YOUR BENEFITS

A Plan Designed to Provide Security for Employees of

University of Northern Iowa

Instructional Unit Faculty
Member's Signature
Your insurance has been designed to provide financial help for you when an insured loss occurs. The plan has chosen benefits provided by a Group Policy issued by Us, Principal Life Insurance Company. To the extent that benefits are provided by that Group Policy, the administration and payment of claims will be done by Us as an insurer.

Member rights and benefits are determined by the provisions of the Group Policy. This booklet briefly describes those rights and benefits. It outlines what you must do to be insured. It explains how to file claims. It is your certificate while you are insured.

THIS BOOKLET REPLACES ANY PRIOR BOOKLET THAT YOU MAY HAVE RECEIVED. Please remove your enrollment material from your prior booklet, place it with this booklet, and destroy your prior booklet. If you have any questions about this new booklet, please contact your employer. In the event of future plan changes, you will be provided with a new booklet-certificate or a booklet-certificate rider.

PLEASE READ YOUR BOOKLET CAREFULLY. We suggest that you start with a review of the terms listed in the DEFINITIONS Section (at the back of the booklet). The meanings of these terms will help you understand the insurance.

The group insurance policy and your coverage under the Group Policy may be discontinued or altered by The Policyholder or Us at any time without your consent.

We reserve complete discretion to construe or interpret the provisions of this group insurance, to determine eligibility for benefits, and to determine the type and extent of benefits, if any, to be provided. Our decisions in such matters will be controlling, binding, and final as between Us and persons covered by this group insurance, subject to the Claim Procedures shown on page GH 146 A of this booklet.

The insurance provided in this booklet is subject to the laws of the state of Iowa.

PRINCIPAL LIFE
INSURANCE COMPANY
Des Moines, IA 50392-0001
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SUMMARY OF BENEFITS

This section highlights the benefits provided under your plan. The purpose is to give you quick access to the information you will most often want to review. Please read the other sections of this booklet for a more detailed explanation of your benefits and any limitations or restrictions that might apply.

MEMBER LIFE INSURANCE

If you die, your beneficiary will be paid the Scheduled Benefit in force for you (subject to the exception(s) below). The Scheduled Benefit is based on your class:

<table>
<thead>
<tr>
<th>Class</th>
<th>Scheduled Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Active Members</td>
<td>*The amount that is equal to your Basic Annual Compensation multiplied by 2 ½ times and rounded to the nearest $1,000, if not already an exact multiple of $1,000. Your Scheduled Benefit amount will not exceed $250,000 or be less than $10,000, subject to the reduction provision below.</td>
</tr>
<tr>
<td>All Retired Members under age 70</td>
<td>**The amount that is equal to one-third of your Scheduled Benefit as an Active Member rounded to the nearest $1,000, if not already an exact multiple of $1,000. Your Scheduled Benefit will be subject to the reduction provision below.</td>
</tr>
<tr>
<td>All Retired Members age 70 or over who retired on or after July 1, 1983 and who have continued their insurance during retirement</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

*Your Insurance will reduce 5% each year on the July 1 coinciding with or next following the attainment of each additional year of age commencing with age 61 (including Members who are age 61 and over on the effective date of your insurance).

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ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

If you are injured and otherwise qualify, We will pay the following percentages of your Scheduled Benefit (or approved amount, if applicable) in force:

- 50% if you lose a hand, a foot, or the sight of one eye; or
- 100% if more than one of the listed losses results from the same accident; or
- 100% if you lose your life.

Payment for loss of life will be to your beneficiary or as otherwise provided in the Death Benefit provision. Payment for any other loss will be to you.

The Scheduled Benefit is based on your class:

<table>
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<th>Scheduled Benefit</th>
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</thead>
<tbody>
<tr>
<td>All Active Members</td>
<td><em>The amount that is equal to your Basic Annual Compensation multiplied by 2 ½ times and rounded to the nearest $1,000, if not already an exact multiple of $1,000. Your Scheduled Benefit amount will not exceed $250,000 or be less than $10,000, subject to the reduction provision below.</em></td>
</tr>
</tbody>
</table>

*Your Insurance will reduce 5% each year on the July 1 coinciding with or next following the attainment of each additional year of age commencing with age 61 (including Members who are age 61 and over on the effective date of your insurance).

LONG TERM DISABILITY INSURANCE

If you become Totally Disabled while insured, and if you otherwise qualify, benefits will be payable to you during each month of a Benefit Payment Period.

The Benefit Payable will be subject to the Proof of Good Health requirements as shown in the Group Policy.

Elimination Period

An Elimination Period will start on the date you are Totally Disabled. An Elimination Period will be completed when Total Disability has been continuous for 90 working days.

A Benefit Payment Period will be established on the latest of:

- the date you complete an Elimination Period; or
- the date your accumulated sick leave expires; or
- the date six months before We receive written proof of your Total Disability.
**Benefit Payable for Total Disability**

The Benefit Payable to you for each full month of a Benefit Payment Period will be your Primary Monthly Benefit less Other Income Sources.

**Benefit Payable for Rehabilitative Employment**

The Benefit Payable to you for each full month of a Benefit Payment Period will be your Primary Monthly Benefit, less Other Income Sources, less 60% of earnings from your regular job or any occupation or Rehabilitative Employment earnings.
Eligibility

To be eligible for insurance you must be a Member.

**Member** means any person who is a University Faculty Member with a term, probationary or tenure appointment working at least half time during the academic year and who has attained age 18.

