

SERFF Tracking Number: PRLF-126150601 State: Arkansas
 Filing Company: Principal Life Insurance Company State Tracking Number: 42531
 Company Tracking Number:
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: Single Case Filing - Term - AR
 Project Name/Number: /

Filing at a Glance

Company: Principal Life Insurance Company

Product Name: Single Case Filing - Term - AR SERFF Tr Num: PRLF-126150601 State: Arkansas
 TOI: L04G Group Life - Term SERFF Status: Closed-Approved- State Tr Num: 42531
 Closed

Sub-TOI: L04G.500 Other Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Authors: Bonnie Blue, Jan Majerus Disposition Date: 06/03/2009
 Date Submitted: 05/27/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 06/03/2009	Explanation for Other Group Market Type:
	State Status Changed: 06/03/2009
Deemer Date:	Created By: Jan Majerus
Submitted By: Jan Majerus	Corresponding Filing Tracking Number:

Enclosed for your review and approval are two copies of the above listed forms, which are being submitted for approval on a single case basis.

A large insured group policyholder located in Arkansas has requested changing their grace period to 60 days. The changes are italicized on the attached policy and booklet certificate insert pages for your ease in reviewing.

If approved, these pages will be used for this one case only, with our Group Term Life Insurance Policy forms series GC 6000, et al, (most recently filed and approved March 26, 2002, with various subsequent filing and approval dates for changes). The entire Group Term Life Insurance policy forms for this policyholder were filed and approved June 5, 2008.

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Enrollment form number GP 56002 is specific to this policyholder is also included. Please note this enrollment form was included in the Group Term Life filing for this policyholder, SERFF Tracking Number PRLF – 125595388 and was approved on June 9, 2008.

No part of this filing contains any unusual or controversial items from normal industry standards.

Thank you for your consideration of this submission. All required certification forms are enclosed.

If you have any questions on any of the attached materials, please feel free to contact me by fax, e-mail or at the toll-free number shown below.

Company and Contact

Filing Contact Information

Jan Majerus, State/Federal Compliance Analyst Majerus.Jan@principal.com
 711 High Street 800-986-3343 [Phone] 83337 [Ext]
 K-005-E81 515-246-2491 [FAX]
 Des Moines, IA 50392-0002

Filing Company Information

Principal Life Insurance Company	CoCode: 61271	State of Domicile: Iowa
711 High Street	Group Code: 332	Company Type: Life & Health
Des Moines, IA 50392-0002	Group Name:	State ID Number:
(800) 986-3343 ext. [Phone]	FEIN Number: 42-0127290	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$50.00	05/27/2009	28110981

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/03/2009	06/03/2009

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Disposition

Disposition Date: 06/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	PART I- DEFINITIONS		Yes
Form	PART II - POLICY ADMINISTRATION - Section B - Premiums		Yes
Form	DEFINITIONS		Yes

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Form Schedule

Lead Form Number: GC 6002 DIL-1

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GC 6002 DIL-1	Policy/Cont PART I- ract/Fratern DEFINITIONS al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: gc 6002 dil Previous Filing #: PRLF-125595388		GC 6002 DIL- 1.pdf
	GC 6004 DIL-1	Policy/Cont PART II - POLICY ract/Fratern ADMINISTRATION - al Section B - Certificate: Premiums Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: gc 6004 dil Previous Filing #: PRLF-125595388		GC 6004 DIL- 1.pdf
	GH 114 DIL-1	Certificate DEFINITIONS Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: gh 114 dil Previous Filing #: PRLF-125595388		GH 114 DIL- 1.pdf

PART I - DEFINITIONS

When used in this Group Policy the terms listed below will mean:

Active Work; Actively at Work (Effective 06/01/2006)

A Participant will be considered Actively at Work if he or she is able and available for active performance of all of his or her 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 the Participant is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence.

Active Work; Actively at Work (Effective 05/01/2007)

A Participant will be considered Actively at Work if he or she is not terminated. 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 a Participant is able and available for active performance of all of his or her regular duties and were working the day immediately prior to the date of his or her absence.

Annual Compensation

For Participants with no ownership interest in the business entity of the Policyholder:

On any date, a Participant's basic annual (or annual equivalent) wage then in force, as established by the Policyholder. Basic wage does not include tips, differential pay, housing and/or car allowance, or *overtime pay. Basic wage does include commissions, bonuses, or any deferred earnings under a qualified deferred compensation plan, such as contributions to Internal Revenue Code Section 401(k), 403(b), or 457 deferred compensation arrangements and any amount of voluntary earnings reduction under a qualified Section 125 Cafeteria Plan.

