uncover serious health conditions, like diabetes, hypertension, high cholesterol, cancer, thyroid disorders and more.

That's what vision insurance is all about, helping you take control of your eye health – and your overall health. Being covered by insurance makes it more likely you'll make regular visits to your eye doctor and catch health issues early, when it matters most.

### Let's look at an example



In her job, Alisa deals with customer accounts, and that means she views names and numbers on her computer screen — all day, every day. And like many of us, she keeps in touch with her friends via social media on her smartphone.

It's safe to say she relies on her eyes in all areas of her life. So since glaucoma and diabetes run in the family, Alisa can't afford to let a year go by without a visit to the eye doctor. That's why access to vision insurance through her employer is important to her.

Enroll in [vision insurance](#) and make the most of a benefit that can help you protect your eyes and your overall health.



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

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

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Policyholder: DUSTINS BAR BQ

## Voluntary Vision Benefit Summary

Effective Date: 12/01/2019

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

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

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

## VOLUNTARY VISION

Your Coverage with Other Providers (Non-Network)		
Covered Charges	Scheduled Benefit Amount	Frequency
Vision Exams	Up to \$45	One per 12 month period
Single Vision lenses	Up to \$30	One pair per 12 month period
Lined bifocal lenses	Up to \$50	One pair per 12 month period
Lined trifocal lenses	Up to \$65	One pair per 12 month period
Lenticular lenses	Up to \$100	One pair per 12 month period
Frames	Up to \$70	One set per 24 month period
Elective Contacts	Up to \$105	In lieu of lenses and frame benefits
Necessary Contacts**	Up to \$210	In lieu of lenses and frame benefits

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

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

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

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



## Understanding Your Vision Benefits

### Am I Eligible For Coverage?

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

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

### How Do I Find a VSP Provider?

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

### How Do I Submit A Claim?

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

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

## What Are The Restrictions Of My Coverage?

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

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



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# Your life benefits



# Protect what means the most to you

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

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

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

## Here's how life insurance works

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

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

## Let's look at an example



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

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

## How much coverage do you need?

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

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

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

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

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

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

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Policyholder: DUSTINS BAR BQ

## Group Term Life Benefit Summary

Effective Date: 12/01/2019

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

Eligibility	
Job Class	MGRS OR ASST MGRS
Benefits Payable	
Employee Life Benefits	
Benefit Amount	\$50,000
Proof of Good Health	Proof of good health is required for life insurance amounts greater than:  If you are Under 70:  \$100,000  If you are 70 and older:  The lesser of \$100,000 or the amount with the prior carrier
Age Reductions	35% benefit reduction at age 65, with an additional 15% reduction at age 70.  If your employer provides coverage to retired members, please refer to your benefit booklet for possible reductions due to age.  Age reductions apply to the benefit amount after proof of good health .
Additional Employee Benefits	
Coverage During Disability	If you become disabled before age 60, coverage will continue and premium may be waived.
Accelerated Death Benefit	If you are terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.
Individual Purchase Rights	If coverage terminates, you may be able to convert coverage to an individual policy.
Limitations & Exclusions	
Coverage Outside of the US	Benefits will not be paid if you are outside the United States for certain reasons for more than six months.