Member will also include any such person who is retired, provided you are age 55 or older, have ten or more years of service with the Policyholder and have been continuously insured prior to retirement.

Member will exclude visiting instructors and/or adjunct professors; students; members of the Armed Forces assigned to the staff of the University, and faculty and staff members holding appointments of a temporary nature.

You will be eligible on the date you begin Active Work.

Effective Dates – Actively at Work

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

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

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

Individual Incontestability and Eligibility

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

- the insurance has been in force for less than one year during the insured person's lifetime; and
- the statement is in written form signed by the insured person; and
- a copy of the form which contains the statement is given to the insured person or the insured person's beneficiary at the time insurance is contested.

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

In addition, if an individual's age is misstated, We may, at any time, adjust premiums and benefits to reflect the correct age.

**Assignments**

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

**Proof of Good Health**

In some instances, Proof of Good Health will be required to place your insurance in force. The type and form of required proof will be determined by Us. You will need to file Proof of Good Health:

- If you request insurance more than 31 days after the date you are eligible including any insurance you refuse and later request. You must pay the cost of obtaining proof in this instance.

- If you have failed to provide required Proof of Good Health or you have been refused insurance under the Group Policy at any prior time. You must pay the cost of obtaining proof in this instance.

- If you elect to terminate insurance and, more than 31 days later, you request to be insured again. You must pay the cost of obtaining proof in this instance.

**Effective Date for Initial Insurance**

(Proof of Good Health Not Required)

You must request initial insurance in a form provided by Us.

If you are required to contribute toward the cost of your insurance, your insurance will normally be in force on:

- the date you are eligible, if you make your request on or before that date; or

- the date of your request, if you make your request within 31 days after the date you are eligible.

If you are not required to contribute toward the cost of your insurance, your insurance will normally be in force on the date you are eligible.

However, if you are not Actively at Work on the date insurance would otherwise be effective, your insurance will not be in force until the day you return to Active Work.
Effective Date for Initial Insurance  
(Proof of Good Health Required)

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

- the date insurance would have been effective had Proof of Good Health not been required; or

- the date Proof of Good Health is approved by Us.

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

Effective Date for Benefit Changes  
(Proof of Good Health Not Required)

If Proof of Good Health is not required, a change in your Scheduled benefit amount because of a change in your status (insurance class or compensation) will normally be effective on the date of the change in status. However, if you are not Actively at Work on the date the change would otherwise be effective, the change will not be in force until the day you return to Active Work.

If Proof of Good Health is not required, a change in the Scheduled benefits because of a change in the schedule of insurance elected by the Policyholder will normally be effective on the date of change. However, if you are not Actively at Work on the date the change would otherwise be effective, the change will not be in force until the day you return to Active Work.

If Proof of Good Health is not required, a change in your Scheduled benefit amount because of a request by you will normally be effective on the date of the request. However, if you are not Actively at Work on the date the change would otherwise be effective, the change will not be in force until the day you return to Active Work.

A change in your Benefit Payable amount because of a change in age will normally be effective on the July 1 coinciding with or next following the date of the change.

Exception: decreases in Member Life and Member Accidental Death and Dismemberment Insurance Scheduled Benefit amounts are effective on the date noted above whether or not you are Actively at Work.

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

If Proof of Good Health is required, a change in your Scheduled Benefit amount will normally be effective on the later of:

- the date the change would have been effective had Proof of Good Health not been required; or

- the date Proof of Good Health is approved by Us.

However, the exception noted above when Proof of Good Health is not required will also apply when Proof of Good Health is required.
Termination

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

- the date the Group Policy terminates; or
- the date you cease to belong to a class for which insurance is provided; or
- the date you cease to be a Member; or
- the date you cease Active Work; or
- for Member Accidental Death and Dismemberment Insurance, the date you retire.

Termination for Fraud

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

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

If you cease Active Work because of retirement, your Life Insurance may be continued.

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

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

Your insurance may also be continued under the continuation provisions described on GH 117 C and subject to the provisions of your Group Plan.

If you are interested in continuing your insurance beyond the date it would normally terminate, you should consult with the Policyholder before your insurance terminates.
Eligibility (Basic Long Term Disability Insurance)

To be eligible for insurance you must be a Member.

**Member** means any person who is a University Faculty Member with a term, probationary or tenure appointment working at least half time during the academic year and who has attained age 18.

Member will exclude visiting instructors and/or adjunct professors; students; members of the Armed Forces assigned to the staff of the University, and faculty and staff members holding appointments of a temporary nature.

You will be eligible on the date you complete one year of continuous Active Work as a Member.

Eligibility (Supplemental Long Term Disability Insurance)

You will be eligible for Supplemental Long Term Disability Coverage if:

- you are a Member defined above; and
- you are a faculty, professional, or salaried person; and
- you have fewer that 5 completed years of continuous service with the Policyholder.

You will be eligible on the date you become a Member.

Proof of Good health will be required to place your insurance in force.

Proof of Good Health

In some instances, Proof of Good Health will be required to place your insurance in force. The type and form of required proof will be determined by Us. You will need to file Proof of Good Health if you request insurance more than 31 days after the date you are eligible. You must pay the cost of obtaining proof in this instance.

Individual Incontestability and Eligibility

All statements made by any person insured will be representations and not warranties. In the absence of fraud, these statements may not be used to contest the insured person's coverage unless:

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

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

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

We may at any time terminate a Member's eligibility under the Group Policy:

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

**Effective Date for Initial Insurance**

*(Proof of Good Health Not Required)*

You must request initial insurance on a form provided by Us.

