

Group benefits

Understand your benefits

NORTHEAST DATA, INC.
OWNER OR OPERATION MANAGERS

Enroll in your benefits today. It's easy.

Congratulations! As part of your benefits package, you can enroll in insurance from Principal®. It takes just three easy steps:



Evaluate the insurance you need to protect what's most important to you.



Get details about your coverage by reading the Benefit Summary for each coverage.



Complete and sign the Employee Enrollment and Waiver form.

Keep in mind, you need to elect or decline each coverage. If you decline, please indicate why. For the coverage(s) you elect, tell us how much you want, if applicable. And if electing coverage for dependents, include their names and birth dates.

In the following pages, you'll find information about:

- Life
- Disability

As you complete the enrollment form, pay special attention to these items. If they're left blank, your benefits could be delayed.

Life – Complete the beneficiary designation section. If the unthinkable happens, you want your loved ones to receive the benefits as soon as possible. And if you name a minor as your beneficiary, complete the UTMA (Uniform Transfers to Minors Act) Beneficiary Designation form because we can't pay benefits directly to a minor.

Life – You're eligible for a certain amount of coverage, also referred to as the guarantee issue amount, no matter what your health status if you enroll during your initial enrollment period. If you want more coverage than this, complete the Statement of Health form.



Mailing Address
Des Moines, IA 50392-0002

**Principal Life
Insurance Company**

**Employee Enrollment
& Waiver-PA**

**PLEASE USE BLACK INK
PLEASE ENTER DATES AS MM/DD/YYYY**

Company name NORTHEAST DATA, INC.	Division level OWNER OR OPERATION MANAGERS	Account number/unit number 1031647-10001
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Employee Information

Name			Social security number		
Mailing address (street)			Birth date		<input type="checkbox"/> male <input type="checkbox"/> female
(city)		(state)		(ZIP code)	
Date employed full-time	Hours worked per week	Job occupation/class		Location	
Email address			Phone number		
Do you have an eligible spouse or domestic partner or child(ren)? <input type="checkbox"/> yes <input type="checkbox"/> no					
Salary amount (for owners, include business income)		Salary mode <input type="checkbox"/> yearly <input type="checkbox"/> weekly <input type="checkbox"/> hourly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly			
Payroll mode <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly		Employer ZIP code		Employer county	

Eligible Dependent Information (Complete if you are electing benefits for your spouse or domestic partner or children)

Dependent name	Birth date	Gender	Social security number	Relationship
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Spouse <input type="checkbox"/> domestic partner
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**

*If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?

☐ yes ☐ no

**When your child, who is developmentally or physically disabled, reaches/exceeds the maximum age, an Application to Continue Disabled Child form must be completed and reviewed to determine eligibility.

Is your spouse or domestic partner employed by this company?

☐ yes ☐ no

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
NOTE: Employee coverage must be elected to elect any dependent coverage.			
Group Term Life	<input checked="" type="checkbox"/> Elect		
Voluntary Term Life (VTL) Benefit Amount:	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ Cannot exceed 100% of the employee election	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____
Short Term Disability	<input checked="" type="checkbox"/> Elect		
Long Term Disability	<input checked="" type="checkbox"/> Elect		

*NOTE: Domestic Partners can only be added if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60475).

Group Term Life Beneficiary Designation (Complete if covered for group term life coverage.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. Additional beneficiaries can be added as an attachment.

Primary Beneficiaries:

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

Contingent Beneficiaries:

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

Voluntary Term Life Beneficiary Designation (Complete if covered for voluntary term life coverage. If you want to use the same beneficiary designation as indicated for group term life coverage above, write "same as above" in the beneficiary section below.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. Additional beneficiaries can be added as an attachment.

Primary Beneficiaries:

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

Contingent Beneficiaries:

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

The right to make future changes is reserved by the employee. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to Principal Life.

If you have designated a minor child(ren) as your beneficiary, you must complete the Uniform Transfers to Minors Act form (GP55229).

NOTE: You are covered by both group term life and voluntary term life coverage and if you only indicate a beneficiary designation for one of these, the facility of payment provision in the group policy will be used to determine how proceeds will be paid for the other coverage.

Declining Coverage

Important! If declining any coverage for yourself or any dependent, give reason. Covered under:

- ☐ spouse's or domestic partner's group coverage
 ☐ individual insurance
☐ other coverage offered by my employer
 ☐ other _____

Employee Agreement (Read and sign)

I understand and agree with the following statements:

- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age, are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse coverage, I cannot enroll after retirement.
- If I refuse life, disability, or critical illness coverage, I may apply later but I must show proof of good health and coverage will be subject to approval by Principal Life Insurance Company.
- If the group policy does not require my contribution, I cannot decline coverage unless the policy indicates otherwise.
- If the group policy requires my contribution, I authorize my employer to deduct from my pay.
- I represent all information on this form and attachments is complete and true to the best of my knowledge. They are part of this request for coverage. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- I authorize Principal Life to release data as required by law. If signed in connection with an application, reinstatement or a change in benefits, this form will be valid two years from the date below. I may revoke authorization for information not yet obtained. I understand data obtained will be used by Principal Life for claims administration and determining eligibility for life, disability, and critical illness. Information will not be used for any purposes prohibited by law.

- I understand that as the employee, the insurance I and my dependents have applied for will begin on the effective date of coverage provided I am at work on that date. If I am not actively at work on such date, subject to the terms of the group policy, coverage may not go into effect until after my return to work. Furthermore, I understand that no insurance may become effective for any member of my family while he/she is in a period of limited activity.

A copy of this form will be as valid as the original.

I declare that the information I have completed on this enrollment form is complete and true. I understand an agent or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life Insurance Company.

Your signature **X**_____ **Date Signed** _____

Instructions

After this form is completed and signed, make two copies and send the original to Principal Life Insurance Company:

- One for the employee
- One for the employer



Mailing Address:
Des Moines, IA 50392-0002

**Principal Life
Insurance Company**

**Employee Change
Form - PA**

**PLEASE USE BLACK INK
PLEASE ENTER DATES AS MM/DD/YYYY**

Company name NORTHEAST DATA, INC.	Account/unit number 1031647
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Employee Information (Change of name and address)

Your name (last, first, middle initial)	Date of Birth	Social security number
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New name (last, first, middle initial)

Your new address (street)	(city)	(state)	(ZIP code)
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Home phone number	Email address
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Complete for Adding, Canceling or Changing a Coverage. If this is initial enrollment, please complete an Enrollment Form. NOTE: Employee coverage must be elected to elect any dependent coverage.

