

SERFF Tracking Number: PRLD-125629587 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number: 38941
Company Tracking Number: HH776
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income - Supplemental Health Benefit Rider
Project Name/Number: DI Product Enhancements - September 2008/HH776

Filing at a Glance

Company: Principal Life Insurance Company

Product Name: Disability Income - Supplemental Health Benefit Rider SERFF Tr Num: PRLD-125629587 State: ArkansasLH

TOI: H111 Individual Health - Disability Income

SERFF Status: Closed

State Tr Num: 38941

Sub-TOI: H111.004 Other

Co Tr Num: HH776

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: R Grubb

Disposition Date: 05/13/2008

Date Submitted: 05/09/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 09/20/2008

Implementation Date:

State Filing Description:

General Information

Project Name: DI Product Enhancements - September 2008

Project Number: HH776

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/08/2008

Domicile Status Comments: Approved by our domicile state, Iowa.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/13/2008

State Status Changed: 05/13/2008

Deemer Date:

Corresponding Filing Tracking Number: HH776

Filing Description:

RE New Submission – Individual Disability Insurance

HH 776 – Supplemental Health Benefit Rider

We have reviewed our procedures and assure you that we are in compliance with and provide the notice required by Arkansas Code Ann. 23-79-138.

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We have reviewed our issue procedures and assure you that we are in compliance with and provide the Life and Health guaranty notice required by Regulation 49.

We certify that the form in the above numbered submission meets the provision of Rule and Regulation 19 regarding unfair sex discrimination in the sale of insurance, as well as all applicable requirements of the Department.

Enclosed for your approval is the form referenced above that will be used with previously approved HH 750 AR, Disability Income Policy. It is a new form and does not replace any form currently on file with the department. Accompanying the form is the Actuarial Certification for rider form HH 776, as well as an addendum to issue basis and form description documentation for this rider.

This form will be marketed to individuals, as well as to individuals of employer/employee groups and individual members of association groups, through licensed agents and brokers.

When this rider is issued, the policy data page will display the following information:

HH 776 Supplemental Health Benefit Rider

Effective Date: [September 1, 2008]

Termination Date: To Insured's Attained Age 65

- Supplemental Health Benefit Amount: [xx.xx]

This submission was approved by our domicile state of Iowa on May 8, 2008.

The forms enclosed for your review and approval are in final print form, subject only to minor modifications in paper size, stock, ink, border, company logo and adaptation to computer printing. In addition, depending on printer capabilities, the forms may be printed either simplex or duplex.

If you have any questions or if I can provide additional information, please contact me using any of the options provided below.

Thank you very much for your review and consideration of this submission.

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Company and Contact

Filing Contact Information

Rosemary Grubb, Senior Analyst grubb.rosemary@prinipal.com
 711 High Street (800) 255-6603 [Phone]
 Des Moines, IA 50392-0001 (515) 235-5494[FAX]

Filing Company Information

Principal Life Insurance Company CoCode: 61271 State of Domicile: Iowa
 711 High Street Group Code: 332 Company Type:
 Des Moines, IA 50392 Group Name: State ID Number:
 (515) 246-7086 ext. [Phone] FEIN Number: 42-0127290

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: One rider form submitted. \$20 filing fee per rider.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$20.00	05/09/2008	20190572

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/13/2008	05/13/2008

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Disposition

Disposition Date: 05/13/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Addendum to issue basis	Approved-Closed	Yes
Form	Supplemental Health Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: HH776

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HH776	Policy/Cont	Supplemental Health Initial ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46	HH776.pdf

SUPPLEMENTAL HEALTH BENEFIT RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the current Data Page.

BENEFIT

The Supplemental Health Benefit is in addition to any other benefit provided by the policy or any other attached riders and is payable one time in Your lifetime. This rider pays the benefit amount shown on the current Data Page for any one of the following:

Coronary Artery By Pass Graft (CABG) Surgery - means the operative procedure for the correction of two or more blocked arteries of the heart. This does not include angioplasty and/or any other intra-arterial procedures.

Cancer - means the presence of a malignant tumor characterized by the uncontrolled growth and metastasis of malignant cells, and the invasion of tissue. This would include: Leukemia and malignant disease of the lymphatic system, such as Hodgkin's lymphoma Stage III and IV and invasive malignant melanoma. The following diagnoses are not covered; any non-invasive cancer in-situ, Hodgkin's disease Stage I, prostate cancer Stage A, papillary cancer of the bladder, all skin cancers except invasive malignant melanoma (starting with Clark Level III).

Stroke - means any cerebrovascular incident producing neurological deficit lasting more than 24 hours and including infarction of brain tissue or hemorrhage into brain tissue. Evidence of neurological deficit for at least 90 days has to be produced.

In order for this benefit to be paid:

1. The policy and this rider must be in force; and
2. The onset of the CABG, Cancer or Stroke must be after the effective date of this rider; and
3. You must be Continuously Disabled; and
4. You must survive the CABG Surgery, Cancer or Stroke for 90 days from the date of the onset of the CABG, Cancer or Stroke or from the date of Disability, which ever is later; and
5. You must be under Regular Care By A Doctor for the condition or operative procedure.

If the Presumptive Disability Benefit Rider is attached to the policy, that rider does not change any of the terms of this rider.

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary; or
2. When We pay this rider's benefit; or
3. Our receipt of the Owner's written request to terminate it; or
4. Termination of the policy of which it is a part.


President and Chief Executive Officer

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 05/13/2008

Comments:

We have reviewed our procedures and assure you that we are in compliance with and provide the notice required by Arkansas Code Ann. 23-79-138.

We have reviewed our issue procedures and assure you that we are in compliance with and provide the Life and Health guaranty notice required by Regulation 49.

We certify that the form in the above numbered submission meets the provision of Rule and Regulation 19 regarding unfair sex discrimination in the sale of insurance, as well as all applicable requirements of the Department.

Attached is a readability certification.

Attachment:

AR Readability.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 05/13/2008

Bypass Reason: Not applicable to this rider filing.

Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 05/13/2008

Bypass Reason: Not applicable to this Individual Disability Income filing.

Comments:

Satisfied -Name: Addendum to issue basis **Review Status:** Approved-Closed 05/13/2008

Comments:

Attached is the Addendum to issue basis and form documentation document for this rider.

Attachment:

HH750 addendum issue basis 4-2008.pdf

Readability

ARKANSAS CERTIFICATION

PRINCIPAL LIFE INSURANCE COMPANY

This is to certify that the attached form:

<u>Form No.</u>	<u>Score</u>
HH776	46

has achieved a Flesch Reading Ease Score of 46 and complies with the requirement of Arkansas Statute Annotated 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Date 05/08/2008

Jeff Hostetter
Assistant Director
Product Management

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ARKANSAS

PRINCIPAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IOWA

I certify that the Guidelines for Non-Guaranteed Cost on Participating and Nonparticipating Life Insurance contained in Arkansas Insurance Department bulletin No. 11-83 dated September 2, 1983, have been reviewed and that SF 772, et al complies with these guidelines.

Date

Signature_____

Jeff Hostetter
Assistant Director
Product Management

**Principal Life Insurance Company
Des Moines, Iowa**

**Addendum to Description of Policy, Issue Basis and Riders Available
For Disability Income Policy Form HH 750 et al**

New Rider Available

Supplemental Health Benefit Rider – HH 776

This rider is available at issue ages 18 through 64. There is no specific premium charge for this rider.

The rider pays an additional one-time benefit, subject to the rider provisions, if the insured is totally disabled under the policy and has Coronary Artery By Pass Graft Surgery, Cancer, or Stroke.