

SERFF Tracking Number: PRLF-126821037 State: Arkansas  
Filing Company: Principal Life Insurance Company State Tracking Number: 46869  
Company Tracking Number:  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Single Case Filing - Group VTL Life - AR-H35922  
Project Name/Number: /

## Filing at a Glance

Company: Principal Life Insurance Company

Product Name: Single Case Filing - Group VTL SERFF Tr Num: PRLF-126821037 State: Arkansas  
Life - AR-H35922

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved- State Tr Num: 46869  
Closed

Sub-TOI: L04G.500 Other

Co Tr Num: State Status: Approved-Closed  
Reviewer(s): Linda Bird

Filing Type: Form

Authors: Donna Burns, Mark Curtis, Disposition Date: 09/28/2010  
Ann McCoy

Date Submitted: 09/22/2010

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: Not required to be  
filed in Iowa

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: 09/28/2010

Explanation for Other Group Market Type:

State Status Changed: 09/28/2010

Deemer Date:

Created By: Ann McCoy

Submitted By: Ann McCoy

Corresponding Filing Tracking Number:

Filing Description:

Principal Life Insurance Company

NAIC No. 61271-332

FEIN # 42-0127290

Group Voluntary Term Life Insurance

Policy Form - GC 6006 (VTL) DIL-1

Booklet-Certificate Form - GH 110 (VTL) DIL-1

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Attached for your review and approval are copies of the above listed form, which is being submitted for approval on a single case basis.

A large insured group policyholder located in Arkansas has requested changes to their Eligibility Requirements. The changes are italicized and in red font 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 Voluntary Term Life Insurance Policy forms series GC 6000 (VTL), et al, (most recently filed and approved March 26, 2002, with various subsequent filing and approval dates for changes). The entire Group Voluntary Term Life Insurance policy forms for this group were previously filed and approved on June 9, 2008.

Enrollment form number GP 56002 is specific to this policyholder is also included. Please note this enrollment form was included in the Group Voluntary Term Life filing for this policyholder, SERFF Tracking Number PRLF – 126150601 and was approved on June 3, 2009.

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.

## Company and Contact

### Filing Contact Information

Ann McCoy, State/Federal Compliance Analyst mccoey.ann@principal.com  
711 High St. 800-986-3343 [Phone] 89658 [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

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## Filing Fees

SERFF Tracking Number: PRLF-126821037 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Policy Form Filing=\$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$50.00	09/22/2010	39766398
Principal Life Insurance Company	\$50.00	09/27/2010	39903882

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/28/2010	09/28/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/23/2010	09/23/2010	Ann McCoy	09/27/2010	09/27/2010

*SERFF Tracking Number:* PRLF-126821037      *State:* Arkansas  
*Filing Company:* Principal Life Insurance Company      *State Tracking Number:* 46869  
*Company Tracking Number:*  
*TOI:* L04G Group Life - Term      *Sub-TOI:* L04G.500 Other  
*Product Name:* Single Case Filing - Group VTL Life - AR-H35922  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 09/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRLF-126821037 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Form	PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS		Yes
Form	HOW TO BE INSURED - PARTICIPANTS		Yes

SERFF Tracking Number: PRLF-126821037 State: Arkansas  
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Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/23/2010  
Submitted Date 09/23/2010  
Respond By Date 10/25/2010

Dear Ann McCoy,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Flesch Certification (Supporting Document)
- Application (Supporting Document)
- Cover Letter (Supporting Document)
- PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS, GC 6006 (VTL) DIL-1 (Form)
- HOW TO BE INSURED - PARTICIPANTS, GH 110 (VTL) DIL-1 (Form)

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/27/2010  
Submitted Date 09/27/2010

Dear Linda Bird,

### Comments:

### Response 1

Comments: Dear Linda Bird

Thank you for your disposition letter dated September 23, 2010. I have submitted an additional \$50.00 filing fee as pursuant to your request and to comply with Regulation 57.

Please let me know if any additional information is needed for your review.