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
Dental	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____
In the past twelve months, have you, the applicant, had continuous group orthodontia coverage (for yourself or your dependents) with a prior carrier? <input type="checkbox"/> yes <input type="checkbox"/> no			
Vision	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____
Group Term Life	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____
Supplemental Term Life	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____		

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
Voluntary Term Life (VTL)	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____ or _____ X salary	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____
Short Term Disability	<input type="checkbox"/> Add <input type="checkbox"/> Cancel Occupation: _____ Change to: _____ Change to date: _____ \$ _____		
Long Term Disability	<input type="checkbox"/> Add <input type="checkbox"/> Cancel Occupation: _____ Change to: _____ Change to date: _____ \$ _____		
Critical Illness	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____
Accident	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____

Complete if the coverage you are adding or changing is based on your salary.

Salary \$ _____ ☐ yearly ☐ bi-weekly ☐ monthly ☐ weekly ☐ hourly

* Domestic Partners can only be added if your employer allows this coverage. If adding a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60475).

Nicotine Products

Has any person used nicotine products (including cigarette, pipe, cigar or chewing tobacco) in the past 12 months?

Employee: ☐ yes ☐ no Spouse or Domestic Partner: ☐ yes ☐ no

Reason for Adding a Coverage or Dependent

- ☐ marriage ☐ loss of other group coverage* ☐ open enrollment*
☐ birth/adoption ☐ court order (attach a copy) ☐ change in job status
☐ annual enrollment (if available) ☐ other _____

Date of event

*For loss of other group coverage and open enrollment, you must complete the following:

Name of prior dental carrier

Date coverage ended

Name of prior life carrier

Date coverage ended

Name of prior vision carrier

Date coverage ended

Reason for Canceling a Coverage or Dependent

Date of request/ineligibility

- ☐ divorce ☐ age limit ☐ individual insurance
☐ spouse's or domestic partner's group coverage
☐ other _____

Beneficiary Designation

Complete Beneficiary Designation/Change (GP34795) if adding life coverage, accident coverage with AD&D, or changing beneficiary.

Complete for Adding or Canceling a Dependent (Include last name if different from the employee)

Dependent name	Birth date	Gender	Social security number	Relationship
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> spouse <input type="checkbox"/> domestic partner
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child*
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child*
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child*

* If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court? ☐ yes ☐ no

To determine eligibility for disabled child(ren) (over the maximum age); see your employer for the required forms.

Employee Signature (Read and sign below)**I understand and agree with the following statements:**

- My dependents are not eligible for any coverage for which I am not covered.
- My dependents, including stepchild(ren), foster child(ren) and those over the maximum age, are eligible for coverage based on policy provisions. Eligibility for my dependents over the maximum age will be verified when claims are submitted.
- If I cancel dental or vision coverage, I or my dependents may enroll at a later date; however, enrolling late will affect the level of benefits.
- If I cancel any type of life, disability, or critical illness coverage, I may apply at a later date; however, I must provide proof of good health at my own expense and coverage will only become effective subject to approval from Principal Life Insurance Company.
- If I cancel coverage, I cannot under any circumstance enroll in the policy once I have retired.
- If the group policy requires that I make contributions, I authorize my employer to deduct them from my pay.

Employee Signature (Read and sign below) - continued

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I declare that the information I have completed on this change form is complete and true. I understand an agent or broker cannot guarantee coverage, revise rates, benefits, or provisions without written approval from Principal Life.

Your signature **X** _____ Date signed _____

Note – Make two copies: one for employer and one for employee

You must complete all pages of this form.

PLEASE USE BLACK INK

PLEASE ENTER DATES AS MM/DD/YYYY

Account number 1031647

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

Employee Information

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

Eligible Dependent Information – Please provide the requested information for the eligible dependents electing coverage.

Name (last, first, middle initial) Spouse or domestic partner	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		

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. <input type="checkbox"/> yes <input type="checkbox"/> no	Is any person receiving medical treatment or taking prescription 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 doctor/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> <p> <input type="checkbox"/> cancer/tumor(s) <input type="checkbox"/> liver disorder/hepatitis <input type="checkbox"/> bone/joint disorder <input type="checkbox"/> infertility <input type="checkbox"/> back/spine disorder <input type="checkbox"/> kidney/urinary disorder <input type="checkbox"/> digestive disorder <input type="checkbox"/> blood disorder <input type="checkbox"/> stroke <input type="checkbox"/> migraines/headaches <input type="checkbox"/> alcohol/drug abuse <input type="checkbox"/> gland/thyroid disorder <input type="checkbox"/> skin/eyes/ears/nose/throat disorder <input type="checkbox"/> multiple sclerosis/neurological disorder <input type="checkbox"/> organ or other transplants <input type="checkbox"/> asthma/respiratory disorder <input type="checkbox"/> heart or circulatory disorder <input type="checkbox"/> psychological/mental disorder <input type="checkbox"/> Other conditions – including prescription medicine _____ <input type="checkbox"/> High blood pressure – last reading and date _____ / _____ <input type="checkbox"/> Diabetes – last HbA1c reading and date _____ / _____ </p>
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), or ARC (AIDS Related Complex)?

Provide details for all "yes" answers on Page 3.

Health Information (continued)**120**

Name of person diagnosed	Date diagnosed	Date released from medical care
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Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

Name of person diagnosed	Date diagnosed	Date released from medical care
--------------------------	----------------	---------------------------------

Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

Name of person diagnosed	Date diagnosed	Date released from medical care
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Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

Name of person diagnosed	Date diagnosed	Date released from medical care
--------------------------	----------------	---------------------------------

Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

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

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, (d) pharmacy benefit managers, and (e) 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 50392-0531.

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. No information will be considered to have been given to Principal Life unless it is stated on this form.
- 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 knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- 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, pharmacy benefit manager, 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 signed. 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 additional medical records may be requested at the time a claim is filed.
- 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.
- Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules.

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

*Spouse's 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

Beneficiary Designation/
Change - Life

Company Name	Account/Unit Number
NORTHEAST DATA, INC.	1031647

Employee Information

Your name (last, first, middle initial)	Social security number
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Group Term Life Beneficiary Designation (Complete if covered for group term life coverage.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. If designating a minor, please check the applicable box and complete the Minor Beneficiary – UTMA section on Page 2.

Primary Beneficiaries:

Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number

Contingent Beneficiaries:

Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number

The right to make future changes is reserved. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to said company.

Minor Beneficiary - UTMA: ONLY COMPLETE IF THE BENEFICIARY LISTED ABOVE IS A MINOR.

If any proceeds become payable to a beneficiary who is then a "minor" as defined in the applicable Uniform Transfers to Minors Act, as specified herein, such proceeds shall be paid to _____
(Name)

(Address)

as custodian for such beneficiary:

(Check One Only) See instructions on Page 3.