## GROUP TERM LIFE

Accidental Death & Dismemberment (AD&D) Coverage	
<b>Benefit Amount</b>	<p>Your benefit is equal to your group term life benefit amount if loss is due to accident or injury. If loss is due to exposure to the elements or disappearance, your loss may be covered.</p> <p>You may be paid:</p> <ul style="list-style-type: none"> <li>• <b>Full benefit</b> when you lose: your life / both hands / both feet / sight of both eyes / one hand and sight of one eye / one foot and sight of one eye / one hand and one foot.</li> <li>• <b>Half of the benefit</b> when you lose: one hand / one foot / sight of one eye.</li> <li>• <b>One-fourth of the benefit</b> when you lose the thumb and index finger on the same hand.</li> </ul> <p>The loss must occur within 365 days of the accident.</p>
Additional Benefits	
<b>Seatbelt/Airbag</b>	\$10,000 if you are wearing a seatbelt or are protected by an airbag and die in an automobile accident
<b>Education</b>	\$3,000 per year for up to four years for dependent(s) enrolled at an accredited post-secondary school at the time of your death
<b>Repatriation</b>	Up to \$2,000 for preparation and transportation of your body if you die at least 100 miles from your permanent residence
<b>Loss of Use/Paralysis</b>	For total and irrevocable loss of voluntary movement for 12 consecutive months or paralysis that is permanent, complete and irreversible, the benefit is: 100% for quadriplegia; 50% for paraplegia, hemiplegia, loss of use of both hands or both feet, or loss of use of one hand and one foot; or 25% for loss of use of one arm, one leg, one hand or one foot
<b>Loss of Speech and/or Hearing</b>	When loss is irrevocable and continues for 12 consecutive months, the benefit is: 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear
Limitations & Exclusions	
<b>Other Limitations</b>	The Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.



## Understanding Your Life Coverage Benefits

### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work or if your employer is providing coverage to you as a retired member, you may also be eligible for coverage.

Spouse and child coverage is not available.

### What Additional Benefits Are Included?

<b>Coverage During Disability</b>	If you become totally disabled before age 60, coverage will continue and premium will be waived. You must be totally disabled for 6 months before the waiver begins. Coverage continues without premium payment until you recover or turn age 65, whichever occurs first.
<b>Accelerated Death Benefit</b>	<p>If you are terminally ill you can receive up to 75% of your benefit amount in a lump sum, not to exceed \$250,000, as long as:</p> <ul style="list-style-type: none"> <li>• Your life expectancy is 12 months or less (as diagnosed by a physician), and</li> <li>• Your death benefit is at least \$10,000.</li> </ul> <p>If you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in the premium.</p>
<b>Individual Purchase Rights</b>	If coverage terminates, you may be able to convert coverage to an individual policy. Your employer is required to inform you of your individual purchase rights to convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation. Contact Principal Life for details.
<b>Claim Processing</b>	Principal Life makes claim administration easy and convenient for employers by offering an online life claim form. Once the form is complete, employers submit the information directly over a secure, confidential Web site, expediting the claim review process. The employer can choose to use the online form or a printable version that can be faxed or mailed. Along with the online claim form, Principal Life also provides Express Claim Processing for claims that meet certain criteria. Through the Express Claim Process, decisions are reached within five working days without the employer or beneficiary submitting paperwork.



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

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

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Policyholder: DUSTINS BAR BQ

## Voluntary Term Life Benefit Summary

Effective Date: 12/01/2019

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

Eligibility			
Job Class	ALL MEMBERS		
Eligible Members	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.		
Benefits Payable			
	Employee Life Benefits	Spouse Life Benefits	Child Life Benefits
Benefit Amount	You may choose to purchase benefits in increments of \$25,000	You may choose to purchase benefits in \$5,000 increments	For eligible children 14 days or older, you may choose to purchase benefits of <ul style="list-style-type: none"><li>• \$2,000, or</li><li>• \$4,000, or</li><li>• \$5,000, or</li><li>• \$10,000</li></ul> Eligible children under 14 days of age receive \$1,000.
Minimum	\$25,000	\$5,000	Not Applicable
Maximum	\$100,000	\$50,000	Not Applicable
		Cannot exceed 100% of your benefit amount	
Proof of Good Health	Proof of good health is required for life insurance amounts greater than:  If you are under age 70:  \$100,000  If you are age 70 and over:  \$10,000	Proof of good health is required for life insurance amounts greater than:  If your spouse is under age 70:  \$10,000  If your spouse is age 70 and over:  \$10,000	Not Applicable
Age Reductions	35% benefit reduction at age 65, with an additional 15% reduction at 70  Age reductions apply to the benefit amount after proof of good health.		Not Applicable