Thank you  
Ann McCoy

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Ann McCoy, Donna Burns, Mark Curtis

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GC 6006 (VTL) DIL-1	Policy/Contract/Fraternal Certificate: AND RIGHTS Amendment, Insert Page, Endorsement or Rider	Revised	Replaced Form #: GC 6006 (VTL) DIL Previous Filing #:	58.300	GC 6006 (VTL) DIL-1.pdf
	GH 110 (VTL) DIL-1	Certificate HOW TO BE INSURED - Amendment, Insert Page, Endorsement or Rider	Revised	Replaced Form #: GH 110 (VTL) DIL Previous Filing #:	53.600	GH 110 (VTL) DIL-1.pdf

## **PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS**

### **Section A - Eligibility**

#### **Article 1 - Participant Life Insurance**

A person will be eligible for Participant Life Insurance on the 1st day of the month *according to Dillard's accounting calendar in which the Participant meets* eligibility and *has enrolled in coverage*. Eligibility will be determined by Dillard's.

In no circumstance will a person be eligible for Participant Life Insurance under this Group Policy if the person is eligible under any other Group Voluntary Term Life Insurance policy underwritten by The Principal.

#### **Article 2 - Dependent Life Insurance**

A person will be eligible for Dependent Life Insurance on the latest of:

- a. the date the person is eligible for Participant Life Insurance; or
- b. the date the person first acquires a Dependent; or
- c. the date the person enters a class for which Dependent Life Insurance is provided under this Group Policy; or
- d. the date Dependent Life Insurance is added to this Group Policy.

## **PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS**

## HOW TO BE INSURED - PARTICIPANTS

### PARTICIPANT LIFE INSURANCE

#### **Eligibility**

To be eligible for insurance you must be a Participant.

You will be eligible on the 1st day of the month *according to Dillard's accounting calendar in which the Participant meets* eligibility and *has enrolled in coverage*. Eligibility will be determined by Dillard's.

In no circumstance will you be eligible for Participant Life Insurance under the Group Policy if you are eligible under any other Group Voluntary Term Life Insurance policy underwritten by Principal Life.

#### **Effective Dates - Actively at Work**

If you are not Actively at Work on the date your insurance would otherwise be effective, your insurance will not be in force until the day you return to Active Work.

This Actively at Work requirement will be waived for Participants who:

- are absent from Active Work because of a regularly scheduled day off, holiday, or vacation day; and
- were Actively at Work on their last scheduled work day before the date of their absence; and
- were capable of Active Work on the day before the scheduled effective date of their insurance or change in their insurance, whichever is applicable.

This Actively at Work requirement may also be waived as described below.

When insurance under the Group Policy replaces coverage under a Prior Policy, the Active Work requirement may be waived for those Participants who:

- are eligible and enrolled under the Group Policy on the date insurance would otherwise be effective; and
- were covered under the Prior Policy on the date of its termination.

In no event will the Active Work requirement be waived for those Participants who, on the date of termination of the Prior Policy, either:

- had the option, under the terms of the Prior Policy, to convert their coverage under the Prior Policy to an individual policy; or
- were eligible under the terms of the Prior Policy to have their premiums waived due to Total Disability.

NOTE: When insurance under the Group Policy replaces coverage under a Prior Policy and the Active Work requirement is waived, any Benefits Payable will be the lesser of the Scheduled Benefit of the Group Policy or the amount that would have been paid by the Prior Policy had it remained in force.

### **Individual Incontestability**

All statements made by any Participant (you or one of your Dependents) will be representations and not warranties. In the absence of fraud, these statements may not be used to contest the Participant's insurance unless:

- the insurance has been in force for less than two years during the Participant's lifetime; and
- the statement is in Written form Signed by the Participant; and
- a copy of the form, which contains the statement, is given to the Participant or the Participant's beneficiary at the time insurance is contested.

However, the above will not preclude the assertion at any time of defenses based upon the person not being eligible for insurance under the Group Policy or upon other provisions of the Group Policy.

In addition, if a person's age is misstated, Principal Life may, at any time, adjust premiums and benefits to reflect the correct age.

### **Assignments**

No assignments of Participant Life Insurance will be allowed under the Group Policy.

### **Proof of Good Health**

In some instances, Proof of Good Health will be required to place your insurance in force. Principal Life will determine the type and form of required proof. You will need to file Proof of Good Health:

- If you request insurance more than 30 days after the date you are eligible including any insurance you refuse and later request.