- ☐ under the Iowa Uniform Transfers to Minor Act.
- ☐ under the Uniform Transfers to Minor Act of the state where the beneficiary shall reside at the time of payment. In the event the beneficiary resides in California or Ohio at the time of payment, the custodianship is to continue until the beneficiary reaches the age of ____ for California (insert 18, 19, 20, 21, 22, 23, 24 or 25) or ____ for Ohio (insert 18, 19, 20 or 21).

In the event a substitute custodian is needed, the following is/are nominated, in the order named:

Name	Address
<hr/>	
Name	Address
<hr/>	

If no state is specified (by name or description) above, or if the state so specified has not enacted the Uniform Transfers to Minors Act, or if the law of the state so specified does not provide for such payment to a custodian, the custodianship shall be established under the Iowa Uniform Transfers to Minors Act. If the specified Uniform Transfers to Minors Act would require the beneficiary's custodianship to terminate at or before the time of payment, the proceeds payable to that beneficiary shall be paid to the beneficiary rather than to a custodian.

Signature

Read important instructions on Page 3 before signing.

_____ Signature of employee	_____ Date signed
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Note: make a copy of Page 1 and 2 for your records and distribute copy to employee.

Minor Beneficiary - UTMA Instructions - Please Note the Following:

1. You may wish to consult with your attorney about the completion of this beneficiary designation. The following comments are of a general nature and are not intended to be legal advice, or to substitute for legal advice.
2. **Naming a custodian and substitutes.** A custodian must be named in the blank following the words "paid to" in the designation. It is strongly recommended that you also name at least one (and preferably two or more) substitute custodians on the lines provided for that purpose. A substitute custodian would serve if, at the time of payment, the first-named custodian is deceased or otherwise unable or unwilling to serve. The custodian (and each substitute) listed on the beneficiary designation should be either: (1) an individual who is now an adult; or (2) a trust company, such as a financial institution with a trust department.
3. **Specifying the state law.** You may specify that the custodianship be established under the Iowa Uniform Transfers to Minors Act, regardless of where the minor lives. Principal Life Insurance Company is based in Iowa and therefore may transfer funds to a custodian in any state for the benefit of a minor in any state if the beneficiary designation specifies that the transfer shall be made under the Iowa Uniform Transfers to Minors Act. The Iowa Uniform Transfers to Minors Act defines a "minor" as an individual who has not reached age 21.

Alternatively, you may specify that the custodianship be established under the law of whatever state the beneficiary may live in at the time of payment. If this happens to be a state that has not enacted the Uniform Transfers to Minors Act, the designation specifies that the custodianship will be established under the Iowa Uniform Transfers to Minors Act. (As of early 1996, all but 5 states had enacted the Uniform Transfers to Minors Act.) If there is a possibility that the minor beneficiary will live in California or Ohio at the time of payment, you may wish to fill in one or both of the blanks specifying the age at which the custodianship is to terminate (see below). The ability to specify such an age in the beneficiary designation is a unique feature of the Ohio and California Uniform Transfers to Minors Acts.

The state specified in the designation may affect the age at which the beneficiary will have control of the money. Under the Uniform Transfers to Minors Act as enacted in many states, a custodianship created pursuant to a beneficiary designation terminates when the beneficiary reaches the legal age of majority (usually 18), even though custodianships created pursuant to a lifetime gift may terminate at a later age. However, under the Iowa Uniform Transfers to Minors Act, and in a few states, a custodianship created pursuant to a beneficiary designation continues until the beneficiary reaches age 21. As noted above, custodian nominations under the California Uniform Transfers to Minors Act may specify an age (up to the age of 25) for the custodianship to terminate. If no age is specified, the California custodianship will terminate at age 18. Custodianships under the Ohio Transfers to Minors Act terminate at age 21 unless the beneficiary designation specifies that it will terminate at age 18, 19 or 20.

Sample Beneficiary Designations

Be sure to use given names such as "Mary M. Doe," not "Mrs. John Doe" and include address and relationship of the beneficiary or beneficiaries to you.

Proposed Beneficiary	Suggested Wording for Beneficiary "name"
Insured's Estate	My Estate
Trust with Individual Trustees	Richard Doe and John Smith, Trustees, or a Successor in Trust under (Trust Name) established XX/XX/XXXX
Present or Living Trust	ABC Bank & Trust Company, Des Moines, Iowa. Trustee under (Trust Name) established XX/XX/XXXX
Testamentary Trust	Trustee of Mary I Doe Trust or Successor in Trust established by the Last Will & Testament of the Insured Dated XX/XX/XXXX



Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Beneficiary Designation/
Change - VTL

Company Name	Account/Unit Number
NORTHEAST DATA, INC.	1031647

Employee Information	
Your name (last, first, middle initial)	Social security number

Voluntary Term Life Beneficiary Designation (Complete if covered for voluntary term life coverage.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. If designating a minor, please check the applicable box and complete the Minor Beneficiary – UTMA section on Page 2.

Primary Beneficiaries:

Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number

Contingent Beneficiaries:

Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number
Name	Check here if a minor <input type="checkbox"/>	Percentage	Relationship
Address			Social security number

The right to make future changes is reserved. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to said company.

Minor Beneficiary - UTMA: ONLY COMPLETE IF THE BENEFICIARY LISTED ABOVE IS A MINOR.

If any proceeds become payable to a beneficiary who is then a "minor" as defined in the applicable Uniform Transfers to Minors Act, as specified herein, such proceeds shall be paid to _____
(Name)

(Address)

as custodian for such beneficiary:

(Check One Only) See instructions on Page 3.

- ☐ under the Iowa Uniform Transfers to Minor Act.
- ☐ under the Uniform Transfers to Minor Act of the state where the beneficiary shall reside at the time of payment. In the event the beneficiary resides in California or Ohio at the time of payment, the custodianship is to continue until the beneficiary reaches the age of ____ for California (insert 18, 19, 20, 21, 22, 23, 24 or 25) or ____ for Ohio (insert 18, 19, 20 or 21).

In the event a substitute custodian is needed, the following is/are nominated, in the order named:

Name	Address
<hr/>	
Name	Address
<hr/>	

If no state is specified (by name or description) above, or if the state so specified has not enacted the Uniform Transfers to Minors Act, or if the law of the state so specified does not provide for such payment to a custodian, the custodianship shall be established under the Iowa Uniform Transfers to Minors Act. If the specified Uniform Transfers to Minors Act would require the beneficiary's custodianship to terminate at or before the time of payment, the proceeds payable to that beneficiary shall be paid to the beneficiary rather than to a custodian.

Signature

Read important instructions on Page 3 before signing.

_____ Signature of employee	_____ Date signed
--------------------------------	----------------------

Note: make a copy of Page 1 and 2 for your records and distribute copy to employee.