## VOLUNTARY TERM LIFE

Additional Employee Benefits	
<b>Coverage During Disability</b>	If you become disabled before age 60, coverage will continue and premium may be waived for you and your covered dependents.
<b>Accelerated Death Benefit</b>	If you become terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.
<b>Individual Purchase Rights</b>	If you terminate employment, you may be able to convert benefits to an individual policy.
<b>Portability</b>	If you cease to qualify as a member, you may be able to continue coverage for you and your covered dependents.
Limitations & Exclusions	
<b>Suicide Exclusion</b>	Benefits are not paid if you or your dependents commit suicide within the first 24 months of coverage (prior group voluntary life coverage applies towards the 24 month time period).
<b>Coverage Outside of the US</b>	Benefits will not be paid if you or your dependents are outside the United States for certain reasons for more than six months.

## Understanding Your Voluntary Term Life Benefits

### Am I Eligible For Coverage?

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

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

### Are My Dependents Eligible For Coverage?

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

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

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

Additional eligibility requirements may apply.

### What Additional Benefits Are Included?

<b>Coverage During Disability</b>	If you become totally disabled before age 60, coverage will continue and premium will be waived for you and your covered dependents. You must be totally disabled for 6 months before the waiver begins. Coverage continues without premium payment until you recover or turn age 70, whichever occurs first.
<b>Accelerated Death Benefit</b>	<p>If you are terminally ill you can receive up to 75% of your benefit amount in a lump sum, not to exceed \$250,000, as long as:</p> <ul style="list-style-type: none"> <li>• Your life expectancy is 12 months or less (as diagnosed by a physician), and</li> <li>• Your death benefit is at least \$10,000.</li> </ul> <p>If you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in your premium.</p>
<b>Individual Purchase Rights</b>	If you terminate employment, you, your spouse and your children may be able to convert coverage to individual life coverage. Upon coverage termination, your employer is required to inform you of your individual purchase rights to convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation.

VOLUNTARY TERM LIFE

<b>Claim Processing</b>	Principal Life makes claim administration easy and convenient for employers by offering an online life claim form. Once the form is complete, employers submit the information directly over a secure, confidential Web site, expediting the claim review process. The employer can choose to use the online form or a printable version that can be faxed or mailed. Along with the online claim form, Principal Life also provides Express Claim Processing for claims that meet certain criteria. Through the Express Claim Process, decisions are reached within five working days without the employer or beneficiary submitting paperwork.
<b>Portability</b>	You may continue benefits for yourself and your covered dependents until age 70 if you cease to qualify as a member. You or your spouse must enroll within 60 days from the date you cease to qualify as a member. Refer to your benefit booklet for maximum age requirements.



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## DUSTINS BAR BQ

### Voluntary-term life - employee

Estimated employee weekly premium amounts  
End of the rate guarantee period: 11/30/2020

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
<b>\$25,000</b>	\$0.56	\$0.63	\$0.93	\$1.61	\$2.50	\$3.79	\$6.05	\$10.11	<b>\$16,250</b>	\$10.67	<b>\$12,500</b>	\$16.07
<b>\$50,000</b>	\$1.12	\$1.26	\$1.86	\$3.22	\$5.01	\$7.58	\$12.09	\$20.22	<b>\$32,500</b>	\$21.34	<b>\$25,000</b>	\$32.13
<b>\$75,000</b>	\$1.68	\$1.89	\$2.79	\$4.83	\$7.51	\$11.37	\$18.14	\$30.32	<b>\$48,750</b>	\$32.01	<b>\$37,500</b>	\$48.20
<b>\$100,000</b>	\$2.24	\$2.52	\$3.72	\$6.44	\$10.02	\$15.16	\$24.18	\$40.43	<b>\$65,000</b>	\$42.68	<b>\$50,000</b>	\$64.27