If you are required to contribute toward the cost of your insurance, your insurance will normally be in force on:

- the date you are eligible, if you make your request on or before that date; or
- the first of the calendar month coinciding with or next following the date of your request, if you make your request within 31 days after the date you are eligible.

If you are not required to contribute toward the cost of your insurance, your insurance will normally be in force on the date you are eligible.

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

**Effective Date for Initial Insurance**

*(Proof of Good Health Required)*

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

- the date insurance would have been effective had proof not been required; or
- the date proof is approved by Us.

However, if you are not Actively at Work on the date coverage would otherwise be effective, your insurance will not be in force until the day you return to Active Work.
Effective Date for Benefit Changes  
(Proof of Good Health Not Required)

If Proof of Good Health is not required, a change in your Benefit Payable amount because of a change in your status (insurance class or compensation) will normally be effective on the date of the change.

However, if you are confined in a Hospital on the date the change would otherwise be effective, the change will not be in force until the day such confinement ends.

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

If Proof of Good Health is required, a change in your Benefit Payable amount will normally be effective on the later of:

- the date the change would have been effective had Proof of Good Health not been required; or
- the date Proof of Good Health is approved by Us.

However, the exceptions noted above when Proof of Good Health is not required will also apply when Proof of Good Health is required.

Termination

Your insurance will cease on the earliest of:

- the date the Group Policy terminates; or
- the date you cease to belong to a class for which insurance is provided; or
- the date you cease to be a Member; or
- for Supplemental Long Term Disability insurance, on the date you have completed 5 years of continuous service with the Policyholder; or
- the date you cease Active Work.

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

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

In addition, by paying the required contribution, if any, your insurance may be continued under the continuation provisions described on GH 117 C.

If you are interested in continuing your insurance beyond the date it would normally terminate, you should consult with the Policyholder before your insurance terminates.
FEDERAL FAMILY AND MEDICAL LEAVE ACT (FMLA)

Continuation

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. See your employer for details on this continuation provision.

FMLA and Other Continuation Provisions

If your employer is an Eligible Employer and if the continuation portion of the FMLA applies to your coverage, these FMLA continuation provisions:

- 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 Group Policy for sickness, injury, layoff, or approved leave of absence, 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).
Mandated Unpaid Leave

Eligible Employers are required to allow 12 workweeks of unpaid leave during any 12-month period to Eligible Employees for one or more of the following reasons:

- The birth of a child of an Eligible Employee and in order to care for the child.
- The placement of a child with the Eligible Employee for adoption or foster care.
- To care (physical or psychological care) for the spouse, child, or parent of the Eligible Employee, if they have a “serious health condition.”
- A “serious health condition” that makes the Eligible Employee unable to perform the functions of his or her job.

Reinstatement

An Eligible Employee’s terminated coverage may be reinstated in accordance with the provisions of the Federal Family and Medical Leave Act (FMLA), subject to the Actively at Work requirements of the Group Policy.
Reinstatement

For Long Term Disability Coverage, a longer reinstatement period may be allowed for an approved leave of absence taken in accordance with the provisions of the federal law regarding USERRA.

See your employer for details on this reinstatement provision.
DESCRIPTION OF BENEFITS
MEMBER LIFE INSURANCE

Death Benefit
If you die while insured for Member Life Insurance, We will pay your beneficiary the Scheduled Benefit in force on the date of your death. If your beneficiary does not survive you, We will make payment in the following order of precedence:

- to your spouse
- to your children born to or legally adopted by you
- to your parents
- to your brothers and sisters
- if none of the above, to the executor or administrator of your estate or other persons as provided in the Group Policy.

However, if a beneficiary is suspected or charged with your death, the Death Benefit may be withheld until additional information has been received or the trial has been held. If a beneficiary is found guilty of your death, such beneficiary may be disqualified from receiving any benefit due. Payment may then be made to any contingent beneficiary or to the executor or administrator of your estate.

Upon your death, the Scheduled benefit in force on the date of your death will be placed in an interest-bearing draft account. The account balance will be available to your beneficiary at any time, in total or in part, as provided in the Group Policy.

See your employer if you would like more information on the Interest Draft Account or on any of the other settlement options that are available to your beneficiary upon your death.

Beneficiary
You should name a beneficiary at the time you enroll for insurance. You may later change your beneficiary by filing a written request with the Policyholder. See the Policyholder for change request forms. A change in your beneficiary will not be in force until the Policyholder records the change.

Continuation (Member Life Insurance – Coverage During Disability)
If you cease Active Work for any reason, your insurance will normally terminate. However, if you cease Active Work because you are Totally Disabled, you might qualify to continue your Member Life Insurance and Member Accidental Death and Dismemberment Insurance. This continuation is called Coverage During Disability.

To be qualified for Coverage During Disability, you must:

- become Totally Disabled while insured for Member Life Insurance; and
- become Totally Disabled before the June 30th coinciding with or next following the date you attain age 70; and
- remain Totally Disabled continuously; and

- be under the regular care and attendance of a Physician; and

- send proof of Total Disability to Us within one year of the date Total Disability starts and as often thereafter as We may require; and

- submit to examinations by a Physician when We require (We will pay for these examinations and will choose the Physician); and

- return, without claim, any individual policy issued under your purchase rights as described below. Upon return of such policy, We will refund premiums paid, less dividends and less any outstanding policy loan balance; and

- submit to examinations by a Physician when We require (We will pay for these examinations and will choose the Physician).