Minor Beneficiary - UTMA Instructions - Please Note the Following:

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3. **Specifying the state law.** You may specify that the custodianship be established under the Iowa Uniform Transfers to Minors Act, regardless of where the minor lives. Principal Life Insurance Company is based in Iowa and therefore may transfer funds to a custodian in any state for the benefit of a minor in any state if the beneficiary designation specifies that the transfer shall be made under the Iowa Uniform Transfers to Minors Act. The Iowa Uniform Transfers to Minors Act defines a "minor" as an individual who has not reached age 21.

Alternatively, you may specify that the custodianship be established under the law of whatever state the beneficiary may live in at the time of payment. If this happens to be a state that has not enacted the Uniform Transfers to Minors Act, the designation specifies that the custodianship will be established under the Iowa Uniform Transfers to Minors Act. If there is a possibility that the minor beneficiary will live in California or Ohio at the time of payment, you may wish to fill in one or both of the blanks specifying the age at which the custodianship is to terminate (see below). The ability to specify such an age in the beneficiary designation is a unique feature of the Ohio and California Uniform Transfers to Minors Acts.

The state specified in the designation may affect the age at which the beneficiary will have control of the money. Under the Uniform Transfers to Minors Act as enacted in many states, a custodianship created pursuant to a beneficiary designation terminates when the beneficiary reaches the legal age of majority (usually 18), even though custodianships created pursuant to a lifetime gift may terminate at a later age. However, under the Iowa Uniform Transfers to Minors Act, and in a few states, a custodianship created pursuant to a beneficiary designation continues until the beneficiary reaches age 21. As noted above, custodian nominations under the California Uniform Transfers to Minors Act may specify an age (up to the age of 25) for the custodianship to terminate. If no age is specified, the California custodianship will terminate at age 18. Custodianships under the Ohio Transfers to Minors Act terminate at age 21 unless the beneficiary designation specifies that it will terminate at age 18, 19 or 20.

Sample Beneficiary Designations

Be sure to use given names such as "Mary M. Doe," not "Mrs. John Doe" and include address and relationship of the beneficiary or beneficiaries to you.

Proposed Beneficiary	Suggested Wording for Beneficiary "name"
Insured's Estate	My Estate
Trust with Individual Trustees	Richard Doe and John Smith, Trustees, or a Successor in Trust under (Trust Name) established XX/XX/XXXX
Present or Living Trust	ABC Bank & Trust Company, Des Moines, Iowa. Trustee under (Trust Name) established XX/XX/XXXX
Testamentary Trust	Trustee of Mary I Doe Trust or Successor in Trust established by the Last Will & Testament of the Insured Dated XX/XX/XXXX



Your life
benefits

Protect what means the most to you

It's a fact of life. We don't always know what the future will bring. So have you planned ahead to ensure the security of the people you love?



Life has its twists and turns, and the only thing you can really expect is the unexpected. That's why being prepared for the future – protecting your dreams and the dreams of your loved ones – should be priority #1.

While it's not easy to think about what would happen to your family if you passed away, it doesn't have to be complicated. What plans have you made to protect your loved ones if something were to happen to you?

Here's how life insurance works

Life insurance helps you put the people in your life first. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries. Those funds can help them manage financial obligations, such as:

- Funeral expenses
- Childcare
- Mortgage/rent
- Daily living expenses
- Paying off debts
- College funding

Let's look at an example



Marc worked full-time to support his family, while his wife Mia stayed home with their three young children. For them, childcare costs outweighed the income Mia would bring home, so they'd decided to rely on Marc's paycheck for all their expenses. But Marc and Mia were planners, and they'd prepared for the unexpected by purchasing life insurance.

So when a sudden heart attack took Marc's life, Mia knew her financial future – and that of her three kids – would be taken care of. She could mourn Marc's loss and reassure their children, all while knowing their world wouldn't be disrupted more than they'd already experienced.

How much coverage do you need?

To determine the amount of coverage you need, it's important to consider your expenses and resources to identify gaps in your overall protection. Use this table to calculate how much life insurance you may need, or log on to principal.com to use our online life insurance calculator.

A. Final expenses	Funeral, burial, etc.	\$ _____
Subtotal A		\$ _____
B. Long-term expenses (total annual amount)	Mortgage/rent	\$ _____
	Car loan(s)	\$ _____
	Student loan(s)	\$ _____
	Credit cards/other loans and debts	\$ _____
	Childcare	\$ _____
	College funding	\$ _____
	Other long-term expenses	\$ _____
Subtotal B		\$ _____
C. Living expenses (total annual amount)	Taxes	\$ _____
	Internet/utilities/cable	\$ _____
	Food/household supplies	\$ _____
	Other expenses (clothes, entertainment)	\$ _____
Subtotal C		\$ _____
Number of years you want to cover these expenses × [years] _____		
Total financial commitment =		\$ _____
Subtract current financial resources (life insurance, bank accounts, investments) -		\$ _____
Total life insurance need =		\$ _____

Enrolling in [life insurance](#) through your employer can help you protect the people you love from the unexpected. No one knows what the future holds, but life insurance can help ensure your family has the financial resources to handle expenses and is prepared financially for life's milestones.

principal.com

Group life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This is an overview of the benefits group term life insurance provides, but there are limitations and exclusions. For additional details, contact your employer.

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Policyholder: NORTHEAST DATA, INC.

Group term life insurance benefit summary for owner or operation managers

Effective date: 12/01/2020



What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Guaranteed issue ¹	Benefit reduction ²
You	\$100,000	If you're under age 70: \$100,000 If you're 70 or older: The lesser of \$100,000 or the amount with the prior carrier.	35% reduction at age 65, with an additional 15% reduction at age 70. Age reductions apply to the benefit amount after providing health information.

¹Amount of coverage you may buy without answering medical questions

²As you get older, your life insurance benefit amount decreases

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
 - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for review, or if you have a qualifying event.
- If you were covered as an employee, you may be eligible as a retiree.

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above will require health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

AD&D	
Loss	AD&D Benefit
Loss of life	100%
Loss of hand, foot, or sight in one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000
Repatriation - If you die at least 100 miles from your home	Up to \$2,000
Loss of use / paralysis - If you have total loss of movement in your hands, feet, arms, and/or legs for 12 consecutive months or permanent paralysis	For total and irrevocable loss of voluntary movement for 12 consecutive months or paralysis that is permanent, complete and irreversible, the benefit is: 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 sight, speech and/or hearing - If you have total loss of sight, speech and/or hearing for 12 consecutive months	When loss is irrevocable and continues for 12 consecutive months, the benefit is: 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear
Education - If your dependent(s) are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Conversion of terminated coverage	If coverage terminates, you may be able to convert coverage to an individual policy.

The benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.



principal.com

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

This is a summary of group term life coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Policyholder: NORTHEAST DATA, INC.



