

SERFF Tracking Number: PRLF-128127593 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness
Project Name/Number: /

Filing at a Glance

Company: Principal Life Insurance Company

Product Name: Critical Illness

TOI: H07G Group Health - Specified Disease -
Limited Benefit

Sub-TOI: H07G.001 Critical Illness

Filing Type: Form

SERFF Tr Num: PRLF-128127593 State: Arkansas

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

Co Tr Num:

Authors: Mark Curtis, Dorthy
Mcgrean, Brenda Mcleran, Ann
McCoy, Colletta Maddy

Date Submitted: 05/14/2012

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 05/18/2012

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 01/01/2013

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type:

Filing Status Changed: 05/18/2012

State Status Changed: 05/18/2012

Created By: Ann McCoy

Corresponding Filing Tracking Number: PRLF-128149546

Filing Description:

May 14, 2012

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Brenda Mcleran

RE Group Health - Specified Disease - Limited Benefit

Group Critical Illness Insurance Forms

- Policy Form Series GC 5700 (CI), et al

SERFF Tracking Number: PRLF-128127593 State: Arkansas
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- Certificate of Coverage Form Series GH 5710 (CI), et al

- Application Forms – GP60150, GP60201, GP60358, and GP60441

Principal Life Insurance Company NAIC No. 61271-332
FEIN # 42-0127290

The above referenced forms are enclosed for your review and approval. These forms are new and will not replace any previously approved forms with your Department. These forms are being submitted on a general use basis.

This Group Critical Illness Insurance product has been developed to expand our portfolio and to keep in step with the current marketplace. A complete description of the variable and alternate material applicable to the policy and certificate of coverage is included in the attached Statement of Variability.

To assist in your review of this filing, we are attaching the following:

- Statement of Variability for the variables included on each policy form; and
- A forms listing which indicates the policy form numbers; and

Also enclosed please find copies of the applications, statement of health, and enrollment forms, as shown on the state filed forms list, attached under the Forms Schedule tab. The State Filed Forms Addendum (attached under the Supporting Documentation tab) includes a description of each form as well as a list of the applicable group products the forms will be used with in addition to the Group Critical Illness forms described above.

Thank you for your consideration of this submission. All required certification forms are enclosed. The applicable Filing Fee information is included under the filing fee tab.

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,

Brenda McLeran, ACS
State/Federal Compliance Analyst
Group Life & Health Compliance

SERFF Tracking Number: PRLF-128127593 State: Arkansas
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 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness

Project Name/Number: /
 Principal Life Insurance Company
 Des Moines, IA 50392-0002
 Phone 1-800-986-3343 (Ext. 88685)
 Fax – 515-246-2491
 e-mail address McLeran.Brenda@principal.com

State Narrative:

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 515-246-4906 [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	05/14/2012	59148851
Principal Life Insurance Company	\$1,250.00	05/15/2012	59180333

SERFF Tracking Number: PRLF-128127593 State: Arkansas
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 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/18/2012	05/18/2012

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	Rosalind Minor	05/15/2012	05/15/2012	Brenda Mcleran	05/15/2012	05/15/2012

SERFF Tracking Number: PRLF-128127593 State: Arkansas
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Project Name/Number: /

Disposition

Disposition Date: 05/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRLF-128127593 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability and Forms List	Approved-Closed	Yes
Supporting Document	Addendum and State Filed Forms List	Approved-Closed	Yes
Form	Introduction	Approved-Closed	Yes
Form	Title Page	Approved-Closed	Yes
Form	Table of Contents	Approved-Closed	Yes
Form	PART I - Policy Administration, Section A - Contract	Approved-Closed	Yes
Form	PART I - Policy Administration, Section B - Premiums	Approved-Closed	Yes
Form	PART I - Policy Administration, Section C - Policy Termination	Approved-Closed	Yes
Form	PART I - Policy Administration, Section D - Policy Renewal	Approved-Closed	Yes
Form	PART II - Participating Unit Provisions	Approved-Closed	Yes
Form	Title Page	Approved-Closed	Yes
Form	Table of Contents	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	Scheduled Benefits Summary	Approved-Closed	Yes
Form	How To Be Insured - Members, Member Critical Illness Insurance	Approved-Closed	Yes
Form	How To Be Insured - Dependents, Dependent Critical Illness Insurance	Approved-Closed	Yes
Form	Continuation of Coverage	Approved-Closed	Yes
Form	Reinstatement	Approved-Closed	Yes
Form	Description of Benefits, Benefit Provisions, Member Critical Illness Insurance	Approved-Closed	Yes
Form	Description of Benefits, Benefit Provisions, Dependent Critical Illness Insurance	Approved-Closed	Yes
Form	Description of Benefits, Wellness	Approved-Closed	Yes
Form	Description of Benefits, Critical Illness Limitations and Exclusions	Approved-Closed	Yes

SERFF Tracking Number: PRLF-128127593 State: Arkansas
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 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
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 Product Name: Critical Illness
 Project Name/Number: /

Form	Description of Benefits, Portability	Approved-Closed	Yes
Form	Claim Procedures	Approved-Closed	Yes
Form	Employer Application for Group Insurance	Approved-Closed	Yes
Form	Statement of Health	Approved-Closed	Yes
Form	Statement of Health for Self-Administered Plans	Approved-Closed	Yes
Form	Declaration of Domestic Partnership/Enrollment Form Addendum	Approved-Closed	Yes

SERFF Tracking Number: PRLF-128127593 State: Arkansas
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Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/15/2012
Submitted Date 05/15/2012

Respond By Date

Dear Ann McCoy,

This will acknowledge receipt of the captioned filing.

Objection 1

- Introduction, GC 5700 A (CI) (Form)
- Title Page, GC 5700 (CI) (Form)
- Table of Contents, GC 5701 (CI) (Form)
- PART I - Policy Administration, Section A - Contract, GC 5702 (CI) (Form)
- PART I - Policy Administration, Section B - Premiums, GC 5703 (CI) (Form)
- PART I - Policy Administration, Section C - Policy Termination, GC 5704 (CI) (Form)
- PART I - Policy Administration, Section D - Policy Renewal, GC 5704 A (CI) (Form)
- PART II - Participating Unit Provisions, GC 5705 (CI) (Form)
- Title Page, GH 5710 (CI) (Form)
- Table of Contents, GH 5711 (CI) (Form)
- Definitions, GH 5712 (CI) (Form)
- Scheduled Benefits Summary, GH 5713 (CI) (Form)
- How To Be Insured - Members, Member Critical Illness Insurance, GH 5714 (CI) (Form)
- How To Be Insured - Dependents, Dependent Critical Illness Insurance, GH 5715 (CI) (Form)
- Continuation of Coverage, GH 5716 (CI) AR (Form)
- Reinstatement, GH 5718 (CI) (Form)
- Description of Benefits, Benefit Provisions, Member Critical Illness Insurance, GH 5719 (CI) (Form)
- Description of Benefits, Benefit Provisions, Dependent Critical Illness Insurance, GH 5720 (CI) (Form)
- Description of Benefits, Wellness, GH 5721 (CI) (Form)
- Description of Benefits, Critical Illness Limitations and Exclusions, GH 5722 (CI) (Form)
- Description of Benefits, Portability, GH 5723 (CI) (Form)
- Claim Procedures, GH 5724 (CI) (Form)
- Employer Application for Group Insurance, GP60358 (Form)
- Statement of Health, GP60150 (Form)
- Statement of Health for Self-Administered Plans, GP60201 (Form)

SERFF Tracking Number: PRLF-128127593 State: Arkansas
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TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness
Project Name/Number: /

- Declaration of Domestic Partnership/Enrollment Form Addendum, GP60441 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of 1,300.00. Please submit an additional \$1250.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: PRLF-128127593 State: Arkansas
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TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/15/2012
Submitted Date 05/15/2012

Dear Rosalind Minor,

Comments:

Thank you for clarifying the filing fee. We will make sure our records are documented.

Response 1

Comments: We have submitted an additional \$1,250.00

Related Objection 1

Applies To:

- Introduction, GC 5700 A (CI) (Form)
- Title Page, GC 5700 (CI) (Form)
- Table of Contents, GC 5701 (CI) (Form)
- PART I - Policy Administration, Section A - Contract, GC 5702 (CI) (Form)
- PART I - Policy Administration, Section B - Premiums, GC 5703 (CI) (Form)
- PART I - Policy Administration, Section C - Policy Termination, GC 5704 (CI) (Form)
- PART I - Policy Administration, Section D - Policy Renewal, GC 5704 A (CI) (Form)
- PART II - Participating Unit Provisions, GC 5705 (CI) (Form)
- Title Page, GH 5710 (CI) (Form)
- Table of Contents, GH 5711 (CI) (Form)
- Definitions, GH 5712 (CI) (Form)
- Scheduled Benefits Summary, GH 5713 (CI) (Form)
- How To Be Insured - Members, Member Critical Illness Insurance, GH 5714 (CI) (Form)
- How To Be Insured - Dependents, Dependent Critical Illness Insurance, GH 5715 (CI) (Form)
- Continuation of Coverage, GH 5716 (CI) AR (Form)
- Reinstatement, GH 5718 (CI) (Form)
- Description of Benefits, Benefit Provisions, Member Critical Illness Insurance, GH 5719 (CI) (Form)
- Description of Benefits, Benefit Provisions, Dependent Critical Illness Insurance, GH 5720 (CI) (Form)
- Description of Benefits, Wellness, GH 5721 (CI) (Form)
- Description of Benefits, Critical Illness Limitations and Exclusions, GH 5722 (CI) (Form)
- Description of Benefits, Portability, GH 5723 (CI) (Form)

SERFF Tracking Number: PRLF-128127593 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness
Project Name/Number: /

- Claim Procedures, GH 5724 (CI) (Form)
- Employer Application for Group Insurance, GP60358 (Form)
- Statement of Health, GP60150 (Form)
- Statement of Health for Self-Administered Plans, GP60201 (Form)
- Declaration of Domestic Partnership/Enrollment Form Addendum, GP60441 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of 1,300.00. Please submit an additional \$1250.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your continued review.

Sincerely,

Ann McCoy, Brenda Mcleran, Colletta Maddy, Dorothy Mcgrean, Mark Curtis

SERFF Tracking Number: PRLF-128127593 State: Arkansas
 Filing Company: Principal Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/18/2012	GC 5700 A (CI)	Policy/Cont Introduction ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	GC 5700 A (CI).pdf
Approved-Closed 05/18/2012	GC 5700 (CI)	Policy/Cont Title Page ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	GC 5700 (CI).pdf
Approved-Closed 05/18/2012	GC 5701 (CI)	Policy/Cont Table of Contents ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	GC 5701 (CI).pdf
Approved-Closed 05/18/2012	GC 5702 (CI)	Policy/Cont PART I - Policy ract/Fraternal Administration, al Section A - Contract	Initial		0.000	GC 5702 (CI).pdf

SERFF Tracking Number: PRLF-128127593 State: Arkansas
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 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: /

Certificate:
 Amendmen
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Approved- GC 5703 Policy/Cont PART I - Policy Initial 0.000 GC 5703
 Closed (CI) ract/Fratern Administration, (CI).pdf
 05/18/2012 al Section B -
 Certificate: Premiums

Amendmen
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Approved- GC 5704 Policy/Cont PART I - Policy Initial 0.000 GC 5704
 Closed (CI) ract/Fratern Administration, (CI).pdf
 05/18/2012 al Section C - Policy
 Certificate: Termination

Amendmen
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Approved- GC 5704 A Policy/Cont PART I - Policy Initial 0.000 GC 5704 A
 Closed (CI) ract/Fratern Administration, (CI).pdf
 05/18/2012 al Section D - Policy
 Certificate: Renewal

Amendmen
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Approved- GC 5705 Policy/Cont PART II - Initial 0.000 GC 5705
 Closed (CI) ract/Fratern Participating Unit (CI).pdf
 05/18/2012 al Provisions
 Certificate:

SERFF Tracking Number: PRLF-128127593 State: Arkansas
 Filing Company: Principal Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: /

Approval Status	Tracking Number	Document Title	Initials	Amount	File Name
Approved- Closed 05/18/2012	GH 5710 (CI)	Certificate Title Page Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	GH 5710 (CI).pdf
Approved- Closed 05/18/2012	GH 5711 (CI)	Certificate Table of Contents Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	GH 5711 (CI).pdf
Approved- Closed 05/18/2012	GH 5712 (CI)	Certificate Definitions Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	GH 5712 (CI).pdf
Approved- Closed 05/18/2012	GH 5713 (CI)	Certificate Scheduled Benefits Amendmen Summary t, Insert Page, Endorseme nt or Rider	Initial	0.000	GH 5713 (CI).pdf
Approved- Closed 05/18/2012	GH 5714 (CI)	Certificate How To Be Insured - Amendmen Members, Member t, Insert Critical Illness Page, Insurance Endorseme nt or Rider	Initial	0.000	GH 5714 (CI).pdf
Approved- Closed	GH 5715 (CI)	Certificate How To Be Insured - Amendmen Dependents,	Initial	0.000	GH 5715 (CI).pdf

<i>SERFF Tracking Number:</i>	<i>PRLF-128127593</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness</i>		
<i>Project Name/Number:</i>	<i>/</i>		
05/18/2012	t, Insert Page, Endorsement or Rider	Dependent Critical Illness Insurance	
Approved- GH 5716 Closed (CI) AR 05/18/2012	Certificate Amendmen t, Insert Page, Endorsement or Rider	Continuation of Coverage	Initial 0.000 GH 5716 (CI) AR.pdf
Approved- GH 5718 Closed (CI) 05/18/2012	Certificate Amendmen t, Insert Page, Endorsement or Rider	Reinstatement	Initial 0.000 GH 5718 (CI).pdf
Approved- GH 5719 Closed (CI) 05/18/2012	Certificate Amendmen t, Insert Page, Endorsement or Rider	Description of Benefits, Benefit Provisions, Member Critical Illness Insurance	Initial 0.000 GH 5719 (CI).pdf
Approved- GH 5720 Closed (CI) 05/18/2012	Certificate Amendmen t, Insert Page, Endorsement or Rider	Description of Benefits, Benefit Provisions, Dependent Critical Illness Insurance	Initial 0.000 GH 5720 (CI).pdf
Approved- GH 5721 Closed (CI) 05/18/2012	Certificate Amendmen t, Insert Page, Endorsement or Rider	Description of Benefits, Wellness	Initial 0.000 GH 5721 (CI).pdf
Approved- GH 5722 Closed (CI) 05/18/2012	Certificate Amendmen t, Insert	Description of Benefits, Critical Illness Limitations	Initial 0.000 GH 5722 (CI).pdf

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 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: /

Page, and Exclusions
 Endorseme
 nt or Rider

Approved- Closed Date	Policy Number	Description of Amendmen t, Insert	Initial	Amount	Attachment
05/18/2012	GH 5723 (CI)	Certificate Description of Benefits, Portability, Insert		0.000	GH 5723 (CI).pdf
05/18/2012	GH 5724 (CI)	Certificate Claim Procedures, Insert		0.000	GH 5724 (CI).pdf
05/18/2012	GP60358	Application/ Employer Enrollment Form for Group Insurance	Initial	0.000	GP60358.pdf
05/18/2012	GP60150	Application/ Statement of Health Enrollment Form	Initial	0.000	GP60150.pdf
05/18/2012	GP60201	Application/ Statement of Health Enrollment for Self-Administered Plans	Initial	0.000	GP60201.pdf
05/18/2012	GP60441	Application/ Declaration of Enrollment Domestic Partnership/Enrollme nt Form Addendum	Initial	0.000	GP60441.pdf

INTRODUCTION

This Group Policy is divided into two sections:

- (1) the provisions for the Policyholder; and
- (2) the Certificate of Coverage provisions for the Member.

Both sections together form this Group Policy and include all of the benefits available under this Group Policy.

PRINCIPAL LIFE INSURANCE COMPANY
(called Principal Life in this Group Policy)
Des Moines, Iowa 50392-0002

[1]

This group insurance policy is issued to:

[2]

[JOHN DOE COMPANY]

(called the Policyholder in this Group Policy)

[3]

The Date of Issue is [March 1, 2012].