Premium will not be charged for Member Life Insurance and Member Accidental Death and Dismemberment Insurance while your Coverage During Disability is in force.

If you qualify, Coverage During Disability will be in force on the earlier of:

- the day nine months after the date your Total Disability began; or

- the date of your death.

If you die while Coverage During Disability is in force, We will pay your beneficiary the Member Life Insurance benefit, if any, that would have been paid had you remained insured under the benefit schedule in force on the date your Total Disability began. You will be considered to be a retired Member on the date you attain age 70 if you are Totally Disabled. Member Life Insurance benefits are subject to all reductions provided in the Group Policy including reductions due to age changes and retirement.

Note that Coverage During Disability will not be in force and NO BENEFIT WILL BE PAID if written proof of Total Disability is not sent to Us within ONE YEAR of the date Total Disability starts. However, failure to give written proof within the time specified will not invalidate or reduce any claim if written proof is given as soon as reasonably possible.

**Individual Purchase Rights**

You will have the right to buy an individual life insurance policy without submitting proof of your good health:

- If your total Member Life Insurance or any portion of it, terminates because you end Active Work or cease to be in a class eligible for insurance. In these instances, the maximum amount you may buy will be your Member Life Insurance amount in force on the date of termination, or the portion of Member Life Insurance that has terminated less any individual amount purchased earlier under these rights.

- If the Group Policy terminates or is amended to exclude your insurance class after you have been insured for at least five years. In these instances, the maximum amount you may buy will be the smaller of: (1) $2,000; or (2) your Member Life Insurance amount
in force on the date of termination, less any amount for which you become eligible under any group policy within 31 days.

- If your Coverage During Disability ceases because Total Disability ends and you do not then become insured under the Group Policy within 31 days. In this instance, the maximum amount you may buy will be the benefit amount in force on the date Total Disability ends, less any individual amount purchased earlier under these rights.

You must apply for individual purchase and pay the first premium to Us within 31 days after the date your Member Life Insurance or Coverage During Disability ceases.

See the Policyholder for the proper forms. Any individual policy issued will be effective on the 32nd day.

The individual policy will be for life insurance only (other than term insurance). No Disability or other benefits will be included. The premium you pay will be at Our normal rate for your age and for the risk class to which you belong on the individual policy's date of issue.

If you die within the 31-day purchase period, your beneficiary will be paid the life insurance amount, if any, you had the right to buy. This payment will be made whether or not you have applied for an individual policy.
DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Benefit Qualification

To qualify for benefit payment, all of the following must occur:

- You must be injured while insured for Accidental Death and Dismemberment Insurance.
- Your injury must be through external, violent, and accidental means.
- Your injury must be the direct and sole cause of a loss listed in Benefit Payable below.
- Your loss must occur within 90 days of your injury.
- You must satisfy the requirements listed in the CLAIM PROCEDURES Section.
- All medical evidence must be satisfactory to Us.

Benefit Payable

If all of the above qualifications are met, We will pay the following percentages of your Scheduled Benefit (or approved amount if applicable) in force:

- 50% if one hand is severed at or above the wrist; or
- 50% if one foot is severed at or above the ankle; or
- 50% if the sight of one eye is permanently lost (For this purpose, vision not correctable to better than 20/200 will be considered loss of sight.); or
- 100% if more than one of the listed losses occurs; or
- 100% if you lose your life.

Total payment for all losses that result from the same accident will not exceed 100% of your Scheduled Benefit. Payment for loss of life will be to the beneficiary you named for Member Life Insurance. Payment for all other losses will be to you.

Limitations

Payment will not be made for any loss to which a contributing cause is:

- willful self-injury or self-destruction, while sane or insane; or
- disease or the treatment of disease; or
- voluntary participation in a riot, assault, felony, criminal activity, or insurrection; or
- participation in flying, ballooning, parachuting, or other aeronautic activity, except as a passenger on a commercial aircraft; or
- duty as a member of a military organization; or
- war or act of war; or
- the use of any drug, narcotic, or hallucinogen not prescribed for you by a licensed Physician.
DESCRIPTION OF BENEFITS
LONG TERM DISABILITY INSURANCE

Benefit Qualification

To qualify for Disability benefits, all of the following must occur:

- You must become Totally Disabled while insured under the Group Policy.
- Your Total Disability must not be subject to any of the limitations listed later in this section.
- You must complete an Elimination Period and establish a Benefit Payment Period.
- You must be under the regular care and attendance of a Physician.
- You must satisfy the requirements listed in the CLAIM PROCEDURES Section.

Elimination Period

An Elimination Period will start on the date you are Totally Disabled. An Elimination Period will be completed when Total Disability has been continuous for 90 working days.

A Benefit Payment Period will be established on the latest of:

- the date you complete an Elimination Period; or
- the date your accumulated sick leave expires; or
- the date six months before We receive written proof of your Total Disability.

Temporary Recovery During the Elimination Period

If you are in the process of satisfying an Elimination Period and recover from the Total Disability for a short period of time, and then again become Totally Disabled from the same or related cause, the recovery from Total Disability will not require you to start a new Elimination Period provided the recovery is not longer than 30 working days.

The period of recovery from Total Disability will not count toward satisfaction of the Elimination Period.