Group voluntary term life (VTL) insurance benefit summary for all members

Effective date: 12/01/2020

What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue ¹	Maximum	Benefit reduction ²
You	Select a benefit in increments of \$10,000	\$10,000	If you're under 70, \$100,000 If you're age 70 or older, \$10,000	\$300,000	35% reduction at age 65, with an additional 15% reduction at age 70.
Your spouse	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70, \$25,000 If your spouse is 70 or older, \$10,000	\$100,000, up to 100% of your benefit	35% reduction at age 65, with an additional 15% reduction at age 70.
Your child(ren)	Options: <ul style="list-style-type: none">\$5,000, or\$10,000			Up to 100% of your benefit	

¹Amount of coverage you may buy without providing health information.

²As you get older, your life insurance benefit amount decreases.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for review, or if you have a qualifying event.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse will require you to provide health information.

May I increase my benefit later?

- You may be able to increase your benefit and your dependent's benefit two increments per year during your open enrollment period without providing health information.
- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase your benefit up to the guaranteed issue amount within 31 days without having to provide health information.

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
Conversion of terminated coverage	If coverage terminates, you may be able to convert coverage to an individual policy.

What are the limitations and exclusions of my coverage?

This benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.



principal.com

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392
This is a summary of voluntary term life coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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NORTHEAST DATA, INC.

Voluntary-term life - employee

Estimated employee monthly premium amounts
End of the rate guarantee period: 11/30/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$10,000	\$0.80	\$0.87	\$1.31	\$2.12	\$3.26	\$5.32	\$8.35	\$11.60	\$6,500	\$13.91	\$5,000	\$17.46
\$20,000	\$1.60	\$1.74	\$2.62	\$4.24	\$6.52	\$10.64	\$16.70	\$23.20	\$13,000	\$27.82	\$10,000	\$34.91
\$30,000	\$2.40	\$2.61	\$3.93	\$6.36	\$9.78	\$15.96	\$25.05	\$34.80	\$19,500	\$41.73	\$15,000	\$52.37
\$40,000	\$3.20	\$3.48	\$5.24	\$8.48	\$13.04	\$21.28	\$33.40	\$46.40	\$26,000	\$55.64	\$20,000	\$69.82
\$50,000	\$4.00	\$4.35	\$6.55	\$10.60	\$16.30	\$26.60	\$41.75	\$58.00	\$32,500	\$69.55	\$25,000	\$87.28
\$60,000	\$4.80	\$5.22	\$7.86	\$12.72	\$19.56	\$31.92	\$50.10	\$69.60	\$39,000	\$83.46	\$30,000	\$104.73
\$70,000	\$5.60	\$6.09	\$9.17	\$14.84	\$22.82	\$37.24	\$58.45	\$81.20	\$45,500	\$97.37	\$35,000	\$122.19
\$80,000	\$6.40	\$6.96	\$10.48	\$16.96	\$26.08	\$42.56	\$66.80	\$92.80	\$52,000	\$111.28	\$40,000	\$139.64
\$90,000	\$7.20	\$7.83	\$11.79	\$19.08	\$29.34	\$47.88	\$75.15	\$104.40	\$58,500	\$125.19	\$45,000	\$157.10
\$100,000	\$8.00	\$8.70	\$13.10	\$21.20	\$32.60	\$53.20	\$83.50	\$116.00	\$65,000	\$139.10	\$50,000	\$174.55
\$110,000	\$8.80	\$9.57	\$14.41	\$23.32	\$35.86	\$58.52	\$91.85	\$127.60	\$71,500	\$153.01	\$55,000	\$192.01
\$120,000	\$9.60	\$10.44	\$15.72	\$25.44	\$39.12	\$63.84	\$100.20	\$139.20	\$78,000	\$166.92	\$60,000	\$209.46
\$130,000	\$10.40	\$11.31	\$17.03	\$27.56	\$42.38	\$69.16	\$108.55	\$150.80	\$84,500	\$180.83	\$65,000	\$226.92
\$140,000	\$11.20	\$12.18	\$18.34	\$29.68	\$45.64	\$74.48	\$116.90	\$162.40	\$91,000	\$194.74	\$70,000	\$244.37
\$150,000	\$12.00	\$13.05	\$19.65	\$31.80	\$48.90	\$79.80	\$125.25	\$174.00	\$97,500	\$208.65	\$75,000	\$261.83
\$160,000	\$12.80	\$13.92	\$20.96	\$33.92	\$52.16	\$85.12	\$133.60	\$185.60	\$104,000	\$222.56	\$80,000	\$279.28
\$170,000	\$13.60	\$14.79	\$22.27	\$36.04	\$55.42	\$90.44	\$141.95	\$197.20	\$110,500	\$236.47	\$85,000	\$296.74
\$180,000	\$14.40	\$15.66	\$23.58	\$38.16	\$58.68	\$95.76	\$150.30	\$208.80	\$117,000	\$250.38	\$90,000	\$314.19
\$190,000	\$15.20	\$16.53	\$24.89	\$40.28	\$61.94	\$101.08	\$158.65	\$220.40	\$123,500	\$264.29	\$95,000	\$331.65
\$200,000	\$16.00	\$17.40	\$26.20	\$42.40	\$65.20	\$106.40	\$167.00	\$232.00	\$130,000	\$278.20	\$100,000	\$349.10
\$210,000	\$16.80	\$18.27	\$27.51	\$44.52	\$68.46	\$111.72	\$175.35	\$243.60	\$136,500	\$292.11	\$105,000	\$366.56
\$220,000	\$17.60	\$19.14	\$28.82	\$46.64	\$71.72	\$117.04	\$183.70	\$255.20	\$143,000	\$306.02	\$110,000	\$384.01
\$230,000	\$18.40	\$20.01	\$30.13	\$48.76	\$74.98	\$122.36	\$192.05	\$266.80	\$149,500	\$319.93	\$115,000	\$401.47
\$240,000	\$19.20	\$20.88	\$31.44	\$50.88	\$78.24	\$127.68	\$200.40	\$278.40	\$156,000	\$333.84	\$120,000	\$418.92
\$250,000	\$20.00	\$21.75	\$32.75	\$53.00	\$81.50	\$133.00	\$208.75	\$290.00	\$162,500	\$347.75	\$125,000	\$436.38
\$260,000	\$20.80	\$22.62	\$34.06	\$55.12	\$84.76	\$138.32	\$217.10	\$301.60	\$169,000	\$361.66	\$130,000	\$453.83
\$270,000	\$21.60	\$23.49	\$35.37	\$57.24	\$88.02	\$143.64	\$225.45	\$313.20	\$175,500	\$375.57	\$135,000	\$471.29
\$280,000	\$22.40	\$24.36	\$36.68	\$59.36	\$91.28	\$148.96	\$233.80	\$324.80	\$182,000	\$389.48	\$140,000	\$488.74
\$290,000	\$23.20	\$25.23	\$37.99	\$61.48	\$94.54	\$154.28	\$242.15	\$336.40	\$188,500	\$403.39	\$145,000	\$506.20
\$300,000	\$24.00	\$26.10	\$39.30	\$63.60	\$97.80	\$159.60	\$250.50	\$348.00	\$195,000	\$417.30	\$150,000	\$523.65

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.
This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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NORTHEAST DATA, INC.