In return for the employer's application and payment of all premiums when due, Principal Life agrees to provide:

[4]

GROUP [VOLUNTARY] CRITICAL ILLNESS INSURANCE

[5]

MEMBER [AND DEPENDENT]

subject to the terms, conditions, limitations and exclusions described in this Group Policy, to pay benefits as described in the Certificate of Coverage, incorporated by reference herein, with respect to each Member [and Dependent] under the Group Policy. Principal Life and the Policyholder have agreed to all terms of the Group Policy.

 Senior Vice President and Corporate Secretary	 President and Chief Executive Officer
---	--

[6]

GROUP POLICY NO. GCI [99999]
RENEWABLE TERM
CONTRACT STATE OF ISSUE: Arkansas

TABLE OF CONTENTS

PART I - POLICY ADMINISTRATION

Section A - Contract

	Entire Contract	Article 1
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	Policy Incontestability	Article 4
	Individual Incontestability	Article 5
	Information to be Furnished.....	Article 6
	Certificate of Coverage.....	Article 7
[5]	[Dependent Rights	Article 8]
	Policy Interpretation.....	Article [9]
	Waiver of Breach	Article [10]

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	Premium Rate Changes.....	Article 3
	Policyholder Responsibility to Principal Life.....	Article 4
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	Termination Rights of Principal Life.....	Article 2
	Termination Without Regard to Cause	Article 3
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Section D - Policy Renewal

	Renewal	Article 1
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[8] [PART II – PARTICIPATING UNIT PROVISIONS

Section A – Definition of Eligible Participating Unit

Section B – Participating Unit

Section C – Member Insurance

Section D – Administration

Section E – Termination

Section F – List of Participating Units]

CERTIFICATE OF COVERAGE

PART I – POLICY ADMINISTRATION

Section A - Contract

Article 1 – Entire Contract

[8A]

This Group Policy, the current Certificate of Coverage, the attached employer application, [and any Employee applications] make up the entire contract. Principal Life is obligated only as provided in this Group Policy and is not bound by any trust or any plan to which it is not a signatory party.

Article 2 – Policy Changes

Insurance under this Group Policy runs annually to the Policy Anniversary, unless sooner terminated. No agent, employee, or person other than an officer of Principal Life has authority to change this Group Policy, and, to be effective, all such changes must be in writing and signed by an officer of Principal Life.

Principal Life reserves the right to change this Group Policy as follows:

- a. Any or all provisions of this Group Policy may be amended or changed at any time, including retroactive changes, to the extent necessary to meet the requirements of any law or any regulation issued by any governmental agency to which this Group Policy is subject.
- b. Any or all provisions of this Group Policy may be amended or changed at any time when Principal Life determines that such amendment is required for consistent application of policy provisions.
- c. By written agreement between Principal Life and the Policyholder, this Group Policy may be amended or changed at any time as to any of its provisions.

[5]

Any change to this Group Policy, including, but not limited to, those in regard to coverage, benefits, and participation privileges, may be made without the consent of any Member [or Dependent].

Payment of premium beyond the effective date of the change constitutes the Policyholder's consent to the change.

PART I – POLICY ADMINISTRATION

Article 3 – Policyholder Eligibility Requirements

To be an eligible group and to remain an eligible group, the Policyholder must:

- a. be actively engaged in business for profit within the meaning of the Internal Revenue Code, or be established as a legitimate nonprofit corporation within the meaning of the Internal Revenue Code; and
- b. maintain [the greater of] [[10%] participation] [or] [[10] insured Members].

[9]

Article 4 – Policy Incontestability

In the absence of fraud, after this Group Policy has been in force two years, Principal Life may not contest its validity except for nonpayment of premium.

Article 5 – Individual Incontestability

All statements made by any Member [or Dependent] under this Group Policy will be representations and not warranties. In the absence of fraud, these statements may not be used to contest a Member's [or Dependent's] insurance unless:

- a. the insurance, or any increase in insurance, has been in force for less than two years; and
- b. the statement is in written form signed by the Member [or Dependent]; and
- c. a copy of the form, which contains the statement, is given to the Member [or Dependent] or their beneficiary at the time insurance is contested.

[5]

However, these provisions will not preclude the assertion at any time of defenses based upon the Member's [or Dependent's] ineligibility for insurance under this Group Policy or upon the provisions of this Group Policy.

In addition, if a Member's [or Dependent's] age [or Smoker status] is misstated, Principal Life may, at any time, adjust premium and benefits to reflect the correct age [and/or Smoker status].

[13]

PART I – POLICY ADMINISTRATION

Article 6 – Information to be Furnished

[8]

The Policyholder [and the Participating Unit] must, upon request, give Principal Life all information needed to administer this Group Policy. If a clerical error is found in this information, Principal Life may at any time adjust the premium.

Principal Life may inspect, at any reasonable time, all Policyholder [and Participating Unit] records, which relate to this Group Policy.

Article 7 – Certificate of Coverage

Principal Life will give the Policyholder Certificates of Coverage for delivery to Members. The delivery of such Certificate of Coverage will be in either paper or electronic format. The Certificate of Coverage will be evidence of insurance and will describe the basic features of the coverage.

[5]

[Article 8 – Dependent Rights

A Dependent will have no rights under this Group Policy except as set forth in Developmentally, Physically or Mentally Disabled Children described on GH 5716 (CI).]

Article [9] – Policy Interpretation

Principal Life has complete discretion to construe or interpret the provisions of this Group Policy, to determine eligibility for benefits, and to determine the type and extent of benefits, if any, to be provided. The decisions of Principal Life in such matters shall be controlling, binding, and final as between Principal Life and Members [and Dependents], subject to the Claims Procedures described on GH 5724 (CI).

Article [10] – Waiver of Breach

Waiver of a breach of any Group Policy provision at one time shall not be deemed to be a waiver of any other breach or of the same breach at a later time.

PART I – POLICY ADMINISTRATION

PART I – POLICY ADMINISTRATION

Section B - Premiums

Article 1 – Payment Responsibility; Due Dates; Grace Period

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

[10]
[11] 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][the first day of each Premium Period.] Except for the first premium, a Grace Period of [31] days will be allowed for payment of premium. 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 PART I, 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 – [Initial] Premium Rates

[7] The [initial] premium rate(s) for each Member’s Critical Illness Insurance will be:

[12] [a. Member Critical Illness Insurance

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

[Smoker Status]

[13] (Member’s Age)	[Smoker Status]		
	[Non-Smoker]	[Smoker]	
[29 and Under]	[\$.04]	[\$.16]	[\$.10]
[30-34]	[.05]	[.17]	[.11]
[35-39]	[.06]	[.18]	[.12]
[40-44]	[.07]	[.19]	[.13]
[45-49]	[.08]	[.20]	[.14]
[50-54]	[.09]	[.21]	[.15]
[55-59]	[.10]	[.22]	[.16]
[60-64]	[.11]	[.23]	[.17]
[65-69]	[.12]	[.24]	[.18]
[70 and over]	[.13]	[.25]	[.19]]

PART I – POLICY ADMINISTRATION

[5] [[b.] [Dependent Critical Illness Insurance

[14] [For the Member's Dependent spouse [or Domestic Partner]:

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

[Smoker Status]

[12][13][15]

[(Member's] [Dependent spouse's] Age)

[Non-Smoker]

[Smoker]

[29 and Under]

[\$.04]

[\$.16]

[\$.10]

[30-34]

[.05]

[.17]

[.11]

[35-39]

[.06]

[.18]

[.12]

[40-44]

[.07]

[.19]

[.13]

[45-49]

[.08]

[.20]

[.14]

[50-54]

[.09]

[.21]

[.15]

[55-59]

[.10]

[.22]

[.16]

[60-64]

[.11]

[.23]

[.17]

[65-69]

[.12]

[.24]

[.18]

[70 and over]

[.13]

[.25]

[.19]]]

[5][12] [27] [\$.75] for each Member for Dependent Critical Illness Insurance for the Member's Dependent Child(ren).]

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

Article 3 – Premium Rate Changes

Principal Life may change a premium rate:

[17][7]

a. on any premium due date, if the [initial premium] rate has then been in force [12] months or more and if written notice is given to the Policyholder at least 31 days before the date of change; and

[5] b. on any date the definition of Employee [or Dependent] is changed; and

c. on any date the Policyholder's business, as specified on the employer application, is changed; and

PART I – POLICY ADMINISTRATION

d. on any date that a schedule of insurance or class of Employees is changed[; and][.]

[16] 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.]

[19] [If the Policyholder has other group insurance with Principal Life, and if coverage is initially added on a date other than the Policy Anniversary and it is more than six months before the next Policy Anniversary, Principal Life 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.]

18][14][5] [A premium rate charged to a Member [or Dependent] may change on any [Policy Anniversary][premium due date], if the age for the Member [or Dependent spouse [or Domestic Partner]] has changed since the last [Policy Anniversary][premium due date].]

Article 4 –Policyholder Responsibility to Principal Life

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

[13] a. Member Critical Illness Insurance
The total volume of insurance in force for Members in each age bracket will be divided by 1,000. Each result will then be multiplied by the premium rate then in effect for that age bracket [and Smoker status bracket].

[5] [[b.] Dependent Critical Illness Insurance
[13][14] [The total volume of insurance in force for the Member’s Dependent spouse [or Domestic Partner] in each age bracket will be divided by 1,000. Each result will then be multiplied by the premium rate then in effect for that age bracket [and Smoker status bracket].]

[5][27] [The number of Members insured for Dependent Critical Illness Insurance for the Member’s Dependent Child(ren) will be multiplied by the premium rate then in effect.]]

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

- a. New Members are to be reported during the month prior to or during the month that coverage becomes effective.
- b. Members whose coverage has terminated are to be reported within a month of the date coverage terminated.

PART I – POLICY ADMINISTRATION

- c. Changes in insurance class are to be reported within a month of the date that the change in insurance class took place.

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

Article 5 – Policyholder Responsibility to Members

[5]

The Policyholder must notify each Member of the applicable premium rate for the Member [and Dependents].

Article 6 – Contributions from Members

[20]

Members are required to contribute [all] [a portion] [none] of the premium for their Member insurance under this Group Policy.

[20][5]

[Members are required to contribute [all] [a portion] [none] of the premium for their Dependent's insurance under this Group Policy.]

PART I – POLICY ADMINISTRATION

PART I – POLICY ADMINISTRATION

Section C – Policy Termination

Article 1 – Failure to Pay Premium

This Group Policy will terminate at the end of the Grace Period if total premium due has not been received by Principal Life before the end of the Grace Period. Failure by the Policyholder to pay the premium within the Grace Period will be deemed notice by Policyholder to Principal Life to discontinue this Group Policy at the end of the Grace Period.

Article 2 – Termination Rights of Principal Life

[21] Principal Life may nonrenew or terminate this Group Policy by giving the Policyholder [31] days advance notice in writing, if the Policyholder:

- a. ceases to be actively engaged in business for profit within the meaning of the Internal Revenue Code, or be established as a legitimate nonprofit corporation within the meaning of the Internal Revenue Code; or
- b. fails to maintain the participation requirements of PART I, Section A; or
- c. fails to pay premium in accordance with the requirements of PART I, Section B; or
- d. has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact under the terms of this Group Policy; or
- e. does not promptly provide Principal Life with information that is reasonably required; or
- f. fails to perform any of its obligations that relate to this Group Policy.

[21][4]

[Principal Life may terminate the Policyholder's coverage on any premium due date if the Policyholder relocates to a state where this Group Policy is not marketed, by giving the Policyholder [31 days] advance notice in writing.]

[8] [A Participating Unit's coverage under this Group Policy may be terminated according to the terms and conditions outlined in PART II, Section E.]

PART I – POLICY ADMINISTRATION

Article 3 - Termination Without Regard to Cause

[4] The Policyholder may terminate this Group Policy effective on the day before any premium due date by giving written notice to Principal Life prior to that premium due date. [The Policyholder's issuance of a stop-payment order for any amounts used to pay premiums for the Policyholder's insurance will be considered written notice from the Policyholder.]

[21] Principal Life may terminate this Group Policy without regard to cause by giving the Policyholder [31 days] advance notice in writing.

Article 4 – Policyholder Responsibility to Members

If this Group Policy terminates for any reason, the Policyholder must:

- a. notify each Member of the effective date of the termination; and
- b. refund or otherwise account to each Member all contributions received or withheld from Members for premiums not actually paid to Principal Life.

[8] [If the Participating Unit's coverage under this Group Policy terminates for any reason, the provisions of PART II, Section E will also apply.]

PART I – POLICY ADMINISTRATION

PART I – POLICY ADMINISTRATION

Section D – Policy Renewal

Article 1 – Renewal

Insurance under this Group Policy runs annually to the Policy Anniversary, unless sooner terminated.

While this Group Policy is in force and subject to the provisions in PART I, Section C, the Policyholder may renew at the applicable premium rates in effect on the Policy Anniversary.

[PART II – PARTICIPATING UNIT PROVISIONS

[8]

Section A – Definition of Eligible Participating Unit

Any entity that is an affiliate or subsidiary of the Policyholder may become a Participating Unit under this Group Policy, provided such affiliate or subsidiary is related to the Policyholder through common control or ownership.

Section B – Participating Unit

A Participating Unit is an entity listed in this PART II, Section F, on the Date of Issue of this Group Policy or so listed later by amendment to this Group Policy; or identified to this Group Policy by Principal Life.

The Participating Unit must:

- a. apply for coverage under this Group Policy; and
- b. pay all premiums required for insurance on its Members and maintain the contribution level as described in PART I, Section B; and
- c. meet the participation requirements as described in PART I, Section A.

Section C – Member Insurance

Insurance eligibility dates, effective dates, and termination dates for a Participating Unit's Members will be determined as outlined in GH 5714 (CI) of the Certificate of Coverage.

Section D – Administration

Each Participating Unit will be bound by the terms of this Group Policy. A Participating Unit may not change or terminate this Group Policy.

Section E – Termination

An entity will cease to be a Participating Unit on the earliest of:

- a. the date it is no longer an Eligible Participating Unit; or
- b. the date it suspends business, or is dissolved, or is merged; or
- c. the date it is removed from the Group Policy by amendment.

All insurance for a Participating Unit’s Members will terminate on the date the entity ceases to be a Participating Unit. The rights of all such Members will be determined as if the Group Policy had terminated on that date. The Participating Unit must advise all Members of the date of termination. The Participating Unit must refund or otherwise account for all Member contributions not used to pay premiums.

Section F – List of Participating Units

[22]

Unit Name

Effective Date

[Jane Doe Company]

[March 1, 2012]]

PRINCIPAL LIFE INSURANCE COMPANY
(called Principal Life in this Certificate of Coverage)
Des Moines, Iowa 50392-0002

Certificate of Coverage

Important Notice: This is Critical Illness insurance. It provides a limited specified benefit. It is not a substitute for medical coverage. Please read this Certificate of Coverage carefully to fully understand what it covers, limits, and excludes. Principal Life suggests starting with a review of the terms listed in the DEFINITIONS section. Knowing the meaning of these terms will help with understanding the insurance.

[5][8A]

This Certificate of Coverage is part of the Group Policy that is a legal document between Principal Life and the Policyholder to provide benefits to Members [and their Dependents], subject to the terms, conditions, limitations and exclusions of the Group Policy. Principal Life issues the Group Policy based on the employer application and payment of the required policy premium. The Group Policy, the incorporated Certificate of Coverage, and the attached employer application, [and any Employee applications] make up the entire contract.

This insurance has been designed to provide a benefit payment when a covered Critical Illness occurs. The benefits are provided by a Group Policy issued by Principal Life. To the extent that benefits are provided by that Group Policy, the administration and payment of claims will be done by Principal Life as an insurer.

The provisions of the Group Policy determine Members' rights and benefits. This Certificate of Coverage briefly describes those rights and benefits. It outlines what the Member must do to be insured. It explains how to file claims. It is the Member's Certificate of Coverage while insured.

[23] [The effective date of insurance is as shown on the Scheduled Benefits Summary.]

THIS CERTIFICATE OF COVERAGE REPLACES ANY PRIOR CERTIFICATE OF COVERAGE THAT THE MEMBER MAY HAVE RECEIVED FROM PRINCIPAL LIFE. If there are questions about this new Certificate of Coverage, please contact the Policyholder. In the event of future changes to the Member's insurance, the Member will be provided with a new Scheduled Benefits Summary, Certificate of Coverage or a Certificate of Coverage rider.