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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## Voluntary-term life - spouse

Estimated spouse weekly premium amounts

End of the rate guarantee period: 11/30/2020

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
<b>\$5,000</b>	\$0.11	\$0.13	\$0.19	\$0.32	\$0.50	\$0.76	\$1.21	\$2.02	<b>\$3,250</b>	\$2.13	<b>\$2,500</b>	\$3.21
<b>\$10,000</b>	\$0.22	\$0.25	\$0.37	\$0.64	\$1.00	\$1.52	\$2.42	\$4.04	<b>\$6,500</b>	\$4.27	<b>\$5,000</b>	\$6.43
<b>\$15,000</b>	\$0.34	\$0.38	\$0.56	\$0.97	\$1.50	\$2.27	\$3.63	\$6.06	<b>\$9,750</b>	\$6.40	<b>\$7,500</b>	\$9.64
<b>\$20,000</b>	\$0.45	\$0.50	\$0.74	\$1.29	\$2.00	\$3.03	\$4.84	\$8.09	<b>\$13,000</b>	\$8.54	<b>\$10,000</b>	\$12.85
<b>\$25,000</b>	\$0.56	\$0.63	\$0.93	\$1.61	\$2.50	\$3.79	\$6.05	\$10.11	<b>\$16,250</b>	\$10.67	<b>\$12,500</b>	\$16.07
<b>\$30,000</b>	\$0.67	\$0.75	\$1.11	\$1.93	\$3.00	\$4.55	\$7.26	\$12.13	<b>\$19,500</b>	\$12.80	<b>\$15,000</b>	\$19.28
<b>\$35,000</b>	\$0.78	\$0.88	\$1.30	\$2.25	\$3.51	\$5.31	\$8.46	\$14.15	<b>\$22,750</b>	\$14.94	<b>\$17,500</b>	\$22.49
<b>\$40,000</b>	\$0.90	\$1.01	\$1.49	\$2.58	\$4.01	\$6.06	\$9.67	\$16.17	<b>\$26,000</b>	\$17.07	<b>\$20,000</b>	\$25.71
<b>\$45,000</b>	\$1.01	\$1.13	\$1.67	\$2.90	\$4.51	\$6.82	\$10.88	\$18.19	<b>\$29,250</b>	\$19.20	<b>\$22,500</b>	\$28.92
<b>\$50,000</b>	\$1.12	\$1.26	\$1.86	\$3.22	\$5.01	\$7.58	\$12.09	\$20.22	<b>\$32,500</b>	\$21.34	<b>\$25,000</b>	\$32.13

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

<b>\$2,000</b>	\$0.09
<b>\$4,000</b>	\$0.18
<b>\$5,000</b>	\$0.23
<b>\$10,000</b>	\$0.46

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

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# Your critical illness benefits



# Critical Illness Benefit Summary

Effective Date: 12/01/2019

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

Eligibility			
Job Class	ALL MEMBERS		
Eligible Employees	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.		
Benefits Payable			
		% of Scheduled Benefit for First Occurrence	% of Scheduled Benefit for Additional Occurrences
Covered Illness	Cancer One	100%	100%
	Cancer Two	25%	25%
	Coronary Artery Bypass Graft	25%	25%
	Heart Attack	100%	100%
	Major Organ Failure	100%	100%
	Stroke	100%	100%
Multiple Payouts	<ul style="list-style-type: none"><li>• Benefits for a first occurrence of a different critical illness will be payable if incurred more than 12 months after the preceding critical illness.</li><li>• Benefit for additional occurrences of the same critical illness will be payable if incurred more than 12 months after the preceding critical illness and 12 months treatment free.</li></ul>		
Scheduled Benefits			
	Employee Benefits	Spouse Benefits	Child Benefits
Scheduled Benefit	You may choose to purchase a benefit in increments of \$5,000	You may choose to purchase a benefit in \$2,500 increments. NOTE: Spouse coverage terminates at age 70.	\$2,500
Minimum Scheduled Benefit	\$5,000	\$2,500	Not Applicable
Maximum Scheduled Benefit	\$10,000	\$5,000 Cannot exceed 50% of your scheduled benefit	Not Applicable
Guarantee Issue	Not Applicable	Not Applicable	Not Applicable