Voluntary-term life - spouse

Estimated spouse monthly premium amounts

End of the rate guarantee period: 11/30/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$5,000	\$0.40	\$0.44	\$0.66	\$1.06	\$1.63	\$2.66	\$4.18	\$5.80	\$3,250	\$6.96	\$2,500	\$8.73
\$10,000	\$0.80	\$0.87	\$1.31	\$2.12	\$3.26	\$5.32	\$8.35	\$11.60	\$6,500	\$13.91	\$5,000	\$17.46
\$15,000	\$1.20	\$1.31	\$1.97	\$3.18	\$4.89	\$7.98	\$12.53	\$17.40	\$9,750	\$20.87	\$7,500	\$26.18
\$20,000	\$1.60	\$1.74	\$2.62	\$4.24	\$6.52	\$10.64	\$16.70	\$23.20	\$13,000	\$27.82	\$10,000	\$34.91
\$25,000	\$2.00	\$2.18	\$3.28	\$5.30	\$8.15	\$13.30	\$20.88	\$29.00	\$16,250	\$34.78	\$12,500	\$43.64
\$30,000	\$2.40	\$2.61	\$3.93	\$6.36	\$9.78	\$15.96	\$25.05	\$34.80	\$19,500	\$41.73	\$15,000	\$52.37
\$35,000	\$2.80	\$3.05	\$4.59	\$7.42	\$11.41	\$18.62	\$29.23	\$40.60	\$22,750	\$48.69	\$17,500	\$61.09
\$40,000	\$3.20	\$3.48	\$5.24	\$8.48	\$13.04	\$21.28	\$33.40	\$46.40	\$26,000	\$55.64	\$20,000	\$69.82
\$45,000	\$3.60	\$3.92	\$5.90	\$9.54	\$14.67	\$23.94	\$37.58	\$52.20	\$29,250	\$62.60	\$22,500	\$78.55
\$50,000	\$4.00	\$4.35	\$6.55	\$10.60	\$16.30	\$26.60	\$41.75	\$58.00	\$32,500	\$69.55	\$25,000	\$87.28
\$55,000	\$4.40	\$4.79	\$7.21	\$11.66	\$17.93	\$29.26	\$45.93	\$63.80	\$35,750	\$76.51	\$27,500	\$96.00
\$60,000	\$4.80	\$5.22	\$7.86	\$12.72	\$19.56	\$31.92	\$50.10	\$69.60	\$39,000	\$83.46	\$30,000	\$104.73
\$65,000	\$5.20	\$5.66	\$8.52	\$13.78	\$21.19	\$34.58	\$54.28	\$75.40	\$42,250	\$90.42	\$32,500	\$113.46
\$70,000	\$5.60	\$6.09	\$9.17	\$14.84	\$22.82	\$37.24	\$58.45	\$81.20	\$45,500	\$97.37	\$35,000	\$122.19
\$75,000	\$6.00	\$6.53	\$9.83	\$15.90	\$24.45	\$39.90	\$62.63	\$87.00	\$48,750	\$104.33	\$37,500	\$130.91
\$80,000	\$6.40	\$6.96	\$10.48	\$16.96	\$26.08	\$42.56	\$66.80	\$92.80	\$52,000	\$111.28	\$40,000	\$139.64
\$85,000	\$6.80	\$7.40	\$11.14	\$18.02	\$27.71	\$45.22	\$70.98	\$98.60	\$55,250	\$118.24	\$42,500	\$148.37
\$90,000	\$7.20	\$7.83	\$11.79	\$19.08	\$29.34	\$47.88	\$75.15	\$104.40	\$58,500	\$125.19	\$45,000	\$157.10
\$95,000	\$7.60	\$8.27	\$12.45	\$20.14	\$30.97	\$50.54	\$79.33	\$110.20	\$61,750	\$132.15	\$47,500	\$165.82
\$100,000	\$8.00	\$8.70	\$13.10	\$21.20	\$32.60	\$53.20	\$83.50	\$116.00	\$65,000	\$139.10	\$50,000	\$174.55

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child(ren) premium amounts (per family) --Child(ren) are covered until age 26

\$5,000 \$1.00

\$10,000 \$2.00

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392. This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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Your disability benefits

Boost your financial safety net

Protecting your income may not be your first priority, but it should be. How long could you pay the bills if your income suddenly stopped?



Think of disability insurance as your personal safety net. If you're too sick or hurt to work, you can rely on it to replace a portion of your income. That means you can focus on taking care of yourself, instead of worrying about how you'll pay the bills.

Benefit checks are sent directly to you, helping you handle expenses and support your family while you're not able to work. Best of all, you decide how to spend your check – whether that's on a big ticket item, everyday expenses or anything in between.

Protecting your income from injury or illness

You depend on your income for everything – the small things like groceries or a night out, and the big things like your home and car. What if an injury or illness affected your ability to work? Think you're covered by workers' compensation? Most disabilities aren't caused by accidents. Instead, illnesses – like heart disease or cancer – cause most long-term absences. Without an income, the money you've managed to save may need to be used for things like mortgage or rent and daily expenses.

Let's look at an example



Curt's job requires him to drive long distances. And his income allows him to live comfortably in his hometown. When Curt was diagnosed with a chronic back injury, his doctor put a restriction on driving long distances.

Because Curt had disability insurance, he received disability benefits that replaced a portion of his income. This meant he could manage mortgage payments and keep his home while he was unable to work.

Plan ahead for what you hope won't happen – a disabling condition. Be proactive and enroll in **disability insurance**.

How much coverage do you need?

Protect your income against life's uncertainties. To figure out how much you need to help pay monthly expenses, use this table, or log on to principal.com to use our online disability insurance calculator.

My disability coverage needs		Monthly
Part A	Expenses	
	Mortgage/rent	\$ _____
	Internet/utilities/cable	\$ _____
	Food/household supplies	\$ _____
	Car payments/expenses	\$ _____
	Credit card/loan payments	\$ _____
	Insurance premiums	\$ _____
	Childcare	\$ _____
	Other monthly expenses (clothes, entertainment, etc.)	\$ _____
Total A		\$ _____
Part B	Income sources	
	Other income sources (spouse take-home salary, rental income, etc.)	\$ _____
	Existing disability coverage	\$ _____
Total B		\$ _____

Your disability coverage gap

Part A expenses		Part B income sources		Disability coverage gap
\$ _____	-	\$ _____	=	\$ _____

Your financial or tax advisor can help you determine your total need for disability coverage.

principal.com

Disability insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This is an overview of the benefits disability insurance provides, but there are limitations and exclusions. For additional details, contact your employer. If your disability benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf.