This Certificate of Coverage describes all the benefits available under the Group Policy underwritten by Principal Life. However, if the Member has elected to not accept any available benefits, those benefits described in this Certificate of Coverage will not apply to the Member.

The group insurance policy and the Member's insurance under the Group Policy may be discontinued or altered by the Policyholder or Principal Life at any time without the Member's consent.

Principal Life reserves complete discretion to construe or interpret the provisions of the Group Policy, to determine eligibility for benefits, and to determine the type and extent of benefits, if any, to be provided. Principal Life's decisions in such matters will be controlling, binding, and final as between Principal Life and Members insured by the group insurance, subject to the Claim Procedures shown on GH 5724 (CI) of this Certificate of Coverage.

The insurance provided in this Certificate of Coverage is subject to the laws of the state of Arkansas.

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DEFINITIONS

Several words and phrases are capitalized whenever they are used in this Group Policy. For the purpose of the Group Policy these words and phrases have specific meaning as explained in this section.

Active Work; Actively at Work

[26]

Members are considered Actively at Work if they are able and available for active performance of all regular duties. [While on contract following the academic school year, the Member will be considered Actively at Work.] 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 Member is able and available for active performance of all regular duties and was working the day immediately prior to the date of absence.

Age

[5][26A]

[The age of the Member [or Dependent] as of the prior Policy Anniversary date.][The attained age as of the Member's [or Dependent's] last birthday.]

[4] [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.

The following tumors are excluded from Cancer One:

- Chronic lymphocytic leukemia that has not progressed to at least Rai stage I;
- All tumors that are histologically described as nonmalignant, benign, premalignant, noninvasive, dysplasia (all grades) or carcinoma in situ;
- All skin cancers, unless there is metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Prostate cancer, unless histologically classified as Gleason score 7 or greater, or TNM classification T1bN0M0 or greater;
- Papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid, also known as microcarcinoma of the thyroid;
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0m0 or lower[;][.] [and]

[4] [- Evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.]

Diagnosis of Cancer One must be based on microscopic (histologic) examination of:

- fixed tissues; or
- preparations of blood or bone marrow.

Such examination must be documented in a written report by a Physician who is board certified in pathology, hematology or oncology.

A Clinical Diagnosis will be accepted only if:

- a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening; and
 - there is medical evidence to support the Diagnosis; and
- [5] - a Physician is treating the Member [or Dependent] for Cancer One.

Cancer One will be deemed to be Incurred on the date the Diagnosis is made.]

[4] **[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.

Cancer Two does not include:

- Carcinoma and melanoma in situ of the skin and all skin cancers[;] [or][.]
- [4] [- Evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis].

Diagnosis of Cancer Two must be based on microscopic (histologic) examination of:

- fixed tissues; or
- preparations of blood or bone marrow.

Such examination must be documented in a written report by a Physician who is board certified in pathology, hematology or oncology.

A Clinical Diagnosis will be accepted only if:

- a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening; and
 - there is medical evidence to support the Diagnosis; and
- [5] - a Physician is treating the Member [or Dependent] for Cancer Two.

Cancer Two will be deemed to be Incurred on the date the Diagnosis is made.]

[25][4] **[Clinical Diagnosis**

An identification of [Cancer One] [or] [Cancer Two] based on observation and history, diagnostic and laboratory studies and symptoms.]

[29] **[Coronary Artery Angioplasty**

Balloon angioplasty, laser angioplasty, coronary stent placement or atherectomy to correct narrowing or blockage of one or more coronary arteries.

Proof of Coronary Artery Angioplasty requires submission of medical records.

Coronary Artery Angioplasty will be deemed to be Incurred on the date it was performed.]

[4] **[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.

The term does not mean procedures that do not require median sternotomy. These include but are not limited to minimally invasive, endoscopic, and “keyhole” heart surgery, balloon and laser angioplasty, stent procedures and atherectomy.

Proof of Coronary Artery Bypass Graft (CABG) requires submission of medical records. These records must show that it:

- was determined to be medically necessary by a Physician who is a board certified cardiologist or a board certified cardiothoracic surgeon;

- was supported by pre-operative angiographic evidence; and
- [5] - has been performed on a Member [or Dependent].

The CABG will be deemed to be Incurred on the date it was performed.]

Critical Illness

- [4] The illnesses [or procedures] listed under Benefits Payable and defined within this Certificate of Coverage.

Date of Issue

- [3] The date the Group Policy is placed in force: [March 1, 2012].

[5] **[Dependent**

- [28] [- A Member's spouse, if that spouse:

- [4] [- is legally married to the Member; and]
- [4] [- is not in the Armed Forces of any country] [; and
- is not insured under the Group Policy as a Member].]

- [27] [- A Member's Dependent Child(ren) as defined below.]

- [14] [- A Member's Domestic Partner, if the Member and the Domestic Partner complete and submit a Declaration of Domestic Partnership which is approved by Principal Life.]]

[5][27] **[Dependent Child(ren)**

- A Member's natural child, if that child:

- [29][30] - [is not married; and]
- [is not in the Armed Forces of any country; and]
- is not insured under the Group Policy as a Member; and
- is less than [26] years of age.

- A Member's stepchild, if that child:

- meets the requirements above; and
- receives principal support from the Member.

- [14]
- A Member's foster child, if that child:
 - meets the requirements above; and
 - lives with the Member; and
 - receives principal support from the Member; and
 - is under legal guardianship of the Member or the Member's spouse [or Domestic Partner]; and
 - is approved in writing by Principal Life as a Dependent Child.

 - A Member's adopted child, if that child meets the requirements above and the Member:
 - is a party in a lawsuit in which the Member is seeking the adoption of the child; or
 - has custody of the child under a court order that grants custody of the child to the Member.

An adopted child will be considered a Dependent Child on the earlier of: the date the petition for adoption is filed; or the date of entry of an order granting the adoptive parent custody of the child for the purpose of adoption.

[31] [- The Member's Domestic Partner's child who otherwise qualifies above or if the Member or Domestic Partner are the child's guardian by court order.]

[32] [- The Member's child [26] years but less than [28] years of age who otherwise qualifies above, if that child receives principal support from the Member and is a Full-Time Student.]]

[33] **[Developmental Disability**

A Dependent Child's substantial disability, as determined by Principal Life, which:

- results from mental retardation, cerebral palsy, epilepsy, or other neurological disorder; and

- is Diagnosed by a Physician as a permanent or long-term continuing condition.]

Diagnosed or Diagnosis

A definitive identification of the Critical Illness made by a Physician (where applicable) specializing in a particular area of medicine and supported by documentation of all appropriate and defined studies:

- based upon the usage of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and
- meeting any diagnostic requirements stated in the Group Policy for the particular Critical Illness being diagnosed.

[14] **[Domestic Partner**

[35] A Member's [opposite sex or] same sex life partner, provided:

[4] [- the partner is not in the Armed Forces of any country; and]

[34] [- the partner is not insured under the Group Policy as a Member; and]

- the partner is at least 18 years of age; and

[36] - neither the partner nor the Member are married; and

- neither the partner nor the Member have had another Domestic Partner in the [six-month] period preceding the date of the signed Declaration of Domestic Partnership; and

[36] - the partner is not the Member's blood relative; and

- the partner and the Member have shared the same residence for at least [six] consecutive months and continue to do so; and

- the partner and the Member are each other's sole life partner and intend to remain so indefinitely; and

- the partner and the Member are jointly responsible for each other's financial welfare; and

- the partner and the Member are not in the relationship solely for the purpose of obtaining insurance coverage.]

Employee

[37]

[Any [person] who is [residing in the United States, who is a U.S. Citizen or is legally working in the United States,] who [is on contract and] regularly works [an average of] at least [30 hours] [per week] [on a bi-weekly basis] [per month] [per year] for the Policyholder [or a Participating Unit]. The Employee must be compensated by the Policyholder [or a Participating Unit] and [either] the Policyholder [or a Participating Unit] or Employee must be able to show taxable income on federal or state tax forms. Work must be at the Policyholder's [or a Participating Unit's] usual place or places of business, at an alternative worksite at the direction of the Policyholder [or a Participating Unit], or at another place to which the Employee must travel to perform his or her regular duties. [This excludes any person who is scheduled to work for the Policyholder [or a Participating Unit] on a [seasonal,] [temporary,] [contracted,] [or] [part-time] basis.] [A person is considered to be residing in the United States if his or her main home or permanent address is in the United States or if the person is in the United States for six months or more during any 12-month period.]]

First Occurrence

[5]

The first time the Member [or Dependent] meets the definition of a Critical Illness after being insured under the Group Policy.

[Full-Time Student

[32]

A Member's Dependent Child attending a school that has a regular teaching staff, curriculum and student body and who:

- attends school on a full-time basis, as determined by the school's criteria; and
- is dependent on the Member for principal support.]

Grace Period

[11]

The first [31] day period following a premium due date.

Group Policy

[5]

The policy of group insurance issued to the Policyholder by Principal Life, which describes benefits and provisions for Members [and Dependents]. The Group Policy is divided into two sections:

- the Policyholder provision; and
- the Certificate of Coverage provisions for the Member [and Dependent].

[4] **[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.

Heart Attack does not include any heart attack that occurred during or within 24 hours after a cardiac or coronary artery procedure.

Proof of Heart Attack requires submission of medical records.

The Heart Attack will be deemed to be Incurred on the date it is Diagnosed by a Physician who is a board certified cardiologist.]

[5] **[Home Confined**

Due to sickness or injury, the Dependent 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.]

[5] **[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.]

Immediate Family

[14]

A Member's spouse, [Domestic Partner,] natural or adoptive parent, natural or adoptive child, sibling, stepparent, stepchild, stepbrother or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandchild or spouse of grandparent or grandchild.

Incur or Incurred

An event or incident as defined within each Critical Illness for the purposes of the Group Policy.

[38] **Insurance Month**

[Calendar month.] [The first insurance month begins on [July 15, 2004], and ends on [August 31, 2004].] [The period of time from the [15th] day of any month to the [14th] day of the next month.

[4][5] **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; or
- 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.

The following are excluded:

- Bone marrow failure that results from the treatment process for cancer; and
- Failure of any other organ not listed above.

Proof of Major Organ Failure requires submission of medical records documenting major organ failure from a Physician who is board certified in a medical specialty that is appropriate to the organ involved, and except for kidney failure on dialysis, documentation of either listing with the UNOS or documentation that a suitable donor has been found without a UNOS listing.

Major Organ Failure will be deemed to be Incurred:

- For kidney failure only, the date dialysis is initiated; or
- For all organs listed above, the date the Member [or Dependent] is either listed with the UNOS or a suitable donor is found without a UNOS listing.]

Member

[8] An Employee of the Policyholder [or a Participating Unit] who is insured under the Group Policy.

[8] **Participating Unit**

Any entity meeting the requirements outlined in PART I and PART II of the Group Policy.]

[5] **[Period of Limited Activity]**

Any period of time during which a Dependent is:

- confined in a Hospital for any cause or confined in a Skilled Nursing Facility; or
- Home Confined.]

[33] **[Physical or Mental Disability]**

A Dependent Child's substantial Physical or Mental Disability, as determined by Principal Life, which:

- results from injury, accident, congenital defect or sickness; and
- is Diagnosed by a Physician as a permanent or long-term dysfunction or malformation of the body.]

Physician

- 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 the Member, one of the Member's employees, the Member's business or professional partner or associate, any person who has a financial affiliation or business interest with the Member, anyone related to the Member by blood or marriage, or anyone living in the Member's household.

Policy Anniversary

[39]

[[March 1, 2012] and the same day of each following year.] [The same day of each calendar year as the Date of Issue of the Group Policy.]

Policyholder

[2][8]

[John Doe Company] [and shall include any affiliate or subsidiary of the Policyholder participating under the Group Policy].

[40] **Premium Period**

A [monthly] [quarterly] [semi-annual] [annual] basis on which the premium is due.

[41] **[Prior Policy**

Critical illness coverage of [either:

-] the Policyholder[; or
- a business entity which has been obtained by the Policyholder [or a Participating Unit] through a merger or acquisition][; or
- a Critical Illness worksite plan in which coverage is paid through payroll deductions by the Policyholder];

for which the Group Policy is a replacement.]

Proof of Good Health

[5]

Written evidence that a Member [or Dependent] is insurable under Principal Life underwriting standards. This proof must be provided in a form satisfactory to Principal Life.

Scheduled Benefits Summary

The page, which is issued as part of a Member's Certificate of Coverage, that contains benefit and other information pertaining to insurance under the Group Policy.

[5] **[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:

- 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.]

[13] **[Smoker**

A user of nicotine products (including cigarettes, pipes, cigars and chewing tobacco).]

[4] **[Stroke**

Death of brain tissue due to an acute cerebrovascular event. All of the following criteria for Stroke 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.

Stroke does not include symptoms due to transient ischemic attack, migraine, hypoxia, traumatic injury to brain tissue or blood vessels, and vascular disease affecting the eye, optic nerve or vestibular functions.

Diagnosis of stroke with permanent neurological deficit must be confirmed in writing by a Physician who is board certified in neurology and requires submission of medical records.

The Stroke will be deemed to be Incurred on the date of the event.]

[42] **SCHEDULED BENEFITS SUMMARY AS OF [March 1, 2012]**

[4] **GROUP [VOLUNTARY] CRITICAL ILLNESS INSURANCE**

[43] Member: [Jane Doe] Certificate of Coverage Number: [10101]
 Address: [Route 1] Certificate of Coverage Effective Date: [03-01-12]
 [Des Moines, IA 12121] Certificate of Coverage Anniversary Date: [March 1]

CURRENT SUMMARY

AMOUNT

[44]	Member Critical Illness Scheduled Benefit	[\$20,000]
	Maximum Lifetime Benefit	[\$40,000]
[5]	[Dependent Critical Illness Scheduled Benefit]	
[14]	[Dependent spouse [or Domestic Partner]]	[\$10,000]
	Maximum Lifetime Benefit	[\$20,000]
[27]	[Dependent Child(ren)]	[\$2,500]
	Maximum Lifetime Benefit	[\$5,000]
[45][13]	[Current Smoker Status - Member:	[Smoker]]
[45]		
[14][13]	[Current Smoker Status - Dependent spouse [or Domestic Partner]:	[Non-Smoker]]
[2]	Policyholder :	[The Voluntary Company, Inc.]

Please attach this Scheduled Benefits Summary to the Member's Certificate of Coverage. It replaces any previously issued Scheduled Benefits Summary. If there are any questions, call Principal Life at [1-800-843-1371] [(Des Moines Area)] [7:00 am - 7:00 pm] [C.T.] Monday-Friday.

HOW TO BE INSURED – MEMBERS

MEMBER CRITICAL ILLNESS INSURANCE

Eligibility

Only Employees will be eligible for insurance.

[46] [Employees who had insurance under the Prior Policy for which the Group Policy is a replacement for the Policyholder and are an Employee on [March 1, 2012], will be eligible on that date.]

[Anyone meeting the definition of Employee on [March 1, 2012], will be eligible on that date.]

[47] [Anyone meeting the definition of Employee later, will be eligible on [the first of the Insurance Month [coinciding with] or next following] the date [the Employee begins Active Work] [the Employee completes [six months] of [continuous] Active Work] [they become an Employee as defined on GH 5712 (CI)].]

Effective Dates – Actively at Work

If a Member is not Actively at Work on the date insurance would otherwise be effective, insurance will not be effective until the day the Member returns to Active Work.

This Actively at Work requirement will be waived for the Member who:

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

Individual Incontestability

All statements made by any Member [or Dependent] under this Group Policy will be representations and not warranties. In the absence of fraud, these statements may not be used to contest a Member's [or Dependent's] insurance unless:

- [5]
 - the insurance, or any increase in insurance, has been in force for less than two years; and
 - the statement is in written form signed by the Member [or Dependent]; and
 - a copy of the form, which contains the statement, is given to the Member [or Dependent] or their beneficiary at the time insurance is contested.

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

- [13] In addition, if a Member's [or Dependent's] age [or Smoker status] is misstated, Principal Life may, at any time, adjust premium and benefits to reflect the correct age [and/or Smoker status].

