



**Policyholder: University of Northern Iowa**  
All Members

# Group Voluntary Term Life Coverage

Effective: 1/1/2022

This summary of group voluntary term life coverage from Principal Life Insurance Company supplements any materials presented by your employer. You'll receive a benefit booklet with details about your coverage. Value-added services are not part of the contract.

**Information To Know**

**Guaranteed Coverage:** The maximum amount of coverage available during your initial enrollment period with no medical information required.

**Eligibility:** You are eligible if you have met the appointment requirements of Faculty Member, University Staff Member, or University Merit System Staff provided you are working at least half-time of the academic year and have attained age 18.

Eligible dependents include your spouse or domestic partner, if not hospital or home confined and provided they do not elect benefits as an employee, and children.

Special eligibility requirements may exist for step, foster, adopted, legal age or other child relationships. Additional information may be necessary to determine child eligibility. Additional eligibility requirements may apply.

Your Benefits at a Glance							
Your Coverage	<p>Available in \$10,000 increments.</p> <p>Minimum: \$10,000 Maximum: \$500,000</p> <p>Proof of good health is required for life insurance amounts greater than:</p> <p>If you are under age 70: \$300,000 If you are age 70 and over: \$10,000</p>						
Spouse or Domestic Partner Coverage	<p>Available in \$5,000 increments.</p> <p>Minimum: \$5,000 Maximum: 100% of employee coverage, not more than \$100,000</p> <p>Proof of good health is required for life insurance amounts greater than:</p> <p>If your spouse is under age 70: \$50,000 If your spouse is age 70 or over: \$10,000</p>						
Child Coverage	<p>For eligible children 14 days of age or older, you may elect coverage in the amount of \$10,000. For eligible children under 14 days of age, employees who elect child coverage receive \$1,000 of coverage.</p> <p>Child benefits cannot exceed 100% of employee's coverage.</p>						
Portability	<p>You may continue coverage for yourself and your covered dependents until age 70 if you cease to qualify as a member. The employee or spouse must enroll within 60 days from the date they cease to qualify as a member. Refer to your benefit booklet for maximum age requirements.</p>						
Age Reductions	<table border="1"> <thead> <tr> <th>Age</th> <th>Percent of Scheduled Benefit</th> </tr> </thead> <tbody> <tr> <td>Age 70 but less than 75</td> <td>65%</td> </tr> <tr> <td>Age 75 and Over</td> <td>50%</td> </tr> </tbody> </table> <p>Age reductions apply to the benefit amount after proof of good health.</p>	Age	Percent of Scheduled Benefit	Age 70 but less than 75	65%	Age 75 and Over	50%
Age	Percent of Scheduled Benefit						
Age 70 but less than 75	65%						
Age 75 and Over	50%						
Coverage During Disability	<p>If you become totally disabled before age 60, coverage will continue and premium will be waived for you and your covered dependents. You must be totally disabled for the later of 9 months or the expiration of your accumulated sick leave before the waiver begins. Coverage continues without premium payment until you recover or turn age 65, whichever occurs first. No benefits will be paid for any disability that results from: willful self-injury or self-destruction, while sane or insane / war or act of war / voluntary participation in an assault, felony, criminal activity, insurrection, or riot.</p>						

Open Enrollment	During the annual open enrollment, you can request to add or increase existing life insurance coverage for yourself or spouse or domestic partner up to \$20,000 without providing proof of good health to not exceed the maximum life insurance benefit allowed.  You can also request higher amounts of coverage which will require approval of proof of good health.
Accelerated Benefit	If you are terminally ill you can receive up to 75%, not to exceed \$250,000, of your life coverage benefit in a lump sum as long as: <ul style="list-style-type: none"> <li>Your life expectancy is 12 months or less (as diagnosed by a physician).</li> <li>Your death benefit is at least \$10,000.</li> </ul> When you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details.
Coverage Outside United States	Benefits will not be paid if you or your dependents are outside the United States for certain reasons for more than six months.
Benefit Exclusion	Benefits are not paid for employees and spouses who commit suicide within the first 24 months of coverage (prior group voluntary life coverage applies towards the 24 month time period).

**Accidental Death & Dismemberment**

You or your spouse receive an additional benefit equal to your Voluntary Term Life Coverage amount for loss of life, hands, feet, or vision as the result of an accident. Coverage includes payment for injuries arising from or during employment for wage or profit for insured employees. The loss must occur within 365 days of the accident.

We pay the **full** benefit when you or your spouse lose:

- your life
- both hands
- both feet
- sight of both eyes
- one hand and sight of one eye
- one foot and sight of one eye
- one hand and one foot

We pay **half** the benefit when you or your spouse lose:

- one hand
- one foot
- sight of one eye

We pay **one fourth** of the benefit when you or your spouse lose:

- the thumb and index finger on the same hand.