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Policyholder: NORTHEAST DATA, INC.



Group short-term disability (STD) insurance benefit summary for all members

Effective date: 12/01/2020

What's available to me?

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is 60% of your earnings prior to your disability up to \$500 minus other income sources. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation, state disability (if applicable), and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

Once I start receiving benefits, how long will they continue?

Short-term disability benefits can continue up to 13 weeks.

When do I begin receiving disability benefits?

You must fulfill the elimination period (the amount of time before benefits are available) before you start receiving benefits. Your elimination period is completed on the 1st day for accidents and the 8th day for sickness.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During your elimination period and your benefit payment period (how long benefit is paid), one of the following must apply:

- You're unable to perform the majority of substantial duties of your own job; or
- You're unable to earn 80% of your income prior to your disability while working in a modified capacity.

Additional benefits:

Work incentive benefit	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit. You can't receive more than 100% of your earnings prior to your disability.
Rehabilitation plan	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
Rehabilitation incentive benefit	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
Mandatory rehabilitation	You may be paid for any expenses associated with an approved rehabilitation plan.
Reasonable accommodation	This benefit helps cover the cost of modifying the worksite to allow disabled employees to return to work. You may receive up to \$500 for this benefit.
Full maternity	You may receive a benefit for pregnancy or childbirth.



principal.com

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

This is a summary of short-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Policyholder: NORTHEAST DATA, INC.



Group long-term disability (LTD) insurance benefit summary for owner or operation managers

Effective date: 12/01/2020

What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is 66 2/3% of your earnings prior to your disability up to \$7,000 minus other income sources. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

Once I start receiving benefits, how long will they continue?

- Refer to the chart below:

Age disability occurs	Benefits are payable until the later of:
Under age 65	Social Security Normal Retirement Age (SSNRA) or 36 months
Age 65-67	SSNRA or 24 months
Age 68-69	SSNRA or 18 months
Age 70-71	SSNRA or 15 months
Age 72 and over	SSNRA or 12 months

When do I begin receiving disability benefits?

You must fulfill the elimination period (the amount of time before benefits are available) before you start receiving benefits. Your elimination period is 90 days.

If you recover and return to work during your elimination period and become disabled again, you may not have to satisfy a new elimination period. If you qualify for this, your elimination period will pick up at the point where it was left off when you recovered.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During the first 2 years of receiving benefits, your disability is based on your own occupation, known as the own occupation period. This is the occupation you're routinely performing at the time of disability. After 2 years, we'll evaluate for any occupation based on education, training or experience.

During your elimination period and your own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of your own occupation; or
- You're unable to earn 80% of your indexed income prior to your disability while working in a modified capacity.

After completing the own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of any occupation for which you are or may reasonably become qualified based on education, training, or experience.
- You're performing the substantial and material duties of your own occupation or any occupation on a modified basis and are unable to earn more than 80% of your indexed income prior to your disability.

Do I qualify if I have a preexisting condition?

- You may. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

Are mental nervous and drug/alcohol covered?

- It'll be considered a disability if it's caused by:
 - A mental health condition for up to a lifetime maximum of 24 months
 - Abuse, dependency, or addiction to alcohol, drug, or chemicals for up to a lifetime maximum of 24 months
- The amount of time you receive benefits for these covered conditions will be limited to a combined lifetime maximum of 24 months.

Additional benefits:

Work incentive benefit

If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit for 12 months. You can't receive more than 100% of your earnings prior to your disability.

Activities of daily living benefit	You're paid a benefit of 13 1/3% of your earnings prior to your disability if you suffer from a catastrophic disability. You may qualify if you're unable to perform 2 or more of the 6 activities of daily living for 12 months. These activities are outlined in the booklet you'll receive following enrollment.
Rehabilitation plan	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
Rehabilitation incentive benefit	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
Return to work child care benefit	You may be paid to help cover the cost of child care expenses if you remain on the job or return to work. You may be reimbursed 100% of your total child care expense up to \$350 per month for up to 12 months.
Mandatory rehabilitation	You may be paid for any expenses associated with an approved rehabilitation plan.
Survivor benefit	If you haven't been paid an accelerated survivor benefit, your survivors will receive 3 times your primary monthly benefit minus other income sources, which includes but is not limited to Social Security.
Reasonable accommodation	This benefit helps cover the cost of modifying the worksite to allow disabled employees to return to work. You may receive up to \$5,000 for this benefit.

What are the limitations and exclusions of my coverage?

Preexisting conditions

A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:

- Received medical treatment, consultation, care or service; or
- Were prescribed or took prescription medications

Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months.

Preexisting condition exclusions also apply to benefit increases due to policy amendments and changes in earnings of 25% or greater.

Treatment of mental health conditions and drug and alcohol abuse conditions

A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition if the disability is caused by one of these condition(s) and not by other disabling conditions.

Maximum benefit payment periods for:

Mental health conditions – 24 months

Alcohol, drug or chemical abuse conditions – 24 months

The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum.

However, if at the end of the benefit payment period, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.



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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

This is a summary of long-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Discounts and services

Save money while improving your life

Everybody loves a discount! Use these to help improve your life — financially, mentally and physically. Offered by some of the most trusted companies in the U.S., these discounts and services are available through your group benefits from Principal®. **These discounts are not insurance.**

Laser Vision Correction	Imagine your life free from glasses and contacts. You, your spouse and dependent children save \$800 off LASIK through the National Lasik Network, administered by LCA-Vision, Inc. principallasik.com 888-647-3937
Hearing Aid Program	Protect your hearing health to improve your quality of life. You, your spouse, children, parents and grandparents can get exclusive discounts on hearing aids, with a 60-day trial to ensure your full satisfaction. You can also receive a free hearing consultation at any of their 3,000+ locations nationwide. principal.com/hearingbenefits/ahb 877-890-4694

Available with your disability insurance

Employee Assistance Program	Count on help to be there when you need it. From concerns like decreasing stress to more complex issues such as divorce, your Employee Assistance Program provides recommendations and information to help you with life's everyday, and not so everyday, challenges. You and your family household members have access to free, confidential service, as well as referrals to supportive and community resources, from Magellan Healthcare. 800-450-1327
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Available with your life insurance