Proof of Good Health

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

- [48] [- For all initial Critical Illness insurance.]
- [49]
 - [If insurance is requested more than [31] days after the date an Employee is eligible including any insurance they refuse and later request.]
- [73] [- If insurance is requested under the Group Policy and they were eligible under the Prior Policy, but elected to waive coverage under the Prior Policy.]
- [50][8] [- If an Employee is eligible after the date the Group Policy is effective for the Participating Unit and if the request for insurance is more than [31] days after the date they are eligible.]
- [51]
 - [If an Employee failed to provide required Proof of Good Health or has been refused insurance under the Group Policy at any prior time.]
- [52]
 - [If a Member elects to terminate insurance and, more than [31] days later, requests to be insured again.]
- [53] [*]- To make effective any Member Critical Illness Scheduled Benefit that is in excess of [\$5,000].

- [54] [*If a Member is insured on the date the Group Policy is effective for the Policyholder and this insurance replaces insurance in force on the day immediately before the effective date of the Group Policy for the Policyholder: the greater of the amount shown above or the amount for which the Member was insured under the Prior Policy.]
- [55] [- If [less than [10%] of the Employees participate] [or] [less than [ten] Members are insured], to make effective any Scheduled Benefit for Members [or Dependents].]
- [56] [- To make effective any request for a Scheduled Benefit increase.]
- [57] [- To make effective any request for a change in Smoker status.]

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

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

Insurance will normally be effective on:

- [58] - the date the Employee is eligible, if the request is made on or before that date; or
- [the first of the Insurance Month [coinciding with] or next following] the date [of the request][the Employee is eligible], if the request is made within [31] days after the date eligible.

However, if the Employee is not Actively at Work on the date insurance would otherwise be effective, insurance will not be effective until the day the Employee returns to Active Work.

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

If Proof of Good Health is required, and approved by Principal Life, insurance will normally be effective on the later of:

- [58] - 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 the Employee is not Actively at Work on the date insurance would otherwise be effective, insurance will not be effective until the day the Employee returns to Active Work.

Scheduled Benefit Changes

A Member's benefits may be changed due to:

- Change in insurance class; or
- Changes by policy amendment; or
- Change in the Member's family status:

[21] A Member may request an increase in Scheduled Benefits, or the addition of Scheduled Benefits for which they were not previously insured if a change in family status as described below has occurred, provided a request is made in writing within [31] days after the date of the change in family status:

- [14] - marriage [or declaration of a Domestic Partner relationship] or divorce [or termination of a Domestic Partner relationship];
- death of a spouse [or Domestic Partner] or child;
- birth or adoption of a child[;][.]
- [29] - [termination of employment by the Member's spouse [or Domestic Partner] or a change in the Spouse's [or Domestic Partner's] employment that causes loss of group Critical Illness coverage.]

Effective Date for Scheduled Benefit Changes

[59][61] A change in the Scheduled Benefit for which Proof of Good Health is not required (see above) will normally be effective on [the first of the Insurance Month [coinciding with] or next following] the date [of the request] [the Member is eligible] [of the change].

Effective Date for Changes Requested by the Member for any other Reason

[59] A change requested by the Member for which Proof of Good Health is not required (see above) will normally be effective on [the first of the Insurance Month [coinciding with] or next following] the date of the request.

**Effective Date for Changes
(Proof of Good Health Required)**

A change requested by the Member 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.

[13] [Effective Date for Change in Smoker Status]
[5][63][58]

When a Member [or Dependent] has not used nicotine products for the past [12 months], they may request a change in his or her Smoker status by submitting a written request in a form provided by Principal Life. The revised premium rate charged for the coverage will be effective on [the first of the Insurance Month [coinciding with] or next following] the date the written request is received by Principal Life.]

Effective Date for Changes – Actively at Work

[61] If the Member is not Actively at Work on the date the change would otherwise be effective, the change will not be effective until the day the Member returns to Active Work. [Exception: Any Scheduled Benefit decrease will be effective [as noted above] [on the date of the change], whether or not the Member is Actively at Work.]

[29] [Annual Open Enrollment Period]

Eligibility

- [5] An annual open enrollment period will be available for any Member [or Dependent] every year who:
- failed to enroll
 - during the first period in which the Member [or Dependent] was eligible to enroll; or
 - during any previous open enrollment period.
 - [is currently enrolled for insurance and wants to change his or her insurance; [or]]
 - [previously terminated insurance under this Group Policy and wants to re-enroll.]

To qualify for enrollment during the annual open enrollment period, the Member [or Dependent] must meet the eligibility requirements described in the Group Policy.

Enrollment Period

[29] The annual open enrollment period is the calendar month period immediately prior to the Policy Anniversary date [or another period of time requested by the Policyholder and accepted by Principal Life].

Effective Dates

[67] [The effective date for any such individual requesting insurance during the annual open enrollment period for which Proof of Good Health is not required (see above) will be [the first of the Insurance Month [coinciding with] or next following] [the [June 1] that next follows] the date of completion of the open enrollment period.]

[68] [The effective date for any such individual requesting insurance during the annual open enrollment period for which Proof of Good Health is required (see above) will be the later of:

- [the first of the Insurance Month [coinciding with] or next following] [the June 1] that next follows] the date of completion of the open enrollment period; or
- the date Proof of Good Health is approved by Principal Life.]

Proof of Good Health During the Annual Open Enrollment Period

[69][5] Proof of Good Health for Member [or Dependent] insurance purchased during the annual open enrollment period will be required to make effective any Scheduled Benefit in excess of [\$5,000] for Member [and [\$2,500] for Dependent spouse].

[70] [All amounts are subject to Proof of Good Health if less than a [5]% increase in participation is obtained.]]

Termination

The Member's insurance under the Group Policy will cease on the earliest of:

- the date the Group Policy terminates; or
- the date the Member's Maximum Lifetime Benefit, as shown on GH 5719 (CI), is paid; or
- [64] - [the end of the Insurance Month for which] [the date] the last premium is paid for the Member's insurance; or

- [64] - [the end of any Insurance Month] [any date desired], if requested by the Member before that date; or
- [64] - [the end of the Insurance Month in which] [the date] the Member ceases to be an Employee, as defined in GH 5712 (CI); or
- [64] - [the end of the Insurance Month in which] [the date] the Member ceases to belong to a class for which insurance is provided; or
- [65] - [[the end of the Insurance Month in which] [the date] the Member turns age [70]; or]
- the date the Member retires; or
- [64] - [the end of the Insurance Month in which] [the date] the Member ceases Active Work.

Termination for Fraud

- [5] Principal Life may at any time terminate a Member's [or Dependent's] insurance under the Group Policy:
- in writing and with 31-day notice, if the Member [or Dependent] submits any claim that contains false or fraudulent elements under state or federal law; or
 - in writing and with 31-day notice, upon finding in a civil or criminal case that a Member [or Dependent] has submitted claims that contain false or fraudulent elements under state or federal law; or
 - in writing and with 31-day notice, when a Member [or Dependent] has submitted a claim, which, in good faith judgment and investigation, they knew or should have known, contains false or fraudulent elements under state or federal law.

[71] **[Insurance While Outside of the United States**

[5][72] If a Member [or Dependent] is temporarily outside the United States, the Member [or Dependent] may choose to continue insurance, subject to premium payment for a period of [six months] or less for one of the following reasons:

- [4] [- travel; or]
- [- a business assignment; or]
- [- full-time student status, provided the Member [or Dependent] is 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 the Member [or Dependent] is enrolled in the U.S. grants academic credit.]

[73][72] [The [six-month] period will not be reduced for any time covered under a Prior Policy.]

If the Member [or Dependent] is outside the United States for any other reason than those listed above, their coverage will automatically terminate.

[5] **[HOW TO BE INSURED – DEPENDENTS**

DEPENDENT CRITICAL ILLNESS INSURANCE

[14] **[DEPENDENT SPOUSE [OR DOMESTIC PARTNER]]**

Eligibility

Members will be eligible for insurance for their Dependents on [the later of] [the latest of]:

- the date the Member is eligible for Member Critical Illness Insurance; or
- the date the Member first acquires a Dependent; or
- [74] [- the date the Member enters a class for which Dependent Critical Illness Insurance is provided.]

Effective Date

Dependent Critical Illness Insurance is available only with respect to Dependents of Members. Dependent Critical Illness Insurance will be in force under the same terms as described earlier for Member Critical Illness Insurance, except:

- In no event will Dependent Critical Illness Insurance be in force if the Employee is not insured for Member Critical Illness Insurance.
- If a Dependent is in a Period of Limited Activity on the date initial Dependent Critical Illness Insurance or an increase in Dependent Critical Illness Insurance Scheduled Benefit would otherwise be effective, the Dependent will not be insured or an increase will not be effective until the Period of Limited Activity ends.
- [14] [- If a Member requests insurance for a Domestic Partner, insurance for a Domestic Partner will be in force on the later of:
 - the date insurance would otherwise become effective for a Dependent under the terms of the Group Policy; or
 - the date Principal Life approves the Domestic Partner’s status as a Dependent.]
- [75][21] [- If Dependent Critical Illness Insurance is then in force for any other Dependent, a new Dependent [(other than a newborn child)] will be insured on the date acquired, provided the new Dependent is not in a Period of Limited Activity. [Requests for insurance and Proof of Good Health are not required provided Principal Life has been notified of the new Dependent within [31] days after the date the Dependent is acquired.]]

- [76] [- If Dependent Critical Illness Insurance is then in force for any other Dependent, a newly born child will be insured [from the moment of live birth] [on the date the child is [14] days old], provided the child meets the definition of a Dependent Child.]

Proof of Good Health

In some instances, Proof of Good Health will be required to place Dependent insurance in force. Principal Life will determine the type and form of required proof. Any required Proof of Good Health will be with respect to the health of the Dependent(s). The Member will need to file Proof of Good Health for Dependent Insurance:

- [48] [- For all initial Critical Illness insurance.]
- [49] - [If insurance is requested more than [31] days after the date the Dependent is eligible including any insurance the Dependent refuses and later requests.]
- [73] [- If insurance is requested under the Group Policy for a Dependent that was eligible under the Prior Policy, but they elected to waive coverage under the Prior Policy.]
- [50][8] [- If a Dependent is eligible after the date the Group Policy is effective for the Participating Unit and if the request for insurance is more than [31] days after the date the Dependent is eligible.]
- [51] - [If a Dependent failed to provide required Proof of Good Health or has been refused insurance under the Group Policy at any prior time.]
- [52] - [If a Dependent elects to terminate insurance and, more than [31] days later, requests to be insured again.]
- [60][14] [*]- To make effective any Scheduled Benefit for the Dependent spouse [or Domestic Partner] that is in excess of [\$2,500].
- [54] [*If a Member is insured for Dependent coverage on the date the Group Policy is effective for the Policyholder and this insurance replaces insurance in force on the day immediately before the effective date of the Group Policy for the Policyholder: the greater of the amount shown above or the amount for which the Dependent was insured under the Prior Policy.]
- [55] [- If [less than [10%] of the Employees participate] [or] [less than [ten] Members are insured], to make effective any Scheduled Benefit for the Dependent].]
- [56] [- To make effective any request for a Scheduled Benefit increase.]
- [57][14] [- To make effective any request to change the Dependent spouse's [or Domestic Partner's] Smoker status.]

- [77] [- Proof of Good Health will be required for [any amount] [amounts above [\$2,500]] of Dependent Critical Illness Insurance [on a Dependent Child].]

Individual Incontestability

Dependents will be subject to the Individual Incontestability as described earlier for Member insurance.

Termination

Insurance for Dependents will terminate on the earliest of:

- [14] - the date Member Critical Illness Insurance ceases; or
- for a Dependent spouse [or Domestic Partner] the date the Maximum Lifetime Benefit as shown on GH 5720 (CI) is paid; or
- for each Dependent Child the date the Maximum Lifetime Benefit, as shown on GH 5720 (CI), is paid; or
- [66] [- [the end of the Insurance Month for which] [the date] a Dependent spouse [or Domestic Partner] turns age [70]; or]
- [64] - the date Dependent Critical Illness Insurance is removed from the Group Policy; or
- [64] - [the end of the Insurance Month for which] [the date] the last premium is paid for a Dependent's insurance; or
- [64] - [the end of any Insurance Month] [any date desired], if requested by the Member before that date.
- [64] Insurance for any one Dependent will terminate on [the last day of the Insurance Month in which] [the date] he or she ceases to be a Dependent.
- [78][79] [However, insurance will be continued beyond the maximum age for a Dependent Child who is incapable of self-support because of a Developmental or Physical Disability and is dependent on the Member for primary support. The Member must apply for this continuation [within 31 days] after the Dependent Child reaches the maximum age.]

Termination for Fraud

Dependents will be subject to the Termination for Fraud provisions as described earlier for Member insurance.

[71] **[Insurance While Outside of the United States**

Dependents will be subject to the Insurance While Outside of the United States provisions as described earlier for Member insurance.]

CONTINUATION OF COVERAGE

Federal Family and Medical Leave Act (FMLA)

Federal law requires that Eligible Employees be provided a continuation period in accordance with the provisions of the Federal Family and Medical Leave Act (FMLA).

This is a general summary of the FMLA and how it affects the Group Policy. A full description of the FMLA continuation provisions is included in the administration material provided to the employer. Members should refer questions to the employer regarding FMLA.

FMLA and Other Continuation Provisions

If the employer is an Eligible Employer and if the continuation portion of the FMLA applies to the Member's insurance, these FMLA continuation provisions:

[80]

- are in addition to any other continuation provisions of the Group Policy, if any; and
- will run concurrently with any other continuation provisions of the Certificate of Coverage for sickness, injury, [layoff], [or] [approved leave of absence], [or sabbatical,] if any.

If continuation qualifies for both state and FMLA continuation, the continuation period will be counted concurrently toward satisfaction of the continuation period under both the state and FMLA continuation periods.

Eligible Employer

Eligible Employer means any employer who is engaged in commerce or in any industry or activity affecting commerce who employs 50 or more employees for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year.

Eligible Employee

Eligible Employee means an employee who has worked for the Eligible Employer:

- for at least 12 months; and
- for at least 1,250 hours (approximately 24 hours per week) during the year preceding the start of the leave; and
- at a work-site where the Eligible Employer employs at least 50 employees within a 75-mile radius.

For this purpose, "employs" has the meaning provided by the Federal Family and Medical Leave Act (FMLA).

Sickness or Injury

If Active Work ends because the Member is sick or injured, insurance for the Member may be continued until the earliest of:

- [64] - the date insurance would otherwise cease as provided in GH 5714 (CI); or
- [64][81] - the [end of the Insurance Month in which][date] the Member recovers; or
- [64][81] [- [the end of the Insurance Month after] coverage has been continued under this section for [90] consecutive [days][months].]

[80] **[[Layoff] [,] [or] [Approved Leave of Absence] [, or Sabbatical]**

If Active Work ends because the Member is on [layoff] [or] [approved leave of absence][,or Sabbatical] insurance may be continued until the earliest of:

- [64] - the date insurance would otherwise cease as provided in GH 5714 (CI); or
- [64] - [the end of the Insurance Month in which] [the date] the layoff or approved leave of absence ends; or
- [82] - the date the Member becomes eligible for any other critical illness coverage[; or
- [82] - the date [one month] after [the end of the Insurance Month in which] [the date] Active Work ends].]

[78] **[Dependent Insurance – Developmentally, Physically or Mentally Disabled Children**

Qualification

Dependent Critical Illness Insurance for a child may be continued after the child reaches the maximum age for Dependent Children as defined in GH 5712 (CI) of this Certificate of Coverage, provided that:

- the child is incapable of self-support as the result of a Developmental, Physical or Mental Disability and they became so before reaching the maximum age and is dependent on the Member for primary support; and
- except for age, the child continues to be a Dependent Child as defined in GH 5712 (CI); and
- notice of the child's incapacity is sent to Principal Life when the date the child reaches the maximum age; and
- further notice that the child remains incapable of self-support is provided when Principal Life requests; and
- the child undergoes examination by a Physician when Principal Life requests. Principal Life will pay for these examinations and will choose the Physician to perform them.

Period of Continuation

Insurance for a Dependent Child who qualifies as set forth above may be continued until the earlier of:

- the date insurance would cease for any reason other than the child's attainment of the maximum age; or
- the date the child becomes capable of self-support or otherwise fails to qualify as set forth above.]