Commissions and bonuses will be averaged for:

- a. the one calendar year period prior to any date of determination by The Principal, if the Participant has been employed for at least one calendar year(s); or
- b. the completed months of employment prior to any date of determination by The Principal, if the Participant has been employed for less than one calendar year(s).

For the purpose of benefit calculation and premium remittance, this amount will be rounded (up for life and down for STD and LTD) to the next (higher or lower) \$1,000.

**For hourly Participants moving to salaried status, a Participant's Annual Compensation will be the greater of the basic annual wage in force as an hourly Participant (including overtime), or a salaried Participant (excluding overtime).*

For Participants with ownership interest in the business entity of the Policyholder, such as an owner of a sole proprietorship, a partner in a partnership, a shareholder of a corporation or subchapter S-corporation, or a member of a limited liability company or limited liability partnership, Annual Compensation on any date is based on an average of the following earnings as reported for Federal Income Tax purposes for the last two calendar years, unless ownership interest is less than two years in which case an annual equivalent of the average of earnings for the completed months of employment will be used, assuming the owner meets all eligibility requirements:

- a. the Participant's share (based on ownership or contractual agreement) of the gross revenue or income earned by the Policyholder, including income earned by the Participant and others under the Participant's supervision or direction; less
- b. the Participant's share (based on ownership or contractual agreement) of the usual and customary unreimbursed business expenses of the Policyholder which are incurred on a regular basis, are essential to the established business operation of the Policyholder, are deductible for Federal Income Tax purposes; plus
- c. the salary, benefits, and other forms of compensation which are payable to the Participant, and any contributions to a pension or profit sharing plan made on the Participant's behalf by the Policyholder.

Annual Compensation does not include any form of unearned income such as dividends, rent, interest, capital gains, income received from any form of deferred compensation, retirement, pension plan, income from royalties, or disability benefits.

Date of Issue

The date this Group Policy is placed in force: June 1, 2006.

Group Policy

The policy of group insurance issued by The Principal to the Policyholder, which describes benefits and provisions for Participants.

Hospital

An institution that is licensed as a Hospital by the proper authority of the state in which it is located, but not including any institution, or part thereof, that is used primarily as a clinic, Skilled Nursing Facility, convalescent home, rest home, home for the aged, nursing home, custodial care facility, or training center.

Insurance Month

Calendar Month.

Participant

A Participant is any full-time employee or part-time employee who has enrolled and works the required number of hours during each benefit quarter as determined by Dillard's accounting calendar.

Period of Limited Activity

Any period of time during which a person is:

- a. confined in a Hospital for any cause or confined in a Skilled Nursing Facility; or
- b. Home Confined. "Home Confined" means that, due to sickness or injury, the person is unable to carry on the regular and usual activities of a healthy person of the same age and sex and unable to leave his or her home except to receive medical treatment.

Physician

- a. A licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.); or
- b. any other licensed health care practitioner that state law requires be recognized as a Physician under this Group Policy.

The term Physician does not include the Participant, an employee of the Participant, a business or professional partner or associate of the Participant, any person who has a financial affiliation or business interest with the Participant, anyone related to the Participant by blood or marriage, or anyone living in the Participant's household.

Policy Anniversary

June 1, 2008 and the same day of each following year.

Policyholder

The entity to whom this Group Policy is issued (see Title Page).

Prior Policy

The Group Term Life coverage of either:

- a. the Policyholder; or

- b. a business entity which has been obtained by the Policyholder through a merger or acquisition;

for which this Group Policy is a replacement.

Proof of Good Health

Written evidence that a person is insurable under the underwriting standards of The Principal. This proof must be provided in a form satisfactory to The Principal.

Qualifying Event

A Qualifying Event for Accelerated Benefits is a medical condition, which would, in the absence of extensive or extraordinary medical treatment; result in a dramatically limited life span. Such conditions may include, BUT ARE NOT LIMITED TO, one or more of the following:

- (1) coronary artery disease resulting in an acute infarction or requiring surgery;
- (2) permanent neurological deficit resulting from cerebral vascular accident;
- (3) end stage renal failure; or
- (4) acquired immune deficiency syndrome (AIDS).

Signed or Signature

Any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper or electronic media, and which is consistent with applicable law and is agreed to by The Principal.