Benefit Payable for Total Disability

The Benefit Payable to you for each full month of a Benefit Payment Period will be your Primary Monthly Benefit (see Definitions) less Other Income Sources.
Benefit Payable for Rehabilitative Employment

The Benefit Payable to you for each full month of a Benefit Payment Period will be your Primary Monthly Benefit, less Other Income Sources, less 60% of earnings from your regular job or any occupation or Rehabilitative Employment earnings.

Disability Escalator

The Disability Escalator, which applies to all Members who become Disabled after June 30, 1981, will be administered in accordance with the following provisions:

(a) **Eligibility.** The Disability Escalator will only apply to Members who have been Disabled for at least one year and approved for Disability benefits, as defined in this booklet, on or prior to July 1st of each year.

(b) **Determination of amount of the Disability Escalator.** The amount of the Disability Escalator is determined by increases in the Consumer Price Index for Wage Earners and Clerical Workers (called CPI), prepared by the United States Department of Labor. The amount of any increase in the CPI will be ascertained by comparing the arithmetic mean of the CPI for January, February and March of the current year to the arithmetic mean of the CPI for January, February and March of the prior year in order to determine the rate of increase in the cost of living. The rate of increase so determined is the Disability Escalator for that year subject to the maximum Disability Escalator per year and the application of the Accumulation Reserve (see (e) below).

(c) **Computation of the Increase in the Disability Benefit Payment.** The Disability Escalator will be applied to the Disability benefit otherwise payable in July, after reduction for the Social Security or Workers’ Compensation benefit determined as of the date the Member became eligible for Disability benefits.

(d) **Maximum Disability Escalator Per Year.** The increase in the Disability benefit produced under the Disability Escalator may be no more than 5% per year.

(e) **Accumulation Reserve.** In those years when the rate of increase indicated by the CPI is more than 5%, the excess percentage will be added to an accumulation reserve for each Member then eligible for the Escalator. In any subsequent year when the Disability Escalator is less than 5%, an amount will be withdrawn from this accumulation reserve to allow up to a 5% Disability Escalator to be applied for any Member who is then receiving disability benefits and whose disability benefits had been subject to the 5% limitation in prior years. Remaining amounts in the accumulation reserve for each Member will continue to be carried forward, and used in the same fashion in subsequent years until the Member’s reserve is exhausted.

(f) **Increase in Disability Benefit.** The increase, if any, in the Disability benefit produced under the Escalator will be effective on July 1 of each year.

(g) **Termination of Disability Escalator.** The Disability Escalator will not be applied to increase benefit payments after the termination of the Group Policy, even though Disability benefit payments continue to be made to Members following the time of such a termination.
Retirement Plan Supplement Benefit

- **Eligibility**

  You will be eligible for this benefit if you:

  - are participating in the Retirement Plan; and
  - have satisfied the Benefit Qualifications described in this section.

- **Benefit**

  You will receive Retirement Plan Supplement Benefits in addition to the Benefit Payable described in this section.

  If you have been employed by the Policyholder for less than five years, the Retirement Plan Supplement Benefit will equal the products of a) 10% of the first $400 of your Monthly Earnings plus 15% of any Monthly Earnings in excess of $400; and b) the applicable factor from below:

<table>
<thead>
<tr>
<th>Completed Years of Continuous Service</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year but less than 2 years</td>
<td>.20</td>
</tr>
<tr>
<td>2 years but less than 3 years</td>
<td>.40</td>
</tr>
<tr>
<td>3 years but less than 4 years</td>
<td>.60</td>
</tr>
<tr>
<td>4 years but less than 5 years</td>
<td>.80</td>
</tr>
</tbody>
</table>

  If you have been employed by the Policyholder for more than five years, the Retirement Plan Supplement Benefit will equal 15% of any Monthly Earnings.

  The Retirement Plan Supplement Benefit will also be subject to the Disability Escalator as described above.

- **Facility of Payment**

  The Retirement Plan Supplement Benefit will be made to your account by Us. All payments so made will discharge Us to the full extent of those payments.

- **Termination**

  The Retirement Plan Supplement Benefit will be paid during your Benefit Payment Period and will terminate the earliest of:

  - the date benefits would otherwise terminate as described in this section; or
  - the date you cease to be a participant under the Retirement Plan.
Payment Termination

Your Benefit Payment Period will end on the earliest of:

- the date of your death; or
- the date your Disability ends unless a Recurring Disability exists as explained in this section; or
- the date you fail to provide any required proof of Disability; or
- the date you fail to submit to any required medical examination; or
- the date you fail to report income from Other Income Sources; or
- the date ten days after receipt of notice from Us if you fail to pursue Social Security Benefits as outlined in this booklet; or
- if your Disability begins before you are age 61, the later of the date five years after your Benefit Payment Period begins or the June 30 coinciding with or next following the date you attain age 65; or
- if your Disability begins on or after you are age 61 and before the date you attain age 69, the earlier of the date five years after your Benefit Payment Period begins or the June 30 coinciding with or next following the date you attain age 70 (except that the Benefit Payment Period will not be less than 12 months); or
- if your Disability begins on or after you are age 69, the date 12 months after the Benefit Payment Period begins; or
- the date you are no longer under the regular care and attendance of a Physician; or
- the date 24 months after Rehabilitative Employment begins.