REINSTATEMENT

[80] [Terminated insurance will be reinstated if:

- insurance ceased because of [layoff][,][or] [approved leave of absence] [, or sabbatical]; and

[72] - the Member returned to Active Work for the Policyholder [or a Participating Unit] within [six months] of the date insurance ceased.

[5] Reinstated insurance will be in force on the date of return to work. However, the Actively at Work [and Period of Limited Activity] provisions defined on GH 5712 (CI) will apply. Also, Proof of Good Health will be required to place in force any Scheduled Benefit that would have been subject to Proof of Good Health had the Member remained continuously insured.

Only the period of time during which the Member is actually insured will be included in determining the length of continuous coverage under this Certificate of Coverage. For this purpose the period of time during which insurance was not in force:

- will not be considered an interruption of continuous coverage; and
- will not be used to satisfy any provision of the Group Policy which pertains to a period of continuous coverage.

In addition, a longer reinstatement period may be allowed for an approved leave of absence taken in accordance with the provisions of the federal law regarding the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

Reinstated insurance will be the Scheduled Benefit in force on the date insurance ceased.]

Federal Required Family and Medical Leave Act (FMLA)

An eligible employee's terminated insurance may be reinstated in accordance with the provisions of the Federal Family and Medical Leave Act (FMLA), subject to the Actively at Work [and Period of Limited Activity] requirements of the Group Policy.

[71][5] **[Reinstatement of Insurance for a Member [or Dependent] When Insurance Ends due to Living Outside of the United States**

If insurance for a Member [or Dependent] terminates because the Member [or Dependent] are outside of the United States, the Member [or Dependent] may become eligible again for insurance under the Group Policy, but only if:

[72]

- the Member [or Dependent] return to the United States within [six months] of the date on which insurance terminated because they were outside of the United States; and

[83]

- for the Member, the Member returns to Active Work in the United States for the Policyholder [or a Participating Unit] for a period of at least [30 consecutive days]. The Member will be eligible for insurance on the day immediately following completion of the [30 consecutive days] of Active Work[; and

[83][5]

- [for the Dependent, he or she remains in the United States for [30 consecutive days]. If the Dependent does so, he or she will be eligible for reinstatement of insurance on the day after completion of the [30 consecutive days] of residence.]

[83][5]

The reinstated insurance will be on the same basis as that being provided on the date insurance is reinstated. However, any restrictions on this insurance, which were in effect before reinstatement, will continue to apply. If the Member [or Dependent] do not complete the [30 consecutive days] of residence, the insurance for the Member [or Dependent] will not be reinstated.]

**DESCRIPTION OF BENEFITS
BENEFIT PROVISIONS**

MEMBER CRITICAL ILLNESS INSURANCE

Schedule of Insurance

The Group Policy will pay the benefits described below if the Member Incurs a listed Critical Illness on or after the date the Member becomes insured by the Group Policy.

The specific Scheduled Benefit for the Member will be shown on the Scheduled Benefits Summary.

[84]

Class	* Scheduled Benefit
[All Members]	[An amount in increments of [\$5,000] as applied for by the Member and approved by Principal Life. The Scheduled Benefit amount will not exceed [\$50,000] [, subject to the provisions below].]

[85] [*The Scheduled Benefit is subject to the Proof of Good Health requirements as shown in GH 5714 (CI). Because of the Proof of Good Health requirements, the amount of insurance approved by Principal Life may be different than the Scheduled Benefit. If the approved amount of insurance is different than the Scheduled Benefit, the approved amount will apply.]

[46] [*If the Member is insured on the date the Group Policy is effective for the Policyholder [or a Participating Unit] and this insurance replaces insurance in force on the day immediately before the effective date of the Group Policy, for the Policyholder [or a Participating Unit], the initial Scheduled Benefit will [only] be for the amount of insurance for which the Member was insured under the Prior Policy.]

[86] [For the age(s) shown below, the amount of the Member's insurance will be the percentage of the Scheduled Benefit (or approved amount, if applicable) as shown below.]

[87][88]

[Age	% of Scheduled Benefit (or approved amount, whichever applies)
[Age [70] and over	[50%]]

Benefits Payable

[89]

Critical Illness	% of Scheduled Benefit for First Occurrence	% of Scheduled Benefit for Additional Occurrences
[Cancer One]	[100%]	[100%]
[Cancer Two]	[25%]	[25%]
[Coronary Artery Bypass Graft (CABG)]	[25%]	[25%]
[Coronary Artery Angioplasty]	[10%]	[10%]
[Heart Attack]	[100%]	[100%]
[Major Organ Failure]	[100%]	[100%]
[Stroke]	[100%]	[100%]

[90]

Benefits for a First Occurrence of a different Critical Illness will be payable if the Critical Illness is Incurred more than [12 months] from the date the preceding Critical Illness was Incurred.

[91][90]

[Benefits for additional occurrences of the same Critical Illness will be payable if the Critical Illness is Incurred more than [12 months] from the date the preceding Critical Illness was Incurred and the Member has not received treatment for that Critical Illness for at least [12] consecutive months prior to the last occurrence. For the purpose of this provision, treatment does not include preventive medications in the absence of disease or routine scheduled follow-up visits to a Physician.]

[91] [No benefits will be payable for additional occurrences of the same Critical Illness.]

[92] **Maximum Lifetime Benefit**

The maximum total lifetime benefit paid to the Member under the Group Policy will be [two times] the Member Critical Illness Scheduled Benefit.

**DESCRIPTION OF BENEFITS
BENEFIT PROVISIONS**

[5][14]

**[DEPENDENT [SPOUSE [OR DOMESTIC PARTNER]] CRITICAL ILLNESS
INSURANCE**

Schedule of Insurance

[14]

The Group Policy will pay the benefits described below if a Dependent [spouse [or Domestic Partner]] Incurs a listed Critical Illness on or after the date the Dependent becomes insured by the Group Policy.

The specific Scheduled Benefit is shown on the Scheduled Benefits Summary.

[93]

Class

[All Members]

[94][14][5]

[69][27]

[Dependent]

***Scheduled Benefit**

Spouse [or Domestic Partner]

[An amount in increments of [\$2,500] as applied for by the Member and approved by Principal Life. The spouse's [or Domestic Partner's] Scheduled Benefit will not exceed [\$25,000] [, subject to the provisions below].]

[Child(ren)]

[\$2,500]

[85]

[*The Scheduled Benefit is subject to the Proof of Good Health requirements as described on GH 5715 (CI). Because of the Proof of Good Health requirements, the amount of insurance approved by Principal Life may be different than the Scheduled Benefit. If the approved amount of insurance is different than the Scheduled Benefit, the approved amount will apply.]

[46]

[*If the Dependent [spouse [or Domestic Partner]] is insured on the date the Group Policy is effective for the Policyholder [or a Participating Unit] and this insurance replaces insurance in force on the day immediately before the effective date of the Group Policy for the Policyholder [or a Participating Unit], the Dependent['s] [spouse's [or Domestic Partner's]] initial Scheduled Benefit will [only] be for the amount of insurance for which the Dependent was insured under the Prior Policy.]

[86] [For the age(s) shown below, the Dependent spouse's [or Domestic Partner's] amount of insurance will be the percentage of the Scheduled Benefit (or approved amount, if applicable) as shown below:

[87][88]

[Age	% of Scheduled Benefit (or approved amount, whichever applies)
[Age [70] and over	[50%]]

[5][14][95]

[In no event will a Dependent[']s [spouse's [or Domestic Partner's]] Scheduled Benefit be more than [50%] of the Member's Scheduled Benefit. If the Member elects a Dependent Critical Illness benefit in excess of [50%] of the Member's Scheduled Benefit amount, the Dependent [spouse [or Domestic Partner]] will be given the highest amount available, not to exceed [50%].]

[89]

Benefits Payable

Critical Illness	% of Scheduled Benefit for First Occurrence	% of Scheduled Benefit for Additional Occurrences
[Cancer One]	[100%]	[100%]
[Cancer Two]	[25%]	[25%]
[Coronary Artery Bypass Graft (CABG)]	[25%]	[25%]
[Coronary Artery Angioplasty]	[10%]	[10%]
[Heart Attack]	[100%]	[100%]
[Major Organ Failure]	[100%]	[100%]
[Stroke]	[100%]	[100%]

[90]

Benefits for a First Occurrence of a different Critical Illness will be payable if the Critical Illness is Incurred more than [12 months] from the date the preceding Critical Illness was Incurred.

[91][90]

[Benefits for additional occurrences of the same Critical Illness will be payable if the Critical Illness is Incurred more than [12 months] from the date the preceding Critical Illness was Incurred and the Dependent has not received treatment for that Critical Illness for at least [12] consecutive months prior to the last occurrence. For the purpose of this provision, treatment does not include preventive medications in the absence of disease or routine scheduled follow-up visits to a Physician.]

[91] [No benefits will be payable for additional occurrences of the same Critical Illness.]

[92][14]

Maximum Lifetime Benefit

The maximum total lifetime benefit paid to any Dependent [spouse [or Domestic Partner]] under the Group Policy will be [two times] the Dependent[’s] [spouse’s [or Domestic Partner’s]] Critical Illness Scheduled Benefit.

[DESCRIPTION OF BENEFITS

[4]

WELLNESS

[5][14]

The Group Policy will pay a wellness benefit if the Member [or Dependent spouse [or Domestic Partner]] has one of the following wellness tests or procedures performed. [No wellness benefits are payable for Dependent Child(ren).]

[96]

One wellness benefit for the flat amount of [\$50] will be payable once per calendar year for [either] the Member [or the Dependent spouse [or Domestic Partner]].

The Member [or Dependent spouse [or Domestic Partner]] must submit proof of the test or procedure performed. The Group Policy will pay a wellness benefit regardless of the results or the cost of the test or procedure.

[4] [The wellness benefit does not count toward the Critical Illness Maximum Lifetime Benefit.]

Wellness tests or procedures covered are limited to:

[97]

- [- Bone marrow cancer screening (serum protein electrophoresis); or
- Breast cancer screening (CA 15-3, clinical breast exam, mammogram, MRI, ultrasound); or
- Chest x-ray; or
- Colorectal cancer screening (CEA, colonoscopy, fecal occult blood test, sigmoidoscopy); or
- Completion of a smoking cessation program; or
- Completion of a weight reduction program; or
- Diabetes testing (fasting blood glucose test, hemoglobin A1c); or
- Electrocardiogram (ECG) – resting or stress; or
- Standard blood chemistry profile or lipid panel (cholesterol, triglycerides, HDL, LDL); or
- Ovarian cancer screening; or
- Pap Smear; or
- Prostate cancer screening (digital rectal exam, PSA blood test); or
- Skin cancer screening].]

DESCRIPTION OF BENEFITS

CRITICAL ILLNESS LIMITATIONS AND EXCLUSIONS

Limitations

Benefits will not be paid for a Critical Illness caused by, contributed to, or resulting from:

- willful self-injury or self-destruction, while sane or insane; or
- war or act of war; or
- voluntary participation in an assault, felony, criminal activity, insurrection, or riot; or
- duty as a member of a military organization; or
- conditions diagnosed outside of the United States unless the diagnosis can be confirmed by a licensed Physician in the United States; or
- [5] - the use of any drug, narcotic, or hallucinogen not prescribed for the Member [or Dependent] by a licensed Physician, or if prescribed, not used in a manner consistent with that prescription; or
- the use of alcohol, including the operation of a motor vehicle if, at the time of operation, the operator's alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or
- [99] - a cosmetic surgery or other elective procedures that are not medically necessary[; or][.]
- [a Preexisting Condition as described below].

Exclusions

No benefits will be paid for any Critical Illness:

- [72] - Incurred while residing outside the United States for more than [six] months; or
- Incurred while incarcerated in any type of penal or detention facility; or
- unless the Critical Illness is Diagnosed while the Member [or Dependent] is alive; or
- [5] - for which proof is submitted by a Physician who is part of the Member's [or Dependent's] Immediate Family.

[99][5] **[Preexisting Conditions**

A Preexisting Condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which a Member [or Dependent]:

- received medical treatment, consultation, care, or services; or
- was prescribed or took prescription medications;

[100][5]

in the [six month] period before the Member [or Dependent] became insured under the Group Policy.

No benefits will be paid for a Critical Illness that results from a Preexisting Condition unless, on the date the Member [or Dependent] Incurs the Critical Illness, the Member has been Actively At Work for one full day for the Member's Critical Illness [or the Dependent has been insured for one full day for a Dependent's Critical Illness,] after completing [the earlier of:

[101][5]

- [twelve consecutive months] during which the Member [or Dependent] was insured under the Group Policy, during which they received no treatment, consultation, care, or service, and no prescription medication was prescribed or taken for the Preexisting Condition]; or

[98]

- [12 consecutive months] during which the Member [or Dependent] was insured under the Group Policy.]]

[102] **[REPLACEMENT OF A PRIOR POLICY**

Applicability

[5]

When insurance under this Group Policy replaces coverage under a Prior Policy, this section may apply to the Member [and Dependent] who:

- are not Actively at Work [or in a Period of Limited Activity] when coverage would otherwise become effective; or
- Incur a Critical Illness due to a Preexisting Condition.

Benefit Eligibility

The Member [or Dependent] will qualify for the benefit provided by this section if all of the following apply:

[99][5]

- The Member [or Dependent] had Critical Illness coverage under a Prior Policy, which terminated on the date immediately preceding the date of eligibility under the Group Policy.
- The Member [or a Dependent] did not receive any Critical Illness benefits under the Prior Policy.
- No provision other than the Actively at Work [, or the Preexisting Condition][, or Period of Limited Activity] provision(s) would prohibit benefits being paid to the Member [or a Dependent] under the Group Policy.

Benefits Payable

The benefits payable, if any, under this section, will be the lesser of the benefits and policy provisions of the Group Policy or the benefits and policy provisions that would have been paid under the Prior Policy had it remained in force. No benefits will be paid for:

- any Critical Illness Incurred before the Date of Issue of the Group Policy; or
- any Critical Illness for which benefits would have been paid under the Prior Policy in the absence of this section.]

[73] [Preexisting Condition Credit

Continuous coverage under the Prior Policy may be applied to satisfy any required time period applicable to Preexisting Conditions, as described above.]]

[24] **[DESCRIPTION OF BENEFITS**

PORTABILITY

When insurance would otherwise end under the Group Policy as described below, the Member may be eligible to continue insurance under a Group Critical Illness Portability Insurance Policy underwritten by Principal Life. The Group Critical Illness Portability Insurance Policy will contain provisions that differ from the Group Policy. If a Member elects to continue insurance under this option, they will receive a certificate outlining the Group Critical Illness Portability Insurance Policy provisions.

[5][14]

Member [and Dependent [spouse [or Domestic Partner]]] Critical Illness Portability Insurance

Eligibility

[4]

If Member Critical Illness Insurance under the Group Policy ends because the Member ceases to meet the definition of an Employee, they may be eligible to continue such insurance under the Group Critical Illness Portability Insurance Policy [without submitting Proof of Good Health].

In order to continue insurance under the Group Critical Illness Portability Insurance Policy:

[103]

- the Member must have been insured under the Group Policy for [12 consecutive months]; and

[66]

- for Member Critical Illness Portability Insurance, the Member must be less than age [70][.][; and]

[5][14][66]

- [- for Dependent Critical Illness Portability Insurance, the Dependent spouse [or Domestic Partner] must be less than age [70][.][; and]]

[5]

- [- for any Dependent, Member Critical Illness must be continued.]

Insurance may not be continued, for the Member [or any Dependent], under the Group Critical Illness Portability Insurance Policy if:

[104]

- [- insurance under the Group Policy ends because the Group Policy terminates and is replaced by another group policy; or]

[4]

- a Critical Illness was Incurred, regardless of whether a benefit was payable [, other than for Wellness]; or

[5][14]

- [- For Dependent Critical Illness Portability Insurance, the Dependent ceases to be a Dependent as defined in GH 5712 (CI); or]

- the Member dies.

Ported Coverage

The insurance that is available for continuation will be the benefits as shown on GH 5713 (CI) [,] [and] GH 5719 (CI) [and GH 5720 (CI)] that are in force on the date insurance terminates under the Group Policy. [Wellness benefits as shown on GH 5721 (CI) are not portable.]