## CRITICAL ILLNESS

	Scheduled Benefit Amounts, during the initial enrollment period, are available with no proof of good health.	
Maximum Lifetime Benefit	Two times the scheduled benefit amount.	
Additional Employee Benefits		
Wellness	If you or your spouse have a covered wellness test performed, you may be eligible for a \$50 benefit. This benefit is payable only once per year and does not count toward the critical illness maximum lifetime benefit amount.	
Portability	If you cease to qualify as a member, you may be able to continue coverage for you and your covered dependents.	
Limitations and Exclusions		
Preexisting Conditions	6 months prior / 12 months insured	
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.	

## Understanding Your Critical Illness Benefits

### Am I Eligible For Coverage?

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

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

### Are My Dependents Eligible For Coverage?

You must be enrolled for critical illness coverage before it can be offered to your dependents.

Eligible dependents include your spouse (if not also enrolled as an employee) and children, if not hospital, skilled nursing facility or home confined and provided they do not elect benefits as an employee .

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

Additional eligibility requirements may apply.

### How Do I Qualify For Benefits?

To qualify for a benefit under this policy, the definition of the incurred critical illness must be satisfied.

#### Cancer One

A malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Cancer One also covers the following blood cancers: Lymphoma, leukemia and multiple myeloma. ALL OTHER SKIN CANCERS ARE EXCLUDED FROM ALL BENEFITS.

#### Cancer Two

Means the following:

- Chronic lymphocytic leukemia that has not progressed beyond Rai stage 0;
- Carcinoma in situ, which means a malignant neoplasm limited to the epithelium and confined within the basement membrane;
- Early stage melanoma, which means a malignant melanoma of up to 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Early stage prostate cancer, which means a localized cancer histologically classified as Gleason score 6 or less, and TNM classification T1aN0M0;
- Papillary microcarcinoma of the thyroid, which means a papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; and
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0m0.

**Coronary Artery Bypass Graft (CABG)**

Major surgery which requires median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

**Heart Attack**

Death of heart muscle due to inadequate blood supply. All of the following criteria must be satisfied:

- typical clinical symptoms, for example central chest pain; and
- diagnostic increase of specific cardiac markers for myocardial infarction; and
- new electrocardiographic changes of infarction.

**Major Organ Failure**

Irreversible end-stage failure of bone marrow, heart, kidney, liver, lung, or pancreas, and

- For kidney failure only, dialysis (either hemo or peritoneal) is initiated;
- For all organs listed above, a transplant is recommended as soon as an appropriate donor is located, and the member or dependent is either listed with the United Network of Organ Sharing (UNOS) or a suitable donor is found without a UNOS listing.

**Stroke**

Death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:

- clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage;
- clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and
- permanent neurologic deficit measured thirty days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