Continued Benefit Payment Period

In some instances your Disability Benefit Payment Period may be continued beyond the normal termination date. These instances are discussed under these headings:

- **Recurring Disability**

Recurring Disability

A Recurring Disability will exist under the Group Policy if:

- after you have completed an Elimination Period, you cease to be Disabled; and
- you then return to Active Work; and
- while insured under the Group Policy but before completing six continuous months of Active Work, you are again Disabled; and

- your current Disability and the Disability for which you completed the Elimination Period result from the same or a related cause.

A Recurring Disability will be treated as if the initial Disability had not ended, except that no benefits will be payable for the time between Disabilities. You will not be required to complete a new Elimination Period. Benefits will be payable from the first day of each Recurring Disability, but only for the remainder, if any, of the Benefit Payment Period established for the initial Disability.

**Limitations**

Benefits will not be paid for any Disability that:

- results from willful self-injury; or

- results from war or act of war; or

- results from voluntary participation in an assault or felony; or

- is a new Disability that begins after a prior Disability Benefit Payment Period has ended and you have not returned to Active Work; or

- is a continuation of a Disability for which a Benefit Payment Period has ended and you have not returned to Active Work (except as provided for a Recurring Disability in this section).
CLAIM PROCEDURES

Notice of Claim

Written notice of claim must be given to Us within 20 days after the date of loss. 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 loss must be filed with Us in order to obtain
payment of benefits. The Policyholder will provide forms to assist you in filing claims. If the forms
are not provided within 15 days after We receive such notice, you will be considered to have
complied with the requirements of the Group Policy upon submitting, within the time specified
below for filing proof of loss, written proof covering the occurrence, character, and extent of the
loss.

Proof of Loss

Completed claim forms and other information needed to prove loss should be filed promptly.
Written proof of loss should be sent to Us within 90 days after the date of loss. (For Long Term
Disability Insurance, written proof that Disability exists and has been continuous must be sent to Us
within six months after you complete your Elimination Period.) Proof required includes the date,
nature, and extent of the loss. We may request additional information to substantiate your loss or
require a signed unaltered authorization to obtain that information from the provider. Your failure
to comply with such request could result in declination of the claim.

Payment, Denial, and Review

The Employee Retirement Income Security Act (ERISA) permits up to 90 days for processing
claims and up to 60 days for reviewing denied claims.

In actual practice, benefits will be payable sooner, providing We receive complete and proper proof
of loss. Further, if a claim is not payable or cannot be processed, We will submit a detailed
explanation of the basis for Our denial.

A Claimant may request a review of a claim denial by written request to Us within 120 days of
receipt of notice of the denial. The Claimant must provide all additional information to Us
within one year of receipt of notice of denial. We will notify the Claimant of the final decision
and reasons in support of Our decision.

For purposes of this section, “Claimant” means you, your Dependent or Beneficiary.

Medical Examinations

We may have the person whose loss is the basis for claim examined by a Physician. We will pay
for these examinations and will choose the Physician to perform them.
Autopsy

If payment for loss of life is claimed, We may require an autopsy. We will pay for any such autopsy.

Legal Action

Legal action with respect to a claim may not be started earlier than 90 days after proof of loss is filed. Further, no legal action may be started later than three years after proof is required to be filed.

Time Limits

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

Determination of Other Income Sources

If you file a claim for Long Term Disability benefits, your Other Income Sources will be determined in this way:

- You must, when requested, report all such income to Us. Your report must include proof that you have applied for all income for which you are eligible and proof of rejection if any application is declined.

- For Long Term Disability benefits, if any income is payable to you in a lump sum, We will convert and apply that income on a monthly equivalent basis.

- Until exact amounts are known, we will estimate the Social Security benefits for which you and your Dependents are eligible and will include that estimate in your Other Income Sources.

If We believe that it is reasonable that you would be entitled to Disability benefits under the Federal Social Security Act, We will request that you:

- apply for these benefits within ten days after receipt of written notice from Us requesting you to apply for such benefits; and

- give satisfactory proof within 30 days after receipt of Our notice that you have applied for these benefits within the ten-day period; and

- request reconsideration of the application for Social Security benefits if the original application is denied and appeal any denial or reconsideration if an appeal appears reasonable.

Cost of Living Freeze

After the initial deduction for each of the Other Income Sources, benefits under the Group Policy will not be further reduced due to any cost of living increases payable under these Other Income Sources.
Payments for Less Than A Full Month for Long Term Disability

The Benefit Payable for each day of any part of a Benefit Payment Period that is less than a full month will be the monthly benefit divided by 30.

Adjustment For Excess Payment

If excess benefits are paid because your income from Other Income Sources is understated, We will have the option to:

- reduce your future Benefits Payable by the full amount of the excess payment; or
- recover the excess payment directly from you.

Facility of Payment

Long Term Disability benefits will be payable at the end of each month of a Benefit Payment Period, provided complete and proper proof of Disability has been received by Us. Any unpaid balance that remains after a Benefit Payment Period ceases will be immediately payable.

Benefits will normally be paid directly to you. However, in the special instances listed below, payment will be as indicated. All payments so made will discharge Us to the full extent of those payments.

- If payment amounts remain due upon your death, those amounts may, at Our option, be paid to your estate, spouse, child, or parent.
- For Long Term Disability Insurance, if We believe a person is not legally able to give a valid receipt for a benefit payment, and no guardian has been appointed, We may pay whoever has assumed the care and support of the person. Any payment due a minor will be at the rate of not more than $200 a month.

NOTE: For additional Claims Procedures information, see GH 198 ERISA Claims.
DEFINITIONS

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

**Active Work; Actively at Work** mean the active performance of all of your normal job duties at the Policyholder's usual place or places of business.