Termination of Ported Coverage

Ported insurance under the Group Critical Illness Portability Insurance Policy will terminate on the earliest of:

- the date ending the period for which the last premium is paid; or
- [105] [- for Member insurance, [the [June 1]] [the date] [the first of the Insurance Month] next following the Member's [70th] birthday; or]
- [106][14] [- for Dependent insurance [for the Dependent spouse [or Domestic Partner]], [the [June 1]] [the date] [the first of the Insurance Month] next following the Dependent spouse's [or Domestic Partner's] [70th] birthday; or]
- [5][14] [- for Dependent insurance, the date the Dependent no longer qualifies as a Dependent[, due to divorce [or termination of a Domestic Partner relationship] or the Member's death;] or]
- [107] [- [the [June 1] that next follows] the date [the Member's] continued insurance has been in force [two] [three] [five] years; or]
- [5] [- for Dependent insurance for a Dependent Child(ren), the date the child(ren) no longer meets the definition of a Dependent Child(ren); or]
- [5] - the date the Maximum Lifetime Benefit, as shown on GH 5719 (CI) [and GH 5720 (CI)] is paid[; or][.]
- [5] [- for Dependent insurance, the date Member Critical Illness Insurance ceases.]

Application/Effective Date

Notice of the Portability option must be given to the Member by the Policyholder before insurance under the Group Policy terminates, or as soon as reasonably possible thereafter.

- [108] The Member must apply for insurance and pay the first premium within [60] days of the termination date. Any continued coverage under the Portability option will be in force on the day following termination of insurance under the Group Policy.]

CLAIM PROCEDURES

Notice of Claim

Written notice of claim must be given to Principal Life within 20 days after the date the Critical Illness was Incurred. Failure to give notice within the time specified will not invalidate or reduce any claim if notice is given as soon as reasonably possible.

Claim Forms

Claim forms and other information needed to prove the claim must be filed with Principal Life in order to obtain payment of benefits. The Policyholder will provide forms to assist the Member in filing claims. If the forms are not provided within 15 days after Principal Life receives such notice, the Member will be considered to have complied with the requirements of the Group Policy upon submitting, within the time specified below for filing proof of the Critical Illness, written proof covering the occurrence, character and extent of the Critical Illness.

Proof of Critical Illness

[109]

Completed claim forms and other information needed to prove the Critical Illness should be filed promptly. Written proof of the Critical Illness should be sent to Principal Life within [90 days] after the date the Critical Illness was Incurred. Proof required includes the date, nature, and extent of the Critical Illness. Principal Life may request additional information to substantiate a Critical Illness or require a signed unaltered authorization to obtain that information from the provider. Failure to comply with such request could result in declination of the claim. For purposes of satisfying the claims processing timing requirements of the Employee Retirement Income Security Act (ERISA), receipt of claim will be considered to be met when the appropriate claim form is received by Principal Life.

Payment, Denial, and Review

ERISA permits up to 45 days from receipt of claim for processing the claim. If a claim cannot be processed due to incomplete information, Principal Life will send a written explanation prior to the expiration of the 45 days. A claimant is then allowed up to 45 days to provide all additional information requested. Principal Life is permitted two 30-day extensions for processing an incomplete claim. Written notification will be sent to a claimant regarding the extension.

In actual practice, benefits under the Group Policy will be payable sooner, provided Principal Life receives complete and proper proof of the Critical Illness. Further, if a claim is not payable or cannot be processed, Principal Life will submit a detailed explanation of the basis for the denial.

A claimant may request an appeal of a claim denial by written request to Principal Life within 180 days of the receipt of notice of the denial. Principal Life will make a full and fair review of the claim. Principal Life may require additional information to make the review. Principal Life will notify the claimant in writing of the appeal decision within 45 days after receipt of the appeal request. If the appeal cannot be processed within the 45-day period because Principal Life did not receive the requested additional information, Principal Life is permitted a 45-day extension for the review. Written notification will be sent to the claimant regarding the extension. After exhaustion of the formal appeal process, the claimant may request an additional appeal. However, this appeal is voluntary and does not need to be filed before asserting rights to legal action.

[5]

For purposes of this section, “claimant” means the Member [or Dependent].

Facility of Payment

Principal Life will normally pay benefits directly to the Member. However, in the special instances listed below, payment will be as indicated. All payments so made will discharge Principal Life to the full extent of those payments.

[14]

- If payment amounts remain due upon the Member’s death, those amounts may, at the option of Principal Life, be paid to the Member’s spouse [or Domestic Partner], child, parent, or estate.
- If Principal Life believes a person is not legally able to give a valid receipt for a benefit payment, and no guardian has been appointed, Principal Life may pay whoever has assumed the care and support of the person.

Medical Examinations

Principal Life may have the claimant examined by a Physician during the course of a claim. Principal Life will pay for these examinations and will choose the Physician to perform them.

Legal Action

Legal action to recover benefits under the Group Policy may not be started earlier than 90 days after proof of the Critical Illness is filed and before the appeal procedures have been exhausted. Further, no legal action may be started later than three years after that proof is required to be filed.

Time Limits

All time limits listed in this section will be adjusted as required by law.



Mailing Address: Des Moines, IA 50392-0002

Principal Life Insurance Company Employer Application for Group Insurance - AR

To avoid processing delays, please make sure you answer all questions completely and accurately.

This form is for: [] new case [] amendment (only complete sections with changes) Account number _____

Requested effective date: _____

Employer Information

Legal name of company Federal tax ID number

DBA name (if applicable)

Physical street address City State ZIP code

Billing/mailling address (P.O. box) City State ZIP code

Group contact name Telephone number FAX number E-mail address

Billing contact name (if different) Telephone number FAX number E-mail address

Complete the following if this coverage replaces other group insurance. Provide a copy of a recent billing and contract.

Note: Include prior carrier information for past three years.

Table with 4 columns: Name of Carrier, Coverage(s), Effective Date, Termination Date or Date Due to Terminate

Billing Information

Employer elects to be:

- [] list bill (Principal Life generates a monthly premium statement listing coverage(s) and premium for each member.)
[] self accounting - prior approval required (Employer submits a monthly billing report to Principal Life listing member, member volume, premium and number of covered members.)

Does your business have more than one physical location? [] yes [] no If yes, list with complete addresses:

Is Division Billing requested? [] yes [] no If yes, indicate on enrollment materials which division or unit for each employee.

Are multiple bills requested? [] yes [] no If yes, billing limitations may apply.

Are employees of any associated business organizations (e.g. parent-subsidiary, brother-sister relationships, affiliated groups, etc.) to be covered? [] yes [] no If yes, please list the affiliate or subsidiary below.

Participating unit is an entity that is an affiliate or subsidiary related to the employer through common control or ownership.

Table with 5 columns: Unit name/address/federal tax ID, Nature of business, Relationship to company, include/exclude unit, Number of employees

Do you agree with all the benefit plan provisions that you are applying for as outlined in your proposal # _____ and version number _____? yes no

If voluntary elected, verify billing mode: monthly semi-monthly weekly bi-weekly

If voluntary elected, please provide last payroll date prior to effective date _____

Eligibility Waiting Period

What is the waiting period? none _____ days _____ months

If the waiting period is other than none, check one of the following

- Time credited toward the prior carrier waiting period will apply to satisfy the waiting period under this group policy
 The waiting period will not apply to those hired before the group's effective date under this group policy
 The waiting period will apply to all employees, including those hired before the effective date of this group policy

If waiting period is different by job class, please specify _____

What day will employees be eligible?	<input type="checkbox"/> day immediately following the final day of the waiting period or change. Termination of coverage will be on the last day employee worked or was part of an eligible class.
	<input type="checkbox"/> first day of the insurance month coinciding with or next following the final day of the waiting period or change. Termination of coverage will be the last day of the insurance month in which the employee worked or was part of an eligible class.

Employer Contribution

Complete this table listing the percentage of premium the **EMPLOYER PAYS**.

Percent Employer Pays for the:	Basic Term Life	Voluntary Term Life	Short Term Disability (STD)	Long Term Disability (LTD)	Dental	Vision	Critical Illness
Employee	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Dependent	_____ %	_____ %	N/A	N/A	_____ %	_____ %	_____ %
Retired	_____ %	N/A	N/A	N/A	_____ %	N/A	N/A
Other _____							

Retiree coverage is available for Life and Dental but requires underwriting approval. Note: Life requires 51+ enrolled lives for retired coverage. Vision, critical illness, and disability coverages are not available for retirees.

If requesting to insure retirees, please indicate which coverage(s)? life dental

Are you requesting coverage for: current retirees future retirees?

If requesting retiree coverage, list the definition of Retiree (example: 10 years of service at least 55 years of age):

Definition of Compensation (Salary-Based Benefits) – Definition of compensation for owners is automatically included in all life and disability policies.

- | | |
|---|---|
| <input type="checkbox"/> base wage (excludes bonus, commission, overtime, etc.) | <input type="checkbox"/> W-2 (1 year average) |
| <input type="checkbox"/> base wage (with bonus) | <input type="checkbox"/> W-2 (2 year average) |
| <input type="checkbox"/> base wage (with commission) | <input type="checkbox"/> W-2 (3 year average) |
| <input type="checkbox"/> base wage (with commission and bonus) | <input type="checkbox"/> contract salary |
| <input type="checkbox"/> if different by class (please specify) _____ | |

If commissions or bonuses are included: 1 year average 2 year average 3 year average

- standard - An employee must work at least 30 hours per week to be eligible for insurance.
- other (select between 20 and 40 hours): _____

Ineligible Employees

- An independent contractor/1099 (unless required by law)
- An employee who works less than the required number of hours per week, or is employed as a temporary or seasonal employee, is not eligible for insurance.

How many employees are on your payroll?	How many employees are eligible (based on hours worked per week)?
---	---

Describe any excluded class of employees or location _____

Do you have employees or their dependents residing or working outside the United States and requesting coverage?

- yes no If yes, please include a separate sheet including their name(s), dates of birth, salary and class of employee, where they are located and how long they will be located there for work.

Complete the following sections for coverages being requested.

Disability

If you are requesting short term disability coverage, are there employees working in any of the states listed below (policies offered in these states are supplemental coverage only; they are not intended to provide coverage as outlined by each state)? yes no

If yes, indicate the number of employees for each state in the box.

California	Hawaii	New Jersey	New York	Rhode Island
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Life/Disability/Critical Illness

If requesting life, disability or critical illness insurance, are there any employees not Actively at Work? yes no

If yes, please list employees not Actively at Work, reason not Actively at Work, their last day worked and expected return to work date.

Dental

If you are replacing dental insurance, did your prior dental coverage include benefits for orthodontia treatment? yes no

Did your prior coverage include a dental maximum accumulation (max rollover, max builder)? yes no

If yes, please provide a copy of the prior carrier report showing individual maximums with roll over amounts.

Dental/Vision

COBRA eligibility is defined as employers who employed 20 or more full and full-time equivalent or part-time employees on at least 50% of the working days in the prior calendar year. Do you meet the eligibility definition? yes no

If COBRA applies, please select desired billing option: group bill policyholder direct bill continuee (individual)

If your group is COBRA eligible, do you have anyone currently electing COBRA benefits? yes no

If yes, please list. _____

If you currently have anyone on COBRA, please submit enrollment form with qualifying event date noted and reason for COBRA.

ERISA plan number: _____ Coverage(s): _____

ERISA plan number: _____ Coverage(s): _____

If more, attach list with ERISA plan number and coverage.

Plan administrator: _____

Plan sponsor: _____

Agent for legal services: _____

Ending date of plan's fiscal year: _____

The Employee Retirement Income Security Act of 1974 (ERISA) requires that each employee benefit plan subject to the Act designate a "Named Fiduciary who shall have authority to control and manage the operation and administration of the plan."

If this plan is subject to ERISA and the Named Fiduciary is other than the employer, fill in the information below. Principal Life may not be designated as Named Fiduciary.

The "Named Fiduciary" shall be: _____

Designation as Named Fiduciary is accepted. (Required only if the "Named Fiduciary" is an individual.)

By _____

Title _____

Agreement and Signatures

It is understood that Principal Life shall not be responsible for any tax or legal aspects of the plan. The employer assumes responsibility for these matters. The employer acknowledges that they have counseled to the extent necessary with selected legal and tax advisors. The obligations of Principal Life shall be governed solely by the provisions of its contracts and policies. Principal Life shall not be required to look into any action taken by the named fiduciary or the employer and shall be fully protected in taking, permitting, or omitting any action on the basis of the employer's actions. Principal Life shall incur no liability or responsibility for carrying out actions as directed by the named fiduciary or the employer.

It is further understood that by signing this application, the employer is purchasing insurance and not making an investment. No reserves, undeclared or unpaid experience premium refunds, or interest with respect to claim payments, nor claim proceeds themselves shall be considered plan assets under ERISA.

- The employer has been informed of the eligibility requirements. The employer agrees that insurance applied for shall not become effective or remain effective unless the employer: a) is actively engaged in business for profit within the meaning of the Internal Revenue Code, or is established as a legitimate nonprofit organization within the meaning of the Internal Revenue Code; or is a government agency; and b) meets the participation and contribution requirements.
- The employer agrees that insurance applied for shall not become effective unless the application and any attached page(s) are received, accepted and approved by Principal Life. If this application is accepted, all group policies will be combined and treated as one policy for the purpose of determining any experience premium refund. The employer acknowledges and understands that if this application is approved, the group policy will determine all rights and benefits.
- The preexisting condition restrictions for critical illness and long term disability insurance have been explained to and understood by the employer. Actively at work and period of limited activity for life, disability and critical illness coverage have been explained to and understood by the employer.
- The employer understands receipt and deposit of advanced payment is not a guarantee of coverage. If a policy is issued from this application and is accepted by the proposed policyholder, we will apply the premium deposit to the first premium due for such policy. If no policy is put into force, the premium deposit will be refunded. Premium payment will be monthly unless otherwise indicated.

- Acceptance by the employer of any policy or policies issued with this application shall constitute approval of any corrections, additions, or changes specified in the space "For Principal Life Use Only" or as otherwise indicated on this application.
- The employer understands that the insurance policy and certificates of coverage may, at the discretion of Principal Life, be provided to the employer in paper or electronic format. The employer agrees to promptly distribute the certificates of coverage to insured employees at the beginning of their coverage under the group policy and to redistribute them from time to time thereafter as reasonably required by Principal Life.
- Your agent or broker cannot change or waive any provision of this application or the policy or policies without the written approval of an officer of Principal Life in the home office.
- As a result of this sale and any subsequent renewal, your broker and marketing organization, if any, may receive commissions, administrative service fees, other compensation including non-cash compensation, and bonuses based on factors such as, volume of new sales, member and case counts, total premium volume, maintaining a certain percentage of business with Principal Life, selling a certain mix of products, and/or the profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for the product(s) you have applied for on this application form. This compensation is in addition to any compensation the broker may receive from you. Contact us at [1-800-388-4793, Options 4, 2, 2] for further details on your case. We have placed a more detailed description of our compensation programs on www.principal.com/group/compensation.
- The person signing this form for the employer has legal authority to bind the employer for whom application is being made.
- The employer agrees to make timely notification of any employee termination, status change, or other material changes that may affect the eligibility of employees or their dependents. Timely notification is no more than 31 days past the actual date of such change.
- The employer understands that failure to pay premium when due will be considered a default in premium payment and coverage will terminate at the end of the grace period. If coverage is terminated for nonpayment of premium, premium through the grace period is due and will be collected. The employer understands that coverage may also be terminated for other reasons as provided in the group policy.
- The employer understands their rights and responsibilities if electing self accounting status.

NOTE: If Principal Life determines, due to requirements of law or because of our own underwriting criteria, to issue our group insurance through a multiple-employer group insurance trust, the employer hereby subscribes to and agrees to the terms of that trust.

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. Fraud or intentional misrepresentation may be grounds for nonrenewal or termination under the terms of the group policy.

Employer (company name)

Signed by (must be an officer)	Officer's title	Date signed
X		
Licensed resident agent(s) (individual/firm)	Agent's license number	Date signed
X		
Signature of soliciting agent(s) (If more than one, all must sign.)		Date signed
X		

For Principal Life Use Only



Mailing address:
[street address]
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Statement of
Health - AR

Account number

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 of this form.
3. When coverage is being requested for an eligible dependent(s), note that 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 of this form if spouse or domestic partner coverage is being requested.
4. After completing and signing this form, make a copy for your records.