**What Additional Benefits are Included?**

## CRITICAL ILLNESS

<b>Wellness Benefits</b>	<p>If you or your dependent spouse have one of the following wellness tests or procedures performed, you may be eligible for a \$50 benefit. No benefits are payable for dependent child(ren).</p> <p>One benefit will be payable once per calendar year for either you or your dependent spouse.</p> <p>You or your dependent spouse must submit proof of the test or procedure performed. The group policy will pay a benefit regardless of the results or the cost of the test or procedure.</p> <p>The wellness benefit does not count toward the critical illness maximum lifetime benefit.</p> <p>Wellness tests or procedures covered are limited to:</p> <ul style="list-style-type: none"> <li>– Bone marrow cancer screening (serum protein electrophoresis); or</li> <li>– Breast cancer screening (CA 15-3, clinical breast exam, mammogram, MRI, ultrasound); or</li> <li>– Chest x-ray; or</li> <li>– Colorectal cancer screening (CEA, colonoscopy, fecal occult blood test, sigmoidoscopy); or</li> <li>– Completion of a smoking cessation program; or</li> <li>– Completion of a weight reduction program; or</li> <li>– Diabetes testing (fasting blood glucose test, hemoglobin A1c); or</li> <li>– Electrocardiogram (ECG) - resting or stress; or</li> <li>– Standard blood chemistry profile or lipid panel (cholesterol, triglycerides, HDL, LDL); or</li> <li>– Ovarian cancer screening; or</li> <li>– Pap smear; or</li> <li>– Prostate cancer screening (digital rectal exam, PSA blood test); or</li> <li>– Skin cancer screening.</li> </ul>
<b>Portability</b>	<p>You may continue benefits, without proof of good health, for yourself and your covered dependents until age 70 if you cease to qualify as a member. You or your spouse must be less than age 70, insured under the group policy for at least 12 consecutive months, have not incurred a critical illness and enroll within 60 days from the date you cease to qualify as a member.</p>
<b>Continuation of Coverage for Sickness or Injury</b>	<p>If you stop working because you are sick or injured, the Continuation of Coverage for Sickness or Injury may allow your critical illness coverage to be continued, with payment of premium, for up to 90 days.</p>

### What Are The Restrictions Of My Coverage?

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

## CRITICAL ILLNESS

<b>Preexisting Conditions</b>	<p>A preexisting condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which you or your dependent</p> <ul style="list-style-type: none"> <li>received medical treatment, consultation, care or service; or</li> <li>were prescribed or took prescription medications</li> </ul> <p>In the 6 month period before you or your dependent became insured under the group policy.</p> <p>Routine follow-up care to determine whether a breast cancer has recurred in a Member or Dependent who has been previously determined to be breast cancer free will not be considered a Preexisting Condition unless evidence of breast cancer is found during or as a result of such follow-up.</p> <p>No benefits will be paid for a critical illness that results from a preexisting condition unless, on the date you or your dependent incurs the critical illness, you have been actively at work for one full day for your critical illness or your dependent has been insured for one full day for a dependent's critical illness, after completing 12 consecutive months during which you or your dependent was insured under the group policy.</p> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments.</p>
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## DUSTINS BAR BQ

### Critical illness - employee

Estimated employee weekly premium amounts

End of rate guarantee period: 11/30/2020

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
<b>\$5,000</b>	\$0.67	\$0.80	\$0.98	\$1.26	\$1.77	\$2.88	\$4.37	\$6.38	\$9.99	\$13.22	\$17.96
<b>\$10,000</b>	\$1.34	\$1.61	\$1.96	\$2.53	\$3.55	\$5.76	\$8.75	\$12.76	\$19.97	\$26.45	\$35.92

### Critical illness - spouse

Estimated spouse weekly premium amounts

End of rate guarantee period: 11/30/2020

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
<b>\$2,500</b>	\$0.34	\$0.40	\$0.49	\$0.63	\$0.89	\$1.44	\$2.19	\$3.19	\$4.99	\$6.61
<b>\$5,000</b>	\$0.67	\$0.80	\$0.98	\$1.26	\$1.77	\$2.88	\$4.37	\$6.38	\$9.99	\$13.22

Note: Critical illness spouse coverage terminates at age 70.

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

**\$2,500** \$0.17

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.