**Basic Annual Compensation** means the current salary amount appearing opposite your name in the University budget or on your formal letter of appointment. It is determined as of July 1 of each year (or as of the date you became a faculty member is subsequent to July 1) for the 12-month period commencing with such July 1. It is the salary amount for the academic year if payable during 9 months, 10 months or for the fiscal year if payable during 12 months. If you are paid on an hourly rate your Basic Annual Compensation is determined by multiplying your budgeted hourly rate by your normal working hours in the fiscal year. Basic Annual Compensation for the purposes of this insurance, does not include:

- compensation for shift differential, overtime, summer session, correspondence study or other irregular service, or
- compensation in the form of noncash items such as board, room, laundry, or premiums paid by the University for the benefit of any person.

**Benefit Payment Period** means the period of time during which benefits are payable. This period will begin, and benefits will begin to accrue, on the later of the date you complete an Elimination Period or the date six months before We receive written proof of your Disability.

**Covered Monthly Earnings** mean the first $7,143 of your Monthly Earnings.

**Dependent** means your spouse and children if they qualify for benefits under the Federal Social Security Act as a result of your Disability or retirement.

**Disability; Disabled** (for Long Term Disability Insurance) means Total Disability as defined in this section.

**Elimination Period** means the period of time you must be Disabled before benefits begin to accrue. An Elimination Period must be satisfied for each separate period of Disability.

**Group Policy** means the policy of group insurance issued to the Policyholder by Us which describes benefits and provisions for insured Members.

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

**Hospital** (for Long Term Disability Insurance) means an institution that is licensed as a Hospital by the proper authority of the state in which it is located, but not including any institution, or part thereof, that is used primarily as a clinic, convalescent home, rest home, home for the aged, nursing home, custodial care facility, or training center.
**Member** means any person who is a University Faculty Member with a term, probationary or tenure appointment working at least half time during the academic year and who has attained age 18.

For Member Life Insurance, Member will also include any such person who is retired, provided you are age 55 or older, have ten or more years of service with the Policyholder and have been continuously insured prior to retirement.

Member will exclude visiting instructors and/or adjunct professors; students; members of the Armed Forces assigned to the staff of the University, and faculty and staff members holding appointments of a temporary nature.

**Monthly Earnings** mean, on any date, the amount which is one-twelfth of your Basic Annual Compensation.

**Nursing Facility** means an institution (including one providing sub-acute care), or distinct part thereof, that is licensed by the proper authority of the state in which 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.

**Other Income Sources** mean:

- all disability payments for the month that you and your Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and

- if you have reached Social Security Normal Retirement Age or older, all retirement payments for the month that you and your Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and

- if you are less than Social Security Normal Retirement Age, all retirement payments for the month that you and your Dependents receive under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- all loss of wages payments for the month (other than payments from the Veterans' Administration) that you receive under a Workers' Compensation Act, or other similar law; and

- all payments for the month that you receive (or would have received if complete and timely application had been made) under a policy that provides benefits for loss of time from work, if the Policyholder pays a part of the cost for that policy, excluding any payments attributable to individual disability insurance policies; and

- all sick pay or salary continuance payments for the month that you receive from the Policyholder; and

- all retirement payments attributable to employer contributions and all disability payments attributable to employer contributions for the month that you receive under a pension plan sponsored by the Policyholder. A pension plan is a defined benefit plan or defined contribution plan providing disability or retirement benefits for employees attributable to employer contributions. A pension plan does not include a profit sharing plan, a thrift savings plan, a nonqualified deferred compensation plan, a 401(k) plan, an Individual Retirement Account (IRA), a Tax Deferred Annuity (TDA), a stock ownership plan or a Keogh (HR-10) plan with respect to partners; and

- all payments for the month that you receive for loss of income under no-fault auto laws. Supplemental disability benefits purchased under a no-fault auto law will not be counted.

For all state, provincial, municipal, or other government agencies, the disability and retirement payments specified above will include only those payments attributable to employer contributions.

**Physician** (for Long Term Disability Insurance) means:
- a licensed Doctor of Medicine or Osteopathy; and
- any other licensed health care practitioner that state law requires be recognized as a Physician under your benefit plan.

**Physician** (for Member Life Insurance) means a licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.).

**Policyholder** means University of Northern Iowa and shall include any affiliate or subsidiary of the Policyholder participating under the Group Policy.

**Primary Monthly Benefit** is based on your years of service as shown below. The Primary Monthly Benefit will not exceed $5,000.

For Basic Long Term Disability Insurance:

<table>
<thead>
<tr>
<th>Completed Years of Continuous Service</th>
<th>Percentage of Covered Monthly Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year but less than 2 years</td>
<td>30%</td>
</tr>
<tr>
<td>2 years but less than 3 years</td>
<td>40%</td>
</tr>
<tr>
<td>3 years but less than 4 years</td>
<td>50%</td>
</tr>
</tbody>
</table>
4 years but less than 5 years 60%
5 years or more 70%

For Supplemental Long Term Disability Insurance:

<table>
<thead>
<tr>
<th>Completed Years of Continuous Service</th>
<th>Percentage of Covered Monthly Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 but less than 1 year</td>
<td>70%</td>
</tr>
<tr>
<td>1 year but less than 2 years</td>
<td>40%</td>
</tr>
<tr>
<td>2 years but less than 3 years</td>
<td>30%</td>
</tr>
<tr>
<td>3 years but less than 4 years</td>
<td>20%</td>
</tr>
<tr>
<td>4 years but less than 5 years</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Proof of Good Health** means written evidence that a person is insurable under Our underwriting standards. This proof must be provided in a form satisfactory to Us.