- If you were eligible for insurance under the Prior Policy, but elected to waive coverage and are requesting insurance under the Group Policy.
- If you have failed to provide required Proof of Good Health or you have been refused insurance under the Group Policy at any prior time.
- If you elect to terminate insurance and, more than 30 days later, you request to be insured again.
- \*To become insured for any Participant Life Insurance Scheduled Benefit amount for you that is, initially or through later increases, in excess of:
  - [\$200,000] if you are under age [70]; and
  - [\$10,000] if you are age [70] or over.

No Proof of Good Health is required for the initial excess amounts for Participants insured on June 1, 2006.

\*If you are insured on the date the Group Policy is effective and this insurance replaces insurance in force on the day immediately before effective date of the Group Policy: the lesser of the amount shown above or the amount for which you were insured under the replaced insurance.

- If less than 20% of the eligible employees participate or less than ten Participants are insured, to become insured for any Participant Life Insurance Scheduled Benefit amount.
- To become insured for any request for a Scheduled Benefit amount increase.
- To become insured for any Participant Life Insurance Scheduled Benefit amount increase in excess of 10% due to change in your Annual Compensation.
- To become insured for any Participant Life Insurance Scheduled Benefit amount increase if any previous Scheduled Benefit increase has been declined.

Note: For insurance applied for during the Open Enrollment Period, the above Proof of Good Health requirements will not apply. Refer below for Proof of Good Health During the Open Enrollment Period.

**Effective Date for Initial Insurance  
(Proof of Good Health Not Required)**

You must request initial insurance in a form provided by Principal Life.

Your insurance will normally be in force on:

- the date you are eligible, if you make your request on or before that date; or
- the first of the Insurance Month coinciding with or next following the date of your request, if you make your request within 30 days after the date you are eligible.

However, if you are not Actively at Work on the date insurance would otherwise be effective, your insurance will not be in force until the day you return to Active Work.

**Effective Date for Initial Insurance  
(Proof of Good Health Required)**

If Proof of Good Health is required, your insurance will normally be in force on the later of:

- the date insurance would have been effective had Proof of Good Health not been required; or
- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Principal Life.

However, if you are not Actively at Work on the date insurance would otherwise be effective, your insurance will not be in force until the day you return to Active Work.

**Effective Date for Benefit Changes Due to Change in Insurance Class**

Unless Proof of Good Health is required, a change in your Scheduled Benefit amount because of a change in your insurance class will normally be effective on the Policy Anniversary that next follows the date of the change. However, if you are not Actively at Work on the date the Scheduled Benefit change would otherwise be effective, the Scheduled Benefit change will not be in force until the day you return to Active Work. Exception: decreases in Participant Life Insurance Scheduled Benefit amounts are effective on the date of the change, whether or not you are Actively at Work.

Any termination of Participant Life Insurance Scheduled Benefit amounts due to a change in your insurance class will be effective on the date of the change, whether or not you are Actively at Work.

If Proof of Good Health is required, a change in your Participant Life Insurance Scheduled Benefit amounts due to a change in your insurance class, will be effective on the later of:

- the date the change would otherwise be effective if Proof of Good Health had not been required; or
- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Principal Life.

### **Effective Date for Benefit Changes Due to Changes by Policy Amendment**

A change in your Scheduled Benefit amount because of a change in the Schedule of Insurance (as described on GH 109) by amendment to the Group Policy for which Proof of Good Health is not required (see above) will be effective on the date of change. However, if you are not Actively at Work on the date an increase in the Scheduled Benefit would otherwise be effective, the Scheduled Benefit in force will continue to apply to you until the day you return to Active Work. When you return to Active Work, the Scheduled Benefit increase will then be in force for you. Exception: decreases in Participant Life Insurance Scheduled Benefit amounts due to a change by amendment to the Group Policy are effective on the date of change, whether or not you are Actively at Work.

A change in your Scheduled Benefit amount because of a change in the Schedule of Insurance (as described on GH 109) by amendment to the Group Policy for which Proof of Good Health is required (see above) will be effective on the later of:

- the date the change would otherwise be effective if Proof of Good Health had not been required; or
- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Principal Life.