Why is this Statement of Health being submitted?

over the Guaranteed Issue amount late entrant (request made outside the eligibility period)

Employee Information

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

Eligible Dependent Information

Name (last, first, middle initial)	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		
	<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. 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. yes no Is any person receiving medical treatment or taking medication?
3. yes no Is any person currently pregnant?
4. yes no In the past 5 years, has any person had surgery, been hospitalized or consulted with a physician or medical practitioner, had blood or other diagnostic tests (other than for HIV antibody), or been advised to receive medical treatment? Provide results of all tests.
5. yes no In the past 5 years, has any person been diagnosed with or received treatment for any of the following (check all that apply)?
- | | | | |
|--|---|---|--|
| <input type="checkbox"/> cancer | <input type="checkbox"/> liver disorder | <input type="checkbox"/> bone/joint disorder | <input type="checkbox"/> psychological/mental disorder |
| <input type="checkbox"/> tumor(s) | <input type="checkbox"/> kidney/urinary disorder | <input type="checkbox"/> respiratory disorder | <input type="checkbox"/> blood disorder |
| <input type="checkbox"/> heart or circulatory disorder | <input type="checkbox"/> muscle disorder | <input type="checkbox"/> infertility | <input type="checkbox"/> hepatitis |
| <input type="checkbox"/> stroke | <input type="checkbox"/> multiple sclerosis/neurological disorder | <input type="checkbox"/> skin/eyes/ear/nose/throat disorder | <input type="checkbox"/> organ or other transplants |
| <input type="checkbox"/> alcohol/drug use | <input type="checkbox"/> digestive disorder | <input type="checkbox"/> gland disorder | |
- High blood pressure – last reading and date _____ / _____
- Diabetes – last HbA1c reading and date _____ / _____
- Other – including medication _____
6. yes no In the last 5 years, has any person had, been treated for or been diagnosed as having HIV (Human Immunodeficiency Virus) infection, positive HIV test or AIDS (Acquired Immune Deficiency Syndrome)?

If applying for Critical Illness, complete question 7.

7. yes no Have any of your natural parents, brothers or sisters been diagnosed with coronary artery disease, stroke, diabetes or invasive cancer prior to age 55?
- Employee – if yes, disease and age at diagnosis: _____
- Spouse or domestic partner – if yes, disease and age at diagnosis: _____

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

Name	Date diagnosed/treated	Length of illness or condition
Diagnosis of illness or condition	Type of treatment, including medications	
Describe current symptoms or problems		
Names of all current medications		
Names and addresses of physicians, medical practitioners, hospitals or other health care providers		

Health Information (continued)**120**

Name	Date diagnosed/treated	Length of illness or condition
Diagnosis of illness or condition	Type of treatment, including medications	
Describe current symptoms or problems		
Names of all current medications		
Names and addresses of physicians, medical practitioners, hospitals or other health care providers		

Name	Date diagnosed/treated	Length of illness or condition
Diagnosis of illness or condition	Type of treatment, including medications	
Describe current symptoms or problems		
Names of all current medications		
Names and addresses of physicians, medical practitioners, hospitals or other health care providers		

Name	Date diagnosed/treated	Length of illness or condition
Diagnosis of illness or condition	Type of treatment, including medications	
Describe current symptoms or problems		
Names of all current medications		
Names and addresses of physicians, medical practitioners, hospitals or other health care providers		

Name	Date diagnosed/treated	Length of illness or condition
Diagnosis of illness or condition	Type of treatment, including medications	
Describe current symptoms or problems		
Names of all current medications		
Names and addresses of physicians, medical practitioners, hospitals or other health care providers		

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, 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, (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 50392-0432.

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.
- 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.
- 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.
- 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, 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 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 coverage. This information will not be used for any purposes prohibited by law.

Employee's signature X	Date signed
Spouse's or domestic partner's signature X	Date signed



Mailing Address:
711 High Street
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Statement of Health
for Self-Administered Plans - AR

120-0

Account Number / Unit Number

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

Company name

Direct all employer's final decision correspondence regarding this statement to:
Name

Address (street)

City	State	ZIP code	Phone
------	-------	----------	-------

Employee's name	Social security number	Date of hire	Annual salary \$
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Employee Benefit Class/Job Description

This statement is: (mark all that apply)

- for employee
- for dependent(s)

Why is this Statement of Health being submitted?

- over the Guaranteed Issue amount
- late entrant (request made outside the eligibility period)

Is this request due to a qualifying event (marriage, divorce, birth, etc)? yes no

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.

	Current Benefit Amount	Additional Requested Benefit Amount	Total Benefit Amount if Approved	
<input type="checkbox"/> basic life	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> voluntary term life (employee)	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> voluntary term life (spouse or domestic partner)	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> voluntary term life (children)	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> supplemental life	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> dependent life	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> short term disability (benefit)	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> core to buy up
<input type="checkbox"/> long term disability (benefit)	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> core to buy up
<input type="checkbox"/> critical illness (employee)	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> critical illness (spouse or domestic partner)	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> critical illness (children)	\$ _____	\$ _____	\$ _____	

Employee Information**120-0**

Your name (last, first, middle initial)	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Social security number	Date of birth
---	---	------------------------	---------------

Home address (street)			
-----------------------	--	--	--

City	State	ZIP code
------	-------	----------

Home phone number	Company name
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Eligible Dependent Information

Name (last, first, middle initial)	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		
	<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.

Health Information

To prevent delays give full details to "yes" answers for everyone requesting coverage. 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 medication?																																
3. <input type="checkbox"/> yes <input type="checkbox"/> no	Is any person currently pregnant?																																
4. <input type="checkbox"/> yes <input type="checkbox"/> no	In the past 5 years , has any person had surgery, been hospitalized or consulted with a physician or medical practitioner, had blood or other diagnostic tests (other than for HIV antibody), or been advised to receive medical treatment? Provide results of all tests.																																
5. <input type="checkbox"/> yes <input type="checkbox"/> no	<p>In the past 5 years, has any person been diagnosed with or received treatment for any of the following (check all that apply)?</p> <table border="0"> <tr> <td><input type="checkbox"/> cancer</td> <td><input type="checkbox"/> liver disorder</td> <td><input type="checkbox"/> bone/joint disorder</td> <td><input type="checkbox"/> psychological/mental disorder</td> </tr> <tr> <td><input type="checkbox"/> tumor(s)</td> <td><input type="checkbox"/> kidney/urinary disorder</td> <td><input type="checkbox"/> respiratory disorder</td> <td><input type="checkbox"/> blood disorder</td> </tr> <tr> <td><input type="checkbox"/> heart or circulatory disorder</td> <td><input type="checkbox"/> muscle disorder</td> <td><input type="checkbox"/> infertility</td> <td><input type="checkbox"/> hepatitis</td> </tr> <tr> <td><input type="checkbox"/> stroke</td> <td><input type="checkbox"/> multiple sclerosis/neurological disorder</td> <td><input type="checkbox"/> skin/eyes/ear/nose/throat disorder</td> <td><input type="checkbox"/> organ or other transplants</td> </tr> <tr> <td><input type="checkbox"/> alcohol/drug use</td> <td><input type="checkbox"/> digestive disorder</td> <td><input type="checkbox"/> gland disorder</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> High blood pressure – last reading and date _____ / _____</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Diabetes – last HbA1c reading and date _____ / _____</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other – including medication _____</td> </tr> </table>	<input type="checkbox"/> cancer	<input type="checkbox"/> liver disorder	<input type="checkbox"/> bone/joint disorder	<input type="checkbox"/> psychological/mental disorder	<input type="checkbox"/> tumor(s)	<input type="checkbox"/> kidney/urinary disorder	<input type="checkbox"/> respiratory disorder	<input type="checkbox"/> blood disorder	<input type="checkbox"/> heart or circulatory disorder	<input type="checkbox"/> muscle disorder	<input type="checkbox"/> infertility	<input type="checkbox"/> hepatitis	<input type="checkbox"/> stroke	<input type="checkbox"/> multiple sclerosis/neurological disorder	<input type="checkbox"/> skin/eyes/ear/nose/throat disorder	<input type="checkbox"/> organ or other transplants	<input type="checkbox"/> alcohol/drug use	<input type="checkbox"/> digestive disorder	<input type="checkbox"/> gland disorder		<input type="checkbox"/> High blood pressure – last reading and date _____ / _____				<input type="checkbox"/> Diabetes – last HbA1c reading and date _____ / _____				<input type="checkbox"/> Other – including medication _____			
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<input type="checkbox"/> Other – including medication _____																																	
6. <input type="checkbox"/> yes <input type="checkbox"/> no	In the last 5 years , has any person had, been treated for or been diagnosed as having HIV (Human Immunodeficiency Virus) infection, positive HIV test or AIDS (Acquired Immune Deficiency Syndrome)?																																

If applying for Critical Illness, complete question 7.

7. yes no Have any of your natural parents, brothers or sisters been diagnosed with coronary artery disease, stroke, diabetes or invasive cancer prior to age 55?
 Employee – if yes, disease and age at diagnosis: _____
 Spouse or domestic partner – if yes, disease and age at diagnosis: _____

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

Name	Date diagnosed/treated	Length of illness or condition
------	------------------------	--------------------------------

Diagnosis of illness or condition	Type of treatment, including medications
-----------------------------------	--

Describe current symptoms or problems

Names of all current medications

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

Name	Date diagnosed/treated	Length of illness or condition
------	------------------------	--------------------------------

Diagnosis of illness or condition	Type of treatment, including medications
-----------------------------------	--

Describe current symptoms or problems

Names of all current medications

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

Name	Date diagnosed/treated	Length of illness or condition
------	------------------------	--------------------------------

Diagnosis of illness or condition	Type of treatment, including medications
-----------------------------------	--

Describe current symptoms or problems

Names of all current medications

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

Instructions for Employee

After you have completed this form, and after you have read and signed the Authorization, Acknowledgment, and Signatures section on page 4, send original to Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392, and make a copy for your records.

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 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, 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, Group Medical Underwriting, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0432.

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.
- 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.
- 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.
- 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, 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 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 coverage. This information will not be used for any purposes prohibited by law.

Employee's signature X	Date signed
Spouse's or domestic partner's signature * X	Date signed

*Spouse 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

Declaration of Domestic Partnership/
Enrollment Form Addendum - AR

Company name: _____ Account/unit number: _____

Employee Information

Employee name (last, first, middle initial)	Social security number	Date of birth
---	------------------------	---------------

Address	Gender <input type="checkbox"/> male <input type="checkbox"/> female
---------	---

Requested coverage:
 Dental Vision Life Voluntary Life Critical Illness

Status

Your request for the coverage(s) shown above for a domestic partner is based on the criteria establishing that a domestic partnership exists and the provisions of the group policy. In order to properly evaluate your request and the eligibility for domestic partner coverage, you must complete the following information.

Domestic partner's name	Social security number	Date of birth
-------------------------	------------------------	---------------

Address	Gender <input type="checkbox"/> male <input type="checkbox"/> female
---------	---

On what date was the domestic partnership established? _____

Certification

We understand that in order for domestic partner coverage to become effective, a Declaration of Domestic Partnership must be submitted to and approved by Principal Life Insurance Company, and we must satisfy the following requirements.

We certify that:

1. We are at least 18 years old.
2. Neither of us is married to or legally separated from anyone else, nor have had another domestic partner within the prior six months.
3. We have shared the same residence for at least the number of months specified in the group policy, and continue to do so.
4. We are not blood relatives.
5. We are each other's sole life partner, and intend to remain so indefinitely.
6. We are jointly responsible for each other's financial welfare.
7. We are not in a relationship solely for purpose of obtaining insurance coverage.

Acknowledgments

1. We understand domestic partners (and their eligible dependents) are subject to the same rules governing all other dependents who are covered by or applying for coverage under the group policy, including but not limited to those rules relating to enrollment periods.
2. We understand we have an obligation to notify Principal Life if there is any change in our domestic partnership status as certified in this Declaration.
3. We understand that termination of coverage issued to the domestic partner as a result of completion and approval of this Declaration will be effective on the date the domestic partnership ends, as provided under the group policy, providing coverage did not terminate earlier under other group policy provisions. We further understand the domestic partner and the children of the domestic partner will not be eligible for either continuation or conversion coverage should our domestic partnership terminate, unless the group policy indicates otherwise.
4. We understand that a lawsuit may be brought against one or both of us for any losses (including attorneys' fees and costs) due to any false statement contained in this Declaration, or for failure to notify Principal Life of a change in our domestic partnership status.
5. We understand this Declaration may have legal ramifications relating, for example, to our ownership of property or to the taxability of benefits provided, and that we are advised to seek competent legal advice regarding these matters before signing this Declaration.
6. We understand in the event that termination of this relationship is not due to death of my domestic partner I will mail my former domestic partner their Certificate of Creditable Coverage.
7. We understand once the employee terminates from the group his/her domestic partner and his/her dependents will not be able to continue coverage, unless group policy indicates otherwise.

We represent that all statements and answers contained in this document are true, complete, and correctly recorded, to the best of our knowledge. We understand the completion of this Declaration in no way guarantees approval of the requested coverage.

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.

Your signature **X** _____ Date signed _____

Domestic partner's signature **X** _____ Date signed _____

Note: Make a copy for your records and distribute copy to employee.

SERFF Tracking Number: PRLF-128127593 State: Arkansas
 Filing Company: Principal Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	05/18/2012
Comments:			
Attachment:			
Readability Cert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	05/18/2012
Bypass Reason:	Applications used with this product are being submitted under the form schedule tab		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability and Forms List	Approved-Closed	05/18/2012
Comments:			
Attachments:			
Statement of Variability.pdf			
Forms List.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Addendum and State Filed Forms List	Approved-Closed	05/18/2012
Comments:			
Attachments:			
Addendum.pdf			
CI state-filed forms list.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 5700 (CI) et, al	Policy Form Series	51.5
GH 5710 (CI) et, al	Certificate of Coverage Form Series	51.5

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

May 14, 2012

Date

12/1999



STATEMENT OF VARIABILITY FOR SUBMISSION DATED MAY 14, 2012
FOR GROUP CRITICAL ILLNESS FORMS GC 5700 (CI) et al

Variable Material is denoted in the Policy and Certificate of Coverage forms as bracketed.

POLICY

GC 5700 (CI) – Title Page

- [1] These forms are being submitted for use with all types of eligible groups allowed under Arkansas statutes.
- [2] This variable will be used to show the name of the Policyholder.
- [3] The variable will reflect the Date of Issue.
- [4] This variable will be standardly used but may be removed if requested by the Policyholder and agreed to by Principal Life.
- [5] This variable will be used when the Policyholder offers Dependent Critical Illness Insurance to the Employees.
- [6] This variable will be used to show the policy number that is assigned by Principal Life to the Policyholder.

GC 5701 (CI) – Table of Contents

- [7] This variable will be used if the rates shown are the initial rates for the policy.
- [8] This variable will be used if there are Participating Units issued under the group.

GC 5702 (CI) – Contract

- [8A] This variable text is standardly used. The only time this text would not be used is if the Policyholder contributes 100% of the premium.
- [9] Our standard is 10% participation, however, may vary from 5% to 100%. Ten Members would be standard, however, may vary from 2 to 100. Both depend on the Policyholder's specifications and agreed upon by Principal Life.

GC 5703 (CI) – Premiums

- [10] The "first of each Insurance Month" variable will standardly be used but may vary if premium is not due on the first of each Insurance Month. Other than "first of each Insurance Month", Premium Period could be monthly, quarterly, semi-annual or annual depending on what the Policyholder chooses.