Skilled Nursing Facility

An institution (including one providing sub-acute care), or distinct part thereof, that is licensed by the proper authority of the state in which it is located to provide skilled nursing care and that:

- a. is supervised on a full-time basis by a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) or a licensed registered nurse (R.N.); and
- b. has transfer arrangements with one or more Hospitals, a utilization review plan, and operating policies developed and monitored by a professional group that includes at least one M.D. or D.O.; and
- c. has an existing contract for the services of an M.D. or D.O., maintains daily records on each patient, and is equipped to dispense and administer drugs; and
- d. provides 24-hour nursing care and other medical treatment.

Not included are rest homes, homes for the aged, nursing homes, or places for treatment of mental disease, drug addiction, or alcoholism.

Terminally Ill

A Participant will be considered Terminally Ill if he or she has experienced a Qualifying Event and is expected to die within 12 months of the date he or she requests payment of Accelerated Benefits.

Total Disability; Totally Disabled

A Participant's (other than a retired Participant's) inability, as determined by The Principal, due to sickness or injury, to perform the majority of the material duties of any occupation for which he or she is or may reasonably become qualified based on education, training or experience.

Written or Writing

A record which is on or transmitted by paper or electronic media, and which is consistent with applicable law.

PART II - POLICY ADMINISTRATION

Section B - Premiums

Article 1 - Payment Responsibility; Due Dates; Grace Period

The Policyholder is responsible for collection and payment of all premiums due while this Group Policy is in force. Payments must be sent to the home office of The Principal in Des Moines, Iowa.

The first premium is due on the Date of Issue of this Group Policy. Each premium thereafter will be due on the first of each Insurance Month. Except for the first premium, a Grace Period of **60** days will be allowed for payment of premium. "Grace Period" means the first **60**-day period following a premium due date. The Group Policy will remain in force until the end of the Grace Period, unless the Group Policy has been terminated by notice as described in this PART II, Section C. The Policyholder will be liable for payment of the premium for the time this Group Policy remains in force during the Grace Period.

Article 2 - Premium Rates

The premium rate(s) for each Participant insured for Life Insurance will be:

a. For Active Participant:

Participant Life Insurance

(Rate for each \$1,000 of insurance in force)

(Person's Age)

29 and Under	\$0.036
30-34	\$0.036
35-39	\$0.045
40-44	\$0.054
45-49	\$0.090
50-54	\$0.162
55-59	\$0.270
60-64	\$0.468
65-69	\$0.900
70 and over	\$1.350

PART II - POLICY ADMINISTRATION

b. For Retired Participant:

Participant Life Insurance

\$0.48 for each \$1,000 of insurance in force.

If the Policyholder has at least two other eligible group insurance policies underwritten by The Principal, as determined by The Principal, the Policyholder may be eligible for a multiple policy discount.

Article 3 - Premium Rate Changes

The Principal may change a premium rate:

- a. on any premium due date, if the initial premium rate has then been in force 36 months or more and if Written notice is given to the Policyholder at least 31 days before the date of change; or
- b. on any date the definition of Participant is changed; and
- c. on any date the Policyholder's business, as specified on the Policyholder application, is changed; and
- d. on any date that a schedule of insurance or class of insured Participant is changed; and
- e. on any premium due date, if the Policyholder has been receiving a multiple policy discount rate and the Policyholder drops below the minimum number of coverages to receive such discount rate; and
- f. on any date the premium contribution required of Participant is changed; and
- g. with respect to Participant Life Insurance, on each June 1st, if the average age, average Scheduled Benefit amount, or the male/female distribution for then insured Participant has changed since the last Policy Anniversary; and
- h. on any Policy Anniversary, if the volume of insurance for then insured Participant has increased or decreased by more than 25% since the last Policy Anniversary.

If the Policyholder has other group insurance with The Principal, and if life coverage is initially added on a date other than the Policy Anniversary and it is more than six months before the next Policy Anniversary, The Principal reserves the right to change the premium rate on the next Policy Anniversary. Written notice will be given to the Policyholder at least 31 days before the date of change.

PART II - POLICY ADMINISTRATION

If the Policyholder agrees to participate in the electronic services program of The Principal and, at a later date elects to withdraw from participation, such withdrawal may result in certain administrative fees being charged to the Policyholder.

Article 4 - Premium Amount

The amount of premium to be paid on each due date will be determined in these ways:

- a. Participant Life Insurance
The total volume of insurance in force will be divided by 1,000. The result will then be multiplied by the premium rate then in effect.