### **Effective Date for Benefit Changes Due to Changes Requested by the *Participant***

If Proof of Good Health is not required, a change in your Participant Life Insurance Scheduled Benefit amounts due to your request, will be effective on the Policy Anniversary that next follows the date of the request. However, if you are not Actively at Work on the date the Scheduled Benefit change would otherwise be effective, the Scheduled Benefit change will not be in force until the day you return to Active Work. Exception: decreases in Participant Life Insurance Scheduled Benefit amounts are effective on the date of the change, whether or not you are Actively at Work.

If Proof of Good Health is required, a change in your Participant Life Insurance Scheduled Benefit amounts due to your request, will be effective on the later of:

- the date the change would otherwise be effective if Proof of Good Health had not been required; or
- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Principal Life.

## **Effective Date for Benefit Changes Due to a Change in the Participant's Family Status**

You may request an increase in Scheduled Benefits, a decrease in Scheduled Benefits, or the addition of Scheduled Benefits for which you were not previously insured if a change in your family status as described below has occurred, provided a request for such increase, decrease, or addition is made in Writing within 30 days after the date of the change in family status:

- marriage or divorce;
- death of your spouse or child;
- birth or adoption of a child;
- termination of employment by your spouse or a change in your spouse's employment that causes loss of group insurance;
- your employment or your spouse's employment changes from part-time to full-time or from full-time to part-time;
- you or your spouse takes an unpaid leave of absence.

If Proof of Good Health is not required, a change in the Scheduled Benefits because of a request by you when a change in family status has occurred will normally be effective on the first of the Insurance Month coinciding with or next following the date of the request. However, if you are not Actively at Work on the date the change would otherwise be effective, the change will not be in force until the day you return to Active Work. Exception: any decrease in Scheduled Benefit amounts due to your request, are effective on the date of the change, whether or not you are Actively at Work.

If Proof of Good Health is required, a change in the Scheduled Benefits because of a request by you when a change in family status has occurred will normally be effective on the later of:

- the date the change would otherwise be effective if Proof of Good Health had not been required; or
- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Principal Life.

## **Open Enrollment Period**

An Open Enrollment Period will be available for any Participant or Dependent every year who:

- failed to enroll:

- during the first period in which he or she was eligible to enroll; or
- during any previous Open Enrollment Period; or
- are currently enrolled for coverage and want to change their coverage; or
- previously terminated insurance under this group policy and wants to re-enroll.

To qualify for enrollment during the Open Enrollment Period, you or your Dependent must meet the eligibility requirements described in the Group Policy.

The Open Enrollment Period is the calendar month period immediately prior to May 1.

The effective date for any such individual requesting insurance during the Open Enrollment Period will be the first of the Insurance Month coinciding with or next following the date of completion of the Open Enrollment Period, when Proof of Good Health is not required.

The effective date for any such individual requesting insurance during the Open Enrollment Period when Proof of Good Health is required (see below) will be the later of:

- the first of the Insurance Month coinciding with or next following the date of completion of the Open Enrollment Period; or
- the first of the month following the date insurance is approved by Principal Life.

Proof of Good Health for Participant or Dependent insurance purchased during the Open Enrollment Period will be:

- To make effective any Scheduled Benefit increase in excess of:
  - [\$200,000] for Participants who are under age [70]; and
  - [\$10,000] for Participants who are age [70] or over.
- To make effective any Dependent Life Insurance Scheduled Benefit increase in excess of:
  - [\$50,000] if your spouse is under age [70]; and
  - [\$10,000] if your spouse is age [70] or over.

### **Termination**

Your insurance under the Group Policy will cease on the earliest of:

- the date the Group Policy terminates; or
- the date the last premium is paid for your insurance; or

- any date desired, if requested by you before that date; or
- the date you cease to be a Participant; or
- the date you cease to belong to a class for which insurance is provided; or
- the date you retire; or
- the date you cease Active Work.

### **Termination of Coverage Due to Failing to Continue to Meet Dillard's Eligibility**

Your coverage will terminate on the 1st day of the new benefit quarter following two consecutive benefit quarters where you did not work the average number of hours to maintain eligibility as defined by Dillard's and determined by Dillard's accounting calendar.