- [11] The standard Grace Period will be 31 days, but this may be changed to 30, 45, 60, 90, or 120 days at the request of the Policyholder and agreed to by Principal Life or as may be required by any applicable state requirements.
- [12] This variable will be used when rates are illustrated in the policy. The actual rates will vary depending on the benefits chosen by the Policyholder.
- [13] This variable will be used if there is a rate based on Smoker status.
- [14] These optional Domestic Partner definitions/provisions are included to provide coverage for Domestic Partners at the option of the Policyholder.
- [15] Depending upon the benefits chosen by the Policyholder, the spouse's or Domestic Partner's rate may be based on the age of the Member or the spouse/Domestic Partner's actual age.
- [16] This variable paragraph is not standard, but may be added if the Policyholder has at least two non-medical coverages with Principal Life, then the Policyholder may be eligible for a multi-coverage discount. The variable "two" will be standard but may vary from one to ten.
- [17] Twelve months is standard, however, this variable may range from 6 to 36 months.
- [18] This variable will be used if the case has age bracket rates. These variables are used to show when premiums may be changed.
- [19] This variable will be used when a Policyholder has other group insurance with us and adds Critical Illness coverage on other than the policy anniversary and it is more than six months before the next policy anniversary. In this instance, the initial rate for Critical Illness would not necessarily be guaranteed for 12 months and would be subject to change on the next policy anniversary. If Critical Illness coverage is added on other than the policy anniversary and is less than 6 months before the next policy anniversary, we extend the rate guarantee beyond 12 months.
- [20] Wording will vary depending on contributions required.

GC 5704 (CI) – Policy Termination

- [21] The notice period will range from 31 days being the standard to 60 days, 90 days or 180 days.

GC 5705 (CI) – Participating Unit Provisions

- [22] These variables reflect the participating unit(s) legal name and effective date under the Group Policy.

CERTIFICATE OF COVERAGE

GH 5710 (CI) – Cover Page

[23] This variable would be used for a new sale.

GH 5711 (CI) – Table of Contents

[24] This provision will be used if the Policyholder chooses to provide a portability option to Members.

GH 5712 (CI) – Definitions

[25] This definition will be used if Cancer One and/or Cancer Two definitions are used.

[26] Definition of Active Work; Actively at Work: This variable may be included when teachers are covered under the policy.

[26A] The first variable will be standardly used; the second variable may be used if requested by the Policyholder and agreed to by Principal Life.

[27] This variable will be used if coverage for Dependent Child(ren) is included.

[28] This variable will be used if coverage for a spouse is included.

[29] This variable is not standardly used; however, may be added at the request of the Policyholder and agreed to by Principal Life.

[30] The variable 26 will be standard but may vary from 19 to 30 years of age.

[31] Coverage may be elected for children of Domestic Partners if agreed upon by the Policyholder and Principal Life. Requirements for “Dependent Child; Dependent Children” must be met.

[32] This variable will not standardly be used; however, may be added at the request of the Policyholder and agreed to by Principal Life. This variable will be used if coverage will be allowed for Dependents over the age of 26 up to a certain age if the Dependent is a full-time student. The years of age variables may vary from 19 to 30.

[33] This variable will only be used on cases with Dependent coverage and is used in conjunction with our continuation provision for Developmentally, Physically or Mentally Disabled Children.

[34] Definition of Domestic Partner: The variable text [the partner is not insured under the Group Policy as a Member] is used in connection with the definition of Dependent and will be used at the option of the Policyholder.

[35] The variable text [opposite sex or] will be used at the option of the Policyholder.

- [36] The variable “six months” will be standard but may vary from 3 to 24 months.
- [37] Definition of Employee: This definition is used to define which employees are eligible to be insured. Thirty hours (30) per week is our standard; however, the number of hours required to be an eligible employee may vary depending on the Policyholder’s specifications. The other variables within this definition can be used depending on what the Policyholder chooses.
- [38] Calendar month is standard. Other variables may be used if requested by the Policyholder and agreed to by Principal Life.
- [39] The first variable is standard. Other variables may be used if requested by the Policyholder and agreed to by Principal Life.
- [40] Definition of Premium Period: This definition will reflect the billing frequency.
- [41] Definition of Prior Policy: This definition is used when coverage under this policy is replacing prior coverage and the Replacement of a Prior Policy provisions apply.

GH 5713 (CI) – Scheduled Benefits Summary

- [42] This variable is used to show the later of the initial effective date or the date a change was effective.
- [43] This variable will be used to show the name and address of the Member, the certificate number, initial effective date and anniversary date.
- [44] This variable will be used to show the scheduled benefit amounts elected by the Member.
- [45] This variable will be used to show the smoker status.

GH 5714 (CI) – How To Be Insured – Members

- [46] These variables will be used based on provisions elected by the Policyholder.
- [47] The waiting period is determined by the Policyholder and may vary from one to 24 months.
- [48] This variable will be used if we will require Proof of Good Health for all employees regardless of the amount of insurance.
- [49] This variable will be used if we will require Proof of Good Health for late entrants. The variable “31 days” will be standard but may vary from 60, 90, to 180 days.
- [50] This variable will standardly be used. The variable “31 days” will be standard but may vary from 60, 90, to 180 days.

- [51] This variable will be used if we will require Proof of Good Health when an Employee has requested coverage which required Proof of Good Health in the past but failed to provide it, and now requesting any amount of coverage. It may also be used if we will require Proof of Good Health when an Employee has been refused insurance due to prior proof and is now applying for any amount of coverage.
- [52] This variable will be used if we will require Proof of Good Health for an Employee who terminates and requests coverage for any amount again more than 31 days later. The variable “31 days” will be standard but may vary from 60, 90, to 180 days.
- [53] Dollar amounts may vary from \$1,000 to \$50,000 with \$5,000 being our standard.
- [54] This variable will be used when coverage under this policy is replacing prior coverage and Proof of Good Health provisions are being waived.
- [55] This variable will be standardly used but may be removed if Proof of Good Health is not required when the participation requirements are met. The 10% will be standard, but may vary from 5% to 100%. The 10 Members will be standard, but may vary from 2 to 100.
- [56] This variable will be standardly used when Proof of Good Health is required for an increase to Schedule Benefits.
- [57] This variable will be standardly used when Proof of Good Health is required to change Smoker status.
- [58] This first variable will be used when effective date is the first of the month.
- [59] Variables will be used depending on other variables in the policy.
- [60] Dollar amounts may vary from \$1,000 to \$25,000 with \$2,500 being our standard.
- [61] This variable will be standardly used, but may be removed when the Policyholder wants the effective date of the benefit change to be based on the Member being actively at work.
- [62] These variables will be based on the specifications of the Policyholder.
- [63] The 12 month variable will be standard, but may vary from 6 to 36 months.
- [64] Use of these variables depends on when the insurance ends.
- [65] This variable will not standardly be used and will depend on when the insurance ends. Age 70 will be standard, but may vary from age 60 to 100.
- [66] This variable will standardly be used and will depend on when the insurance ends. Age 70 will be standard, but may vary from age 60 to 100.
- [67] This variable paragraph will be included if there is annual open enrollment and proof of good health is not required. The other variables within this paragraph will depend on what the Policyholder chooses.

[68] This variable paragraph will be included if there is annual open enrollment and proof of good health is required. The other variables within this paragraph will depend on what the Policyholder chooses.

[69] This variable is specific to the Children variable. The amounts for these variables are standard, but may vary from \$1,000 to \$50,000.

[70] This variable will standardly be used and 5% is our standard, but may vary from 5% to 25%.

[71] This variable will be used if the option to terminate coverage for persons who are out of the country for other than a temporary basis is chosen.

[72] Six months will be the standard, but may vary from 3 to 36 months.

[73] This variable will be used if the Policyholder had prior coverage.

GH 5715 (CI) – How To Be Insured – Dependents

[74] This variable will be used if Dependent Critical Illness Insurance is not included for all classes.

[75] This variable will be standardly used. The last variable will be standardly used.

[76] This variable will be standardly used. The variable “from the moment of live birth” will be standard.

[77] This variable will not be standardly used. Variable “\$2,500” is standard but dollar amounts may vary from \$1,000 to \$50,000.

[78] This variable will be used if Dependent Critical Illness insurance is provided and continuation is chosen for Developmentally, Physically or Mentally Disabled Children.

[79] The variable “within 31 days” is standard but may vary from 31 to 45 days.

GH 5716 (CI) AR – Continuation of Coverage

[80] This variable will be used if the Policyholder chooses to provide continuation of coverage for an Employee that is on approved leave of absence, layoff or sabbatical.

[81] The variable 90 would be used with the variable days and is standard but can vary from 30 to 180 days. If the variable months is used the 90 could be 1 to 6 months.

[82] The variable one month will be standard but may vary from one to twelve months. This range is determined by the Policyholder with approval from Principal Life.

GH 5718 (CI) – Reinstatement

[83] The “30 consecutive days” will be standard, but may vary from 15 to 120 consecutive days.

GH 5719 (CI) – Member Critical Illness Insurance

- [84] Benefits will vary depending on the Policyholder's (or Participating Unit's) specifications. For Member Critical Illness Insurance, this may be in increments of \$5,000 and range from \$1,000 to \$10,000. The Scheduled Benefit amount variable of \$50,000 is our standard but can range from \$5,000 to \$500,000.
- [85] This variable text will be used if we require Proof of Good Health.
- [86] This variable will not standardly be used. It may be used if requested by the Policyholder and approved by Principal Life.
- [87] This variable will be adjusted to meet the Policyholder's request. Variable 70 will be our standard age but can range from 60 to 100 years of age.
- [88] This variable will be adjusted to meet the Policyholder's request. Variable 50% will be our standard but can range from 25% to 75%.
- [89] These variable Critical Illness's will be our standard offered by Principal Life, except for Coronary Artery Angioplasty. These standard Illness's may be removed if the Policyholder chooses to not cover one of them. The Coronary Artery Angioplasty variable will not standardly be used but may be included if the Policyholder chooses and is agreed to by Principal Life. The percentage variables shown will be our standard but may range from zero to 100%.
- [90] Variable 12 months will be our standard but may range from 6 to 24 months.
- [91] These variable paragraphs will not be used at the same time. Depending on what benefit is chosen by the Policyholder and approved by Principal Life will determine which paragraph is used. The first paragraph will be our standard. The variable text paragraph, "No benefits will be payable for additional occurrences of the same Critical Illness" will be used if the standard paragraph isn't.
- [92] The variable two times will be our standard but may range from one to four times.

GH 5720 (CI) – Dependent Critical Illness Insurance

- [93] Benefits will vary depending on the Policyholder's (or Participating Unit's) specifications.
- [94] For Dependent spouse Critical Illness Insurance, this may be in increments of \$2,500 and range from \$1,000 to \$5,000. The Scheduled Benefit amount variable of \$25,000 is our standard but can range from \$2,500 to \$250,000.
- [95] This variable will be adjusted to meet the Policyholder's request. Variable 50% will be our standard but can range from 25% to 100%.

GH 5721 (CI) – Wellness

[96] The \$50 variable will be our standard but may range from \$25 to \$150.

[97] These variable tests or procedures will be our standard; however, they may be subject to change.

GH 5722 (CI) – Limitations and Exclusions

[98] This variable will standardly be 12 months; however, can range from 3 to 12 months.

[99] This variable is normally used to include the pre-existing condition provision. This provision may be removed if agreed to by Principal Life and the Policyholder.

[100] This variable will standardly be 6 months; however, can range from 3 to 24 months.

[101] This variable will not standardly be used; however, if used, can range from 3 to 24 months.

[102] This variable will be used if the Policyholder had prior coverage and the Replacement of a Prior Policy provisions apply.

GH 5723 (CI) – Portability

[103] The [twelve consecutive months] will be standard but may range from 6 to 36 consecutive months.

[104] This variable will be used when the Member or Dependent is no longer eligible to continue insurance under the Group Critical Illness Insurance because the Group Policy terminates and is replaced by another group critical illness policy.

[105] This variable will be used if the Policyholder chooses to offer portability to age 70. The variable 70 will be standard but can range from 60 to 100 years of age.

[106] This variable will be used if coverage includes a dependent spouse. The variable 70 will be standard but can range from 60 to 100 years of age.

[107] This variable will be used in place of bullet 2 if the Policyholder chooses to offer portability for a limited period of time.

[108] The 60 days will be standard but can range from 31 to 90 days.

GH 5724 (CI) – Claim Procedures

[109] The 90 days will be standard but can range from 60 days to 12 months.

**Arkansas – Group Critical Illness Insurance
Policy Form Titles/Numbers**

Policy Form Title	Policy Form Numbers
Title Page	GC 5700 (CI)
Introduction	GC 5700 A (CI)
Table of Contents	GC 5701 (CI)
PART I – Policy Administration, Section A – Contract	GC 5702 (CI)
PART I – Policy Administration, Section B – Premiums	GC 5703 (CI)
PART I – Policy Administration, Section C – Policy Termination	GC 5704 (CI)
PART I – Policy Administration, Section D – Policy Renewal	GC 5704 A (CI)
[PART II – Participating Unit Provisions	GC 5705 (CI)]

**Arkansas – Group Critical Illness Insurance
Certificate of Coverage Form Titles/Numbers**

Certificate of Coverage Form Title	Certificate of Coverage Numbers
Introductory Page	GH 5710 (CI)
Table of Contents	GH 5711 (CI)
Definitions	GH 5712 (CI)
Scheduled Benefits Summary	GH 5713 (CI)
How to Be Insured - Members	GH 5714 (CI)
[How to Be Insured – Dependents	GH 5715 (CI)]
Continuation of Coverage	GH 5716 (CI) AR
Reinstatement	GH 5718 (CI)
Description of Benefits - Benefit Provisions - Member	GH 5719 (CI)
[Description of Benefits – Benefit Provisions - Dependents	GH 5720 (CI)]
[Description of Benefits – Wellness	GH 5721 (CI)]
Description of Benefits – Limitations and Exclusions	GH 5722 (CI)
[Description of Benefits – Portability	GH 5723 (CI)]
Claim Procedures	GH 5724 (CI)

ADDENDUM – ARKANSAS STATE FILED FORMS LIST DESCRIPTION
PRINCIPAL LIFE INSURANCE COMPANY

The following forms are new forms to be used with new business sold after the date of approval of this submission. A list of all group insurance products that will be using these forms is included at the end of this Addendum. Any exceptions to the product list are described in the specific form information included below.

1. Employer Application for Group Insurance (GP60358) – this form is used by policyholders to apply for the group insurance coverages noted on the form.
2. Statement of Health (GP60150) – This form is used by our list billing cases (which means we handle the enrollment process for the groups).
3. Statement of Health for Self-Administered Plans (GP60201) – This form is used by our self-accounting cases (which means the employer handles the enrollment process for the groups and reports billing information to us).
4. Declaration of Domestic Partnership/Enrollment Form Addendum (GP60441) – This form is used when a policyholder has elected domestic partner coverage for their group coverages and an employee wants to add a domestic partner as their dependent.

PRODUCT LIST

The forms listed in this Addendum will be used with the following previously approved Group Insurance products. Please note that this list of products include ones that are no longer being actively marketed to new employer groups but where we still have existing business.

Policy Form Numbers	Group Product Coverage
GC 100 et al	Group Term Life Insurance (existing business only)
GC 1000 et al	Group Voluntary Term Life Insurance (existing business only)
GC 6000 et al	Group Term Life Insurance
GC 6000 (VTL) et al	Group Voluntary Term Life Insurance
GC 300 et al	Group Long Term Disability Insurance (existing business only)
GC 3000 et al	Group Long Term Disability Insurance
GC 400 et al	Group Short Term Disability Insurance (existing business only)
GC 4000 et al	Group Short Term Disability Insurance
GC 700 et al	Group Dental Expense Insurance (Indemnity) (existing business only)
GC 700 (PPO) et al	Group Dental Expense Insurance (PPO) (existing business only)
GC 2000 et al	Group Voluntary Dental Expense Insurance (Indemnity) (existing business only)
GC 2000 (PPO) et al	Group Voluntary Dental Expense Insurance (PPO) (existing business only)]
GC 7000 et al	Group Dental Expense Insurance

ADDENDUM – ARKANSAS STATE FILED FORMS LIST DESCRIPTION
PRINCIPAL LIFE INSURANCE COMPANY

GC 7100 et al	Group Dental Expense Insurance
GC 900 et al	Group Vision Expense Insurance
GC 5700 (CI) et al	Group Critical Illness Insurance

Arkansas
State Filed Forms for Principal Life Insurance Company Group Insurance Products
For Submission Dated May 14, 2012

The following forms are included in this submission and once approved will be used with the group insurance products named in the Addendum included with this filing:

New Form Number	Form Name	Flesch Score
GP60358	Employer Application for Group Insurance	47.9
GP60150	Statement of Health	46.5
GP60201	Statement of Health for Self-Administered Plans	46.1
GP60441	Declaration of Domestic Partnership/Enrollment Form Addendum	56.0