To ensure accurate premium calculations, the Policyholder is responsible for reporting to The Principal, the following information during the stated time periods:

- a. Participants who are eligible to become insured are to be reported during the month prior to or during the month that coverage becomes effective.
- b. Participants whose coverage has terminated are to be reported within a month of the date coverage terminated.
- c. Changes in Annual Compensation are to be reported during the month of or prior to the Policy Anniversary.
- d. Changes in Participant insurance class are to be reported during the month of or prior to the Policy Anniversary.

If a Participant is added or a present Participant's insurance is increased or terminated on other than the first of an Insurance Month, premium for that Participant will be adjusted and applied as if the change were to take place on the first of the next following Insurance Month.

Article 5 - Contributions from Participants

Participants may be required to contribute a part of the premium for their Participant insurance under this Group Policy.

PART II - POLICY ADMINISTRATION

DEFINITIONS

Several words and phrases used to describe your insurance are capitalized whenever they are used in this booklet-certificate. These words and phrases have special meanings as explained in this section.

Active Work; Actively at Work (Effective 06/01/2006)

You are 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.

Active Work; Actively at Work (Effective 05/01/2007)

You are considered Actively at Work if your coverage is not terminated. Short term absence because of a regularly scheduled day off, holiday, vacation, 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.

Annual Compensation

For Participants with no ownership interest in the business entity of the Policyholder:

On any date, your basic annual (or annual equivalent) wage then in force, as established by the Policyholder. Basic wage does not include tips, differential pay, housing and/or car allowance, or *overtime pay. Basic wage does include commissions, bonuses, or any deferred earnings under a qualified deferred compensation plan, such as contributions to Internal Revenue Code Section 401(k), 403(b), or 457 deferred compensation arrangements and any amount of voluntary earnings reduction under a qualified Section 125 Cafeteria Plan.

Commissions and bonuses will be averaged for:

- the one calendar year period prior to any date of determination by Principal Life, if you have been employed for at least one calendar year(s); or
- the completed months of employment prior to any date of determination by Principal Life, if you have been employed for less than one calendar year(s).

For the purpose of benefit calculation and premium remittance, this amount will be rounded (up for life and down for STD and LTD) to the next (higher or lower) \$1000.

**For hourly Participants moving to salaried status, your Annual Compensation will be the greater of the basic annual wage in force as an hourly Participant (including overtime), or a salaried Participant (excluding overtime).*

For Participants with ownership interest in the business entity of the Policyholder, such as an owner of a sole proprietorship, a partner in a partnership, a shareholder of a corporation or subchapter S-corporation, or a Participant of a limited liability company or limited liability partnership, Annual Compensation on any date is based on an average of the following earnings as reported for Federal Income Tax purposes for the last two calendar year(s), unless ownership interest is less than two years in which case an annual equivalent of the average of earnings for the completed months of employment will be used, assuming the owner meets all eligibility requirements:

- your share (based on ownership or contractual agreement) of the gross revenue or income earned by the Policyholder, including income earned by you and others under the your supervision or direction; less
- your share (based on ownership or contractual agreement) of the usual and customary unreimbursed business expenses of the Policyholder which are incurred on a regular basis, are essential to the established business operation of the Policyholder, are deductible for Federal Income Tax purposes; plus
- the salary, benefits, and other forms of compensation which are payable to you, and any contributions to a pension or profit sharing plan made on your behalf by the Policyholder.

Annual Compensation does not include any form of unearned income such as dividends, rent, interest, capital gains, income received from any form of deferred compensation, retirement, pension plan, income from royalties, or disability benefits.

Group Policy means the policy of group insurance issued to the Policyholder by Principal Life which describes benefits and provisions for insured Participants.

Hospital means an institution that is licensed as a Hospital by the proper authority of the state in which it is located, but not including any institution, or part thereof, that is used primarily as a clinic, Skilled Nursing Facility, convalescent home, rest home, home for the aged, nursing home, custodial care facility, or training center.

Insurance Month means calendar month.

Participant means any full-time employee or part-time employee who has enrolled and works the required number of hours during each benefit quarter as determined by Dillard's accounting calendar.

Period of Limited Activity means any period of time during which a person is:

- confined in a Hospital for any cause or confined in a Nursing Facility; or
- Home Confined. "Home Confined" means that, due to sickness or injury, the person is unable to carry on the regular and usual activities of a healthy person of the same age and sex and unable to leave his or her home except to receive medical treatment.