Critical Illness insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392. CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS. 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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# Discounts and services



# Save money while improving your life

Everybody loves a discount! Use these to help improve your life — financially, mentally and physically. Offered by some of the most trusted companies in the U.S., these discounts and services are available through your group benefits from Principal®. **These discounts are not insurance.**

<b>Laser Vision Correction</b>	<b>Imagine your life free from glasses and contacts.</b> You, your spouse and dependent children save \$800 off LASIK through the National Lasik Network, administered by LCA-Vision, Inc.  principallasik.com   888-647-3937
<b>Hearing Aid Program</b>	<b>Protect your hearing health to improve your quality of life.</b> You, your spouse, children, parents and grandparents can get exclusive discounts on hearing aids, with a 60-day trial to ensure your full satisfaction. You can also receive a free hearing consultation at any of their 3,000+ locations nationwide.  principal.com/hearingbenefits/ahb   877-890-4694

Available with your dental and vision insurance

<b>Vision Care</b>	<b>Protect and improve your family's vision.</b> You, your spouse and dependent children can get discounts on LASIK surgery from a nationwide network of VSP providers. You'll also receive discounts on eye exams, prescription glasses and lenses, and contact lens evaluations and fittings through VSP.  principal.com/vsp   800-877-7195
<b>Dental Health Edge<sup>SM</sup></b>	<b>Get the information you need to make better decisions about oral health care.</b> 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.  <a href="http://c3.go2dental.com/scontent/">http://c3.go2dental.com/scontent/</a>

Available with your life insurance

<b>Travel Assistance</b>	<b>Ease some of the worries of traveling – whether in the U.S. or internationally.</b> You, your spouse and dependent children have access to a variety of benefits provided through AXA Assistance <sup>1</sup> . 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.  principal.com/travelassistance
<b>Will &amp; Legal Document Center</b>	<b>Consider creating your simple legal documents online.</b> These online resources and tools, provided by ARAG <sup>®2</sup> , are easy-to-use. You and your spouse can create, 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 a personal information organizer.  ARAGwills.com/Principal Enter your group policy number: 1083827

<b>Identity Theft Kit</b>	<p><b>Be proactive in protecting one of your most important assets – your identity.</b> If your identity is stolen, despite your best efforts, you'll get valuable tips on how to restore it.</p> <p>ARAGwills.com/Principal</p> <p>Enter your group policy number: 1083827</p>
<b>Beneficiary Support</b>	<p><b>Get help coping with the death of a loved one.</b> 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.<sup>2</sup></p> <p>Information is provided after the loss of a loved one.</p>

## principal.com

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. For group policies issued in New York: Travel Assistance, Will & Legal Document Center, Identity Theft Kit and Beneficiary Support are not available; Laser Vision Correction and Hearing Aid Program are only available with dental or vision insurance. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services.

If your benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf.

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<sup>1</sup> 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.

<sup>2</sup> The use of the services provided by ARAG Services, LLC should not be considered as a substitute for consultation with an attorney.

Principal and its affiliates are not responsible for any loss, injury, claim, liability or damages related to the use of the discounts and services.

Protect and improve your family's vision

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

Everybody loves a discount! Save money when you or your dependents use this discount program offered by VSP. The VSP Vision Savings Pass is available with your dental or vision coverage from Principal®. And with 77,000 access points in VSP's nationwide network, you're sure to find an eye doctor near you.

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

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

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

**Keep this card.**

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

## Using VSP is easy

**Step 1 | Find a VSP eye doctor near you –** Go to [principal.com/vsp](http://principal.com/vsp) and select the VSP Choice network or call 800-877-7195.

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

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

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

## Using VSP is easy. Just follow these steps.

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



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

Dental and vision insurance from Principal® are issued by Principal Life Insurance Company, Des Moines, Iowa 50392

**The VSP Vision Savings Pass is not vision insurance.** This discount is not a part of any Principal policy or contract and may be changed or discontinued at any time. VSP is solely responsible for the goods and services provided through this program. VSP is not a member of the Principal Financial Group®. If your vision benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf.