### **Termination for Fraud**

Principal Life may at any time terminate your eligibility under the Group Policy:

- in Writing and with 31-day notice, if you submit any claim that contains false or fraudulent elements under state or federal law;
- in Writing and with 31-day notice, upon finding in a civil or criminal case that you have submitted claims that contain false or fraudulent elements under state or federal law;
- in Writing and with 31-day notice, when you have submitted a claim, which, in good faith judgment and investigation, you knew or should have known, contains false or fraudulent elements under state or federal law.

### **Insurance While Outside of the United States**

If you or a Dependent are temporarily outside the United States, you may choose to continue insurance, subject to premium payment for a period of six months or less for one of the following reasons:

- travel; or
- a business assignment; or
- Full-Time Student status, provided you are either:
  - enrolled and attending an accredited school in a foreign country; or

- participating in an academic program in a foreign country, for which the institution of higher learning at which you are enrolled in the U.S. grants academic credit;

The six-month period will not be reduced for any time covered under a Prior Policy.

If you or your Dependent are outside the United States for any other reason than those listed above, insurance for the person concerned will automatically terminate.

### **Continuation**

If you cease Active Work because of sickness or injury, you may be eligible for limited continuation of insurance.

If you cease Active Work because of layoff or leave of absence, insurance may be continued on a limited basis.

Your insurance may also be continued under the continuation provisions described on GH 118 and GH 118 A and subject to the provisions of the Group Policy.

Your insurance may also be continued under the Portability option described under GH 307 and subject to the provisions of the Group Life Portability Policy.

If you are interested in continuing your insurance beyond the date it would normally terminate, you should consult with the Policyholder before your insurance terminates.

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability Cert.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> Will use the application form GP56002 that was included with the filing PRLF-126150601 and that filing was approved on June 3, 2009. Attaching for informational purposes <b>Attachment:</b> GP56002.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> VTL subm ltr.pdf		

**STATE OF ARKANSAS  
INSURANCE DEPARTMENT**

**CERTIFICATION OF READABILITY**

I, Kimberly Douglas, 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 6006 (VTL) DIL-1	<b>PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS</b> <b>Section A - Eligibility</b>	58.3
GH 110 (VTL) DIL-1	<b>HOW TO BE INSURED - PARTICIPANTS</b> <b>PARTICIPANT LIFE INSURANCE</b>	53.6

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



Kimberly Douglas, Director  
Group Life and Health Compliance

September 22, 2010  
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 <b>currently</b> receiving medical treatment, taking medication, or pregnant?																				
3.	yes	no	<b>In the past 5 years</b> , 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	<b>In the past 5 years</b> , 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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stroke																							
5.	yes	no	<b>In the past 10 years</b> , 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		

Name	Date diagnosed/treated	Duration of illness or condition
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Name	Date diagnosed/treated	Duration of illness or condition
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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.



Principal Life  
Insurance Company

September 22, 2010

Arkansas Insurance Department  
Life and Health Division  
1200 West Third Street  
Little Rock, AR 72201-1904

RE Group Voluntary Term Life Insurance  
Policy Form - GC 6006 (VTL) DIL-1  
Booklet-Certificate Form - GH 110 (VTL) DIL-1  
Principal Life Insurance Company  
NAIC No. 61271-332  
FEIN # 42-0127290

Attached for your review and approval are copies of the above listed form, which is being submitted for approval on a single case basis.

A large insured group policyholder located in Arkansas has requested changes to their Eligibility Requirements. The changes are italicized and in red font 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 Voluntary Term Life Insurance Policy forms series GC 6000 (VTL), et al, (most recently filed and approved March 26, 2002, with various subsequent filing and approval dates for changes). The entire Group Voluntary Term Life Insurance policy forms for this group were previously filed and approved on June 9, 2008.

Enrollment form number GP 56002 is specific to this policyholder is also included. Please note this enrollment form was included in the Group Voluntary Term Life filing for this policyholder, SERFF Tracking Number PRLF – 126150601 and was approved on June 3, 2009.

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.

Sincerely

A handwritten signature in black ink that reads "Ann McCoy".

Ann McCoy  
State/Federal Compliance Analyst  
Group Life & Health Compliance  
Principal Life Insurance Company  
Des Moines, IA 50392-0002  
Phone 515-248-9658  
Fax – 515-246-2491  
E-mail address: [mccoy.ann@principal.com](mailto:mccoy.ann@principal.com)