**Additional Benefits Included with AD&D**

- **Seatbelt/Airbag** – If an insured dies in an automobile accident, AD&D pays an additional \$10,000 if the insured was wearing a seatbelt or was protected by an airbag.
- **Education** – AD&D pays a benefit of \$3,000 per year for up to four years for dependent(s) enrolled at an accredited post-secondary school at the time of an insured’s death.
- **Repatriation** – If an insured dies at least 100 miles from their permanent residence, AD&D pays up to \$2,000 for preparation and transportation of the body.
- **Loss of Use/Paralysis** – AD&D pays a benefit as follows: 100% for quadriplegia; 50% for paraplegia, hemiplegia, loss of use of both hands or both feet, or loss of use of one hand and one foot; or 25% for loss of use of one arm, one leg, one hand or one foot. Loss of use means the total and irrevocable loss of voluntary movement for 12 consecutive months. Paralysis must be permanent, complete and irreversible.
- **Loss of Speech and/or Hearing** – AD&D pays a benefit of 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear. Loss must be irrevocable and continue for 12 consecutive months.
- **Exposure** – Exposure to the elements is considered an accidental injury if you incur a covered loss within one year of exposure resulting from an accidental injury.
- **Disappearance** – AD&D will pay for loss of life if you disappear while you were a passenger in a conveyance involved in an accidental wrecking or sinking and your body is not found within one year of the accident.

**Limitations and Exclusions for Accidental Death & Dismemberment**

Coverage does not include payment for more than the benefit stated in the schedule for losses resulting from a single accident. Benefits are not paid for losses resulting from:

- Willful self-injury or self-destruction while sane or insane.
- Disease or treatment of disease or complications following the surgical treatment of disease.
- Voluntary participation in an assault, felony, criminal activity, insurrection, or riot.
- Participation in flying, ballooning, parachuting, parasailing, bungee jumping, or other aeronautic activities, except as a passenger on a commercial aircraft or as a passenger or crew member on a company owned or leased aircraft on company business.
- War or act of war.
- Duty as a member of a military organization.

- The insured's use of alcohol if, at the time of the injury, the alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs.
- The insured's operation of a motor vehicle or motor boat if, at the time of the injury, the insured's alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs.
- The insured's use of any drug, narcotic, or hallucinogen not prescribed by a licensed physician.
- A work-related sickness or injury for an insured spouse.

#### **Termination**

Your coverage doesn't terminate as long as you are an active employee paying premiums and your employer continues to sponsor the program. Coverage may be terminated with 31 days notice for a false or fraudulent claim.

#### **Individual Purchase Rights**

In termination situations, you, your spouse and your children may convert coverage to individual life coverage. Upon coverage termination your employer is required to inform you of your individual purchase rights to convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation.

#### **Claim Processing**

Principal Life makes claim administration easy and convenient for employers by offering an online life claim form. Once the form is complete, employers submit the information directly over a secure, confidential Web site, expediting the claim review process. The employer can choose to use the online form or a printable version that can be faxed or mailed. Along with the online claim form, Principal Life also provides Express Claim Processing for claims that meet certain criteria. Through the Express Claim Process, decisions are reached within five working days without the employer or beneficiary submitting paperwork.

#### **Will Preparation Services\***

You have free access to Will Preparation Services provided by ARAG Services, LLC. Through this value-added service, you are able to create a will, living will, healthcare power of attorney and financial power of attorney for your immediate family. Also included is a valuable identity theft kit providing information on how to protect your family. In the event of identity theft, an action kit will assist in restoring and reclaiming the stolen identity. Visit [www.ARAGwills.com/Principal](http://www.ARAGwills.com/Principal) to register today. Registration requires you be a covered employee under the voluntary term life policy provided by your employer and will require your group policy number.

\*The use of the services provided by ARAG Services, LLC should not be considered as a substitute for consultation with an attorney. Principal Life Insurance Company is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG legal document service.

**Group Voluntary Term Life Coverage**

Age	Employee	Spouse
	Monthly Rates per \$10,000 of Coverage	Monthly Rates per \$5,000 of Coverage
29 & under	\$0.68	\$0.34
30-34	\$0.78	\$0.39
35-39	\$1.01	\$0.505
40-44	\$1.35	\$0.675
45-49	\$2.01	\$1.005
50-54	\$3.09	\$1.545
55-59	\$5.05	\$2.525
60-64	\$7.69	\$3.845
65-69	\$14.02	\$7.01
70 & over	\$27.96	\$13.98

Child	
Coverage	Monthly Premium per Family
\$10000.00	\$2.00

**Calculating Your Premium**

	Coverage	+	Increment	=	Units	x	Rate	=	Monthly Premium
Employee	\$	+	\$10,000	=		x	\$	=	\$
Spouse	\$	+	\$5,000	=		x	\$	=	\$
Child								=	\$
								Total Monthly Premium	\$

**Calculating Your Monthly Premium**

	Annual Pay	X	Multiple	=	Coverage	+	Increment	=	Units	X	Rate	=	Monthly Premium
Employee	\$			=	\$		\$1,000	=		X	\$	=	\$
Spouse	\$			=	\$			=		X	\$	=	\$
Child												=	\$
												Total Monthly Premium	\$

Actual payroll deduction amount may be slightly different due to rounding.

The employee and spouse are charged separately based upon their individual ages.

Your group's rates include Accidental Death and Dismemberment and are guaranteed for 1 year. Your rate or your spouse's rate may change because of moving to a different age category.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

Note: Principal Life underwrites or provides administrative services for this coverage. Because the material is a summary of your group voluntary term life coverage, it does not state all contract provisions, restrictions of coverage, benefits by conditions or limitations, or provisions required by state or federal law. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group contract or policy determines all rights, benefits, exclusions and limitations of the coverage described here.

GP50677-27 | 05/2014 | ©2014 Principal Financial Services, Inc.