**Rehabilitative Employment** means a Benefit Payment Period will not end when you begin work for wage or profit, provided the work is:

- on a part-time basis; or
- under an on-the job training program; or
- in a formal rehabilitation program; and

We have approved the Rehabilitative Employment status in writing.

**Retirement Plan** means the group Policyholder’s retirement program with TIIA-CREF or a qualified substitute retirement plan.

**Social Security Normal Retirement Age (SSNRA)** means:

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Normal Retirement Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 1938</td>
<td>65</td>
</tr>
<tr>
<td>1938</td>
<td>65 and 2 months</td>
</tr>
<tr>
<td>1939</td>
<td>65 and 4 months</td>
</tr>
<tr>
<td>1940</td>
<td>65 and 6 months</td>
</tr>
<tr>
<td>1941</td>
<td>65 and 8 months</td>
</tr>
<tr>
<td>1942</td>
<td>65 and 10 months</td>
</tr>
<tr>
<td>1943-1954</td>
<td>66</td>
</tr>
<tr>
<td>1955</td>
<td>66 and 2 months</td>
</tr>
<tr>
<td>1956</td>
<td>66 and 4 months</td>
</tr>
<tr>
<td>1957</td>
<td>66 and 6 months</td>
</tr>
<tr>
<td>1958</td>
<td>66 and 8 months</td>
</tr>
<tr>
<td>1959</td>
<td>66 and 10 months</td>
</tr>
<tr>
<td>After 1959</td>
<td>67</td>
</tr>
</tbody>
</table>
**Total Disability; Totally Disabled** mean you are not working for wage or profit and, solely and directly because of sickness or injury:

- during the first 24 consecutive months of Disability, you are unable to perform the majority of the material duties of your normal occupation; and

- after completing the first 24 consecutive months of Disability, you are unable to perform the majority of the material duties of any occupation for which you are or may reasonably become qualified based on education, training or experience.

**We, Us, and Our** mean Principal Life Insurance Company, Des Moines, Iowa.
BOOKLET-CERTIFICATE RIDER


The provisions described below will replace the provisions described in your booklet-certificate.

The Department of Labor has promulgated regulations regarding claims procedure requirements. If your plan of benefits includes Life, STD and/or LTD, the Claims Procedures section of your group booklet-certificate has been changed to comply with the above referenced regulation.

Note: Changes have been made only to reflect the requirements of the ERISA. Any special state requirements relating to payment of claims remain unchanged unless they prevent the application of the ERISA requirements.

CLAIM PROCEDURES

Notice of Claim

Written notice of claim must be given to Us within 20 days (3 months for LTD) after the date of loss for which claim is being made. 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 provide proof of loss must be filed with Us in order to obtain payment of benefits. The Employer will provide appropriate claim forms to assist you in filing claims. If the forms are not provided within 15 days after We receive notice of claim, you will be considered to have complied with the requirements of the Group Policy regarding proof of loss upon submitting, within the time specified below for filing proof of loss, written proof covering the occurrence, character, and extent of the loss.

Proof of Loss

For Life Insurance booklet-certificates

Claim forms and other information needed to prove loss should be filed promptly. Written proof of loss should be sent to Us within 90 days after the date of the loss. Proof required includes the date, nature, and extent of the loss. We may request additional information to substantiate your loss or require a signed unaltered authorization to obtain that information from the provider. Your 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 Us.

For LTD and STD Insurance policies

Claim forms and other information needed to prove loss should be filed promptly. Written proof of loss should be sent to Us within 90 days after you complete your Elimination Period. (For Long Term Disability Insurance, written proof that Disability exists and has been continuous must be sent to Us within six months after you complete your Elimination Period). Proof required includes the date, nature, and extent of the loss. We may request additional information
to substantiate your loss or require a signed unaltered authorization to obtain that information from the provider. Your 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 Elimination Period has been completed and the appropriate claim form is received by Us.

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, We 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. We are permitted two 30-day extensions for processing an incomplete claim. Written notification will be sent to the claimant regarding the extension.

In actual practice, benefits will be payable sooner, provided We receive complete and proper proof of loss. Furthermore, if a claim is not payable or cannot be processed, We will submit a detailed explanation of the basis for Our denial.

A claimant may request an appeal of a claim denial by written request to Us within 180 days of receipt of the notice of denial. We will make a full and fair review of the claim. We may require additional information to make the review. We 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 We did not receive the requested additional information, We are permitted a 45-day extension for the review. Written notification will be sent to a 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.

For purposes of this section, for Life Insurance policies, “claimant” means you, your Dependent, or beneficiary. For STD and LTD policies, “claimant” means you.

Legal Action

Legal action with respect to a claim may not be started earlier than 90 days after proof of loss is filed and before the appeal procedures have been exhausted. Further, no legal action may be started later than three years after proof is required to be filed.

Please keep this rider with your booklet-certificate(s). Your booklet-certificate(s) will be updated sometime in the future to incorporate these provisions.

Nothing in this rider will vary, alter, or extend any provision or condition of the group policy(ies) other than as stated in this rider.

PRINCIPAL LIFE INSURANCE COMPANY
DES MOINES, IOWA  50392-0302