Physician means:

- a licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.); or
- any other licensed health care practitioner that state law requires be recognized as a Physician under the Group Policy.

The term Physician does not include you, one of your employees, your business or professional partner or associate, any person who has a financial affiliation or business interest with you, anyone related to you by blood or marriage, or anyone living in your household.

Policyholder means DILLARD'S, INC. FLEXIBLE BENEFIT PLAN.

Prior Policy means the Group Term Life coverage of either:

- the Policyholder; or
- a business entity which has been obtained by the Policyholder through a merger or acquisition;

for which the Group Policy is a replacement.

Proof of Good Health means Written evidence that a person is insurable under Principal Life underwriting standards. This proof must be provided in a form satisfactory to Principal Life.

Qualifying Event means for Accelerated Benefits, a medical condition that would, in the absence of extensive or extraordinary medical treatment, result in a drastically limited life span. Such conditions may include, BUT ARE NOT LIMITED TO, one or more of the following:

- coronary artery disease resulting in an acute infarction or requiring surgery;
- permanent neurological deficit resulting from cerebral vascular accident;
- end stage renal failure; or
- acquired immune deficiency syndrome (AIDS).

Signed or Signature means any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper or electronic media, and which is consistent with applicable law and is agreed to by Principal Life.

Skilled Nursing Facility means an institution (including one providing sub-acute care), or distinct part thereof, that is licensed by the proper authority of the state in which is it located to provide skilled nursing care and that:

- is supervised on a full-time basis by a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) or a licensed registered nurse (R.N.); and
- has transfer arrangements with one or more Hospitals, a utilization review plan, and operating policies developed and monitored by a professional group that includes at least one M.D. or D.O.; and
- has an existing contract for the services of an M.D. or D.O., maintains daily records on each patient, and is equipped to dispense and administer drugs; and
- provides 24-hour nursing care and other medical treatment.

Not included are rest homes, homes for the aged, nursing homes, or places for treatment of mental disease, drug addiction, or alcoholism.

Terminally Ill means you have experienced a Qualifying Event and you are expected to die within 12 months of the date you request payment of Accelerated Benefits.

Total Disability; Totally Disabled means for you (other than a retired Participant), your inability, as determined by Principal Life, due to sickness or injury, to perform the majority of the material duties of any occupation for which you are or may reasonably become qualified based on education, training, or experience.

Written or Writing means a record which is on or transmitted by paper or electronic media, and which is consistent with applicable law.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: this form was included with filing PRLF-125595388 approved on 6-5-08. Attachment: GP56002.pdf		

**STATE OF ARKANSAS
INSURANCE DEPARTMENT**

CERTIFICATION OF READABILITY

I, Mark L. Hill, an Officer of Principal Life Insurance Company hereby certify that the attached form(s) has (have) achieved a Flesch Reading Ease Score of:

Form No.	Form Name	Flesch Score
GC 6002 DIL-1, GC 6004 DIL-1	Group Term Life Insurance Policy Forms	59.3
GH 114 DIL-1	Group Term Life Booklet-Certificate Forms	54.6

and complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

PRINCIPAL LIFE INSURANCE COMPANY



Mark L. Hill, Director
Group Life and Health Compliance

May 27, 2009

Date

12/1999





Mailing Address: Des Moines, IA 50392-0002

Principal Life Insurance Company Health Statement for Self Administered Plans

Account Number / Unit Number H35922

Employer to Complete This Section: After completing make a copy of Page 1 for your records before you give the form to your employee.

Employer name Dillard's, Inc.

Direct all employer's correspondence regarding this statement to: Name Benefits Department

Address (street) 1600 Cantrell Road

City State ZIP code Phone Little Rock AR 72201 (501) 376-5933

Employee's name AIN number Date of hire Annual salary \$

Effective date as per contractual provisions open enrollment - effective date June 1st

This statement is: (place a "(v)" in each box that applies) for employee add new coverages increase in current coverages for dependent(s) late

Please check the coverages (and indicate the new amount or increase in amount) being applied for at this time. See your benefit plan/contract for proof of good health rules that apply to your plan.

Table with 3 columns: Coverage type, Current amount, Requested amount. Rows include basic life, voluntary term life (employee/spouse/child), short term disability, and long term disability.