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Service and eyewear	Reduced prices and discounts*
Eye exam	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
Prescription glasses or sunglasses	When you purchase a complete pair of glasses, save: <b>Lenses</b> – Single vision \$40, lined bifocal \$60, lined trifocal \$75, lenticular \$75   <b>Frames</b> – 25% off
Lens enhancements	Average 20-25% off enhancements such as progressive, scratch-resistant and anti-reflective coatings
Non-prescription sunglasses	20% off unlimited sunglasses purchased within 12 months of last covered exam
Contact lens exam	15% off
Laser vision correction	15-25% off standard pricing or 5% off promotional pricing through VSP-contracted facilities
Retinal screening 82	\$39 maximum fee

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



Group life insurance

# Protect your family, your finances — and your future

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



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

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



## Resources for help with legal documents

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

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

Plus, you can also access:

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



### Protect your identity

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

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

### It's easy to get started

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

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



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



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

This value-added service is not a part of any insurance contract and may be changed or canceled at any time. Not available to group policies issued in New York. The use of services provided by ARAG® Services, LLC should not be considered a substitute for consultation with an attorney. Principal is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center. ARAG is not a member of the Principal Financial Group®.

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

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## Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

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

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



### Near or far, you're covered

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

#### Lost or stolen items

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

#### Medical assistance

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



#### Easily connect

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



#### Traveling even farther away from home?

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

#### Travel assistance program

**Call us when you're traveling and need assistance.**

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



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





## Emergency medical transportation

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

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

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

## How to use this service

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

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

### This program is not insurance.

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

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

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

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

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Name \_\_\_\_\_

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

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

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

### This program is not insurance.

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

No claims for reimbursement will be accepted.

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



# Your benefit resources



Group benefits

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

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



## Start by creating your account

- 1 | From your favorite browser, go to **principal.com**, select Log In, then Personal. Or, download the **Principal app** for free from the App Store or Google Play.
- 2 | Select **Create an account**.
- 3 | Enter personal information such as your date of birth and identification number.
- 4 | **Create a username** and password, and provide an email address.
- 5 | You'll receive an email within a few minutes to confirm your account is ready to go. You can access your account information anytime, 24/7, with the username and password you've just set.



## Manage your benefits on Principal.com and the Principal mobile app

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

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



## Keeping your account safe

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

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



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



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

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

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

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

This Notice of Privacy Practices describes the practices of Principal Life Insurance Company for safeguarding individually identifiable health information. The terms of this Notice apply to members, their spouses and dependents for their group dental expense, group vision care expense 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 May 15, 2019.

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

**Uses and Disclosures of Your Health Information**

**Authorization.** Except as explained below, we will not use or disclose your health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: Compliance Privacy Consultant, Specialty Benefits Division (SBD) Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. Once we receive your request, a form to revoke an authorization will be sent to your attention for completion.

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

**Uses and Disclosures for Payment.** We will use and disclose your health information as necessary for payment purposes. For instance, we may use your health information to process or pay claims, for subrogation, to provide a pre-determination of benefits or to perform prospective reviews. We may also forward information to another insurer in order for it to process or pay claims on your behalf. Unless we agree in writing to do otherwise, we will send all mail regarding a member's spouse or dependents to the member, including information about the payment or denial of insurance claims.

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

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

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

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

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

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

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

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

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

## Your Rights

**Restrictions on Use and Disclosure of Your Health Information.** You have the right to request restrictions on how we use or disclose your health information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgement from us.

**Receiving Confidential Communications of Your Health Information.** You have the right to request communications regarding your health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests.

**Access to Your Health Information.** You have the right to inspect and/or obtain a copy of your health information we maintain in your designated record set, subject to certain exceptions. A fee will be charged for copying and postage.

**Amendment of Your Health Information.** You have the right to request an amendment to your health information to correct inaccuracies. We are not required to grant the request in certain circumstances.

**Accounting of Disclosures of Your Health Information.** You have the right to receive an accounting of certain disclosures of your health information made by us during the 6 year period before your request. The first accounting in any 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

## Exercising your rights

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

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

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







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

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