Employee to Complete This Section

120-0

Your name (last, first, middle initial) _____ Home phone number _____

Home address (street) _____

City _____ State _____ ZIP code _____

Date of birth _____ Are you married? male female yes no Date of marriage _____

Name of spouse _____ Spouse's date of birth _____

This statement is for:

myself		my spouse		my children			
Name of each dependent child applying for coverage (last, first, middle initial)	Sex	Date of birth	Full-time student	Foster/step child*	Disabled or handicapped* child		
1.							
2.							
3.							
4.							

Are additional children listed on separate page? yes Please sign and date all pages.

* Foster and stepchildren, eligibility is determined by employer. For disabled, handicapped children, complete the appropriate form.

Health Information for All Coverages Being Applied for

Answer only for those individuals requesting coverage. To prevent delays answer each question and give full details to "yes" answers. All statements and descriptions on this form shall be deemed to be representations and not warranties.

Employee's height _____ ft. _____ in. weight _____ lbs. Spouse's height _____ ft. _____ in. weight _____ lbs.

1.	yes	no	Is any person on whom coverage is requested currently using tobacco products, including cigarette, pipe, cigar or chewing tobacco? If so, how long? _____ Which applicant(s)? _____																				
2.	yes	no	Is any person on whom coverage is requested currently receiving medical treatment, taking medication, or pregnant?																				
3.	yes	no	In the past 5 years , has any person on whom coverage is requested had surgery, been hospitalized or consulted with a doctor, had blood or other diagnostic tests (other than for HIV antibody), or been advised to receive medical treatment?																				
4.	yes	no	In the past 5 years , has any person on whom coverage is requested been diagnosed with or received treatment for any of the following (check all that apply)? <table border="0" style="width: 100%;"> <tr> <td>cancer</td> <td>liver disorder</td> <td>bone disorder</td> <td>mental disorder</td> </tr> <tr> <td>tumors</td> <td>kidney disorder</td> <td>joint disorder</td> <td>nervous disorder</td> </tr> <tr> <td>heart condition</td> <td>muscle disorder</td> <td>urinary disorder</td> <td>diabetes</td> </tr> <tr> <td>high blood pressure</td> <td>multiple sclerosis/ neurological disorder</td> <td>respiratory disorder</td> <td>hepatitis</td> </tr> <tr> <td>stroke</td> <td></td> <td></td> <td></td> </tr> </table>	cancer	liver disorder	bone disorder	mental disorder	tumors	kidney disorder	joint disorder	nervous disorder	heart condition	muscle disorder	urinary disorder	diabetes	high blood pressure	multiple sclerosis/ neurological disorder	respiratory disorder	hepatitis	stroke			
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5.	yes	no	In the past 10 years , has any person on whom coverage is requested been treated for, diagnosed as having or tested positive for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other immune disorder?																				

Health Information for All Coverages Being Applied for (continued)

120-0

Provide details for all "yes" answers. If more space is needed, attach a separate page giving full details. Sign and date all pages.

Name	Date diagnosed/treated	Duration of illness or condition
Diagnosis of illness or condition	Type of treatment/names of all medications	
Any current symptoms or problems		
Names and addresses of doctors, hospitals or other providers		

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Names and addresses of doctors, hospitals or other providers		

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 Insurance Company is not liable for anyone's claim which happens or begins before the effective date of coverage or approval of any life and disability coverage.
- 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 life and disability coverages, if issued, to be cancelled as never effective.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- I understand all policy provisions for medical coverage will apply. If approved for life and disability coverages, 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.
- For life and disability coverages, I authorize any doctor, health care provider, hospital, clinic or medically related facility, 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 and employees performing business transactions, any such data.

Authorization, Acknowledgment, and Signatures (continued)**120-0**

- 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 shown below. I understand I may revoke this authorization for information not then obtained. A photocopy of this form shall be as valid as the original.
- I understand the data obtained by use of this authorization will be used by Principal Life for claims administration and to determine eligibility for life and disability coverage. This information will not be used for any purposes prohibited by law.

Employee's signature	Date signed
Spouse's signature*	Date signed

*Spouse signature only required if Voluntary Term Life coverage is elected.

Notice of Information Practices for Life and Disability Coverages

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. We will do this by having you complete this Health Statement. In addition, we may contact sources besides yourself for personal data about any proposed insured, including (a) spouse, (b) employer, (c) medical professionals or institutions, and (d) 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, and (d) the employer, 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, Medical Underwriting, Principal Life Insurance Company, Des Moines, IA 50392-0432.

Instructions for Employee

After this form is completed and signed, send original to Principal Life Insurance Company, Des Moines, IA 50392-0002, and make a copy for your records.