Travel Assistance	Ease some of the worries of traveling – whether in the U.S. or internationally. You, your spouse and dependent children have access to a variety of benefits provided through AXA Assistance ¹ . These services include travel and medical assistance plus emergency medical evacuation benefits. Assistance is available for travel 100+ miles away from home for up to 120 consecutive days. Available with group term life insurance only. principal.com/travelassistance
Will & Legal Document Center	Consider creating your simple legal documents online. These online resources and tools, provided by ARAG ^{®2} , are easy-to-use. You and your spouse can create, print and store essential legal documents — such as a will, living will, healthcare power of attorney, durable power of attorney, and medical treatment authorization for minors. Plus, you can access estate planning tools and a personal information organizer. ARAGwills.com/Principal Enter your group policy number: 1031647
Identity Theft Kit	Be proactive in protecting one of your most important assets – your identity. If your identity is stolen, despite your best efforts, you'll get valuable tips on how to restore it. ARAGwills.com/Principal Enter your group policy number: 1031647

**Beneficiary
Support**

Get help coping with the death of a loved one. Beneficiaries receive help coping with the emotions and financial decisions that surface when a loved one dies. Services include grief support from Magellan Healthcare and financial review from Principal®. Spouses and dependents receive three months of free online will preparation services provided by ARAG.² Information is provided after the loss of a loved one.

principal.com

The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. For group policies issued in New York: Travel Assistance, Will & Legal Document Center, Identity Theft Kit and Beneficiary Support are not available; Laser Vision Correction and Hearing Aid Program are only available with dental or vision insurance. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services.

If your benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf.

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¹ Participants are responsible for any incurred fees or expenses. Indemnified transportation services are administered by AXA Assistance USA, Inc. and underwritten by a third party licensed insurance company.

² The use of the services provided by ARAG Services, LLC should not be considered as a substitute for consultation with an attorney.

Principal and its affiliates are not responsible for any loss, injury, claim, liability or damages related to the use of the discounts and services.

Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the Employee Assistance Program (EAP), provided by Magellan Healthcare, is all about.



With an EAP, you and your family household members have access to free, confidential resources to help handle life's everyday — and not so everyday — challenges.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things:

- LifeMart Discount Center, with savings on a variety of products and services
- Self-care mobile apps to help with insomnia, anxiety, depression, substance use, obsessive compulsive disorder and chronic pain
- Health and wellness articles, guides, webinars and podcasts
- Online assistance with elder care, child care and other family life resources
- Help with teen and adolescent issues, including eating disorders and relationships
- Tips on parenting and grandparenting
- 24/7 phone consultation with licensed mental health professionals and referrals to supportive resources*
- Ongoing personal coaching sessions with scheduled telephonic appointments

Help when and where you need it — day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



800-450-1327

International: 800-662-4504

TTY: 800-456-4006



MagellanAscend.com

When you create an account, use **Principal Core** for the company name.

* You're responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits.

Help is just a click or call away —24/7

Online: MagellanAscend.com

Enter **Principal Core** for the company name

Call: 800-450-1327 | **TTY:** 800-456-4006

International: 800-662-4504

Magellan
HEALTHCARESM

Your Employee Assistance Program is provided by Magellan Healthcare.



principal.com

Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

Principal® has arranged with Magellan Healthcare to make its Employee Assistance Program (EAP) available to employees with group disability coverage insured by Principal Life Insurance Company. EAP isn't part of the insurance contract or policy and may be changed or canceled at any time. Magellan is responsible for all EAP services provided through this program. EAP services in California are provided through Magellan Health Services of California, Inc. — Employer Services. Magellan isn't a member of the Principal Financial Group®.

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Count on help to be there when you need it. Use the Employee Assistance Program services available with your Principal group disability insurance.



Group life insurance

Protect your family, your finances — and your future

Create and store your important documents using the Will & Legal Document Center



If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable.

That's why it's important to be proactive and make a plan to protect your family and finances. With your group term or voluntary term life insurance through Principal®, you can do just that, with access to resources from the **Will & Legal Document Center** provided by ARAG®.



Resources for help with legal documents

Having the proper documents in place can help ensure you're still in control in case something happens to you. With ARAG's free online resources, you and/or your spouse can create these documents:

- **Will** — Specify what happens to your property after you die, and appoint the person to execute your estate. You can also name a custodian for your minor children.
- **Healthcare power of attorney** — Grant someone permission to make medical decisions in case you're no longer able to make them yourself.
- **Durable power of attorney** — Grant someone permission to make financial decisions in case you're no longer able to make them yourself.
- **Living will** — Let your family and health care providers know your wishes for medical treatment if you're unable to speak for yourself.
- **Medical treatment authorization for minors** — Grant consent for medical personnel to treat your child(ren) if you're away.

Plus, you can also access:

- **Personal Information Organizer** — Record your personal and financial information – as well as funeral arrangements – in one convenient spot.
- **Estate planning education and tools** — Get access to a variety of articles and legal resources.



Protect your identity

It's not just inconvenient to have your identity stolen. It can have a direct impact on your credit rating and your financial security. The good news is, you can protect your identity with free online resources from ARAG, including:

- **An Identity Theft Prevention Kit** to help protect you from identity theft.
- **An Identity Theft Victim Action Kit** to help speed your recovery if you experience identity theft.

It's easy to get started

Follow these simple steps to start using these free resources today.

- 1 | Visit www.aragwills.com/principal.
- 2 | Register using your group policy number (your employer's account number with Principal). Find it by logging in on Principal.com, or ask your employer.
- 3 | You're in! Complete the forms or download the materials you need.



Need help with registration? Call ARAG Customer Care at **800.546.3718**.
Or, if you have questions about the services, call Principal at **866.539.1728**.



Group term life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This value-added service is not a part of any insurance contract and may be changed or canceled at any time. Not available to group policies issued in New York. The use of services provided by ARAG® Services, LLC should not be considered a substitute for consultation with an attorney. Principal is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center. ARAG is not a member of the Principal Financial Group®.

Please remember that the legal documents are accurate and useful in many situations. Whether or not the document is right for you and your situation depends on your circumstances. If you want specific advice regarding your situation, consult an attorney.

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Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

Whether you're traveling right here in the United States or leaving the country, you can rely on AXA to help your travel experience go off without a hitch. And because you're covered by group term life insurance from Principal®, you have access to many travel assistance services for free—no matter if you're traveling for business or pleasure.

Who's eligible? You, your spouse, and your dependent children can access this service when traveling 100+ miles away from home for up to 120 consecutive days. And your spouse and dependent children are covered whether or not they're traveling with you.



Near or far, you're eligible

No matter where you're going—on a cross-country flight, a short road trip, or a destination requiring a passport—consider AXA your trusted travel companion. This program helps address the challenges of travel like:

Lost or stolen items

We all hope it won't happen to us, but it could. Lost items are a travel reality. AXA can help you recover or replace lost or stolen items (including cash and credit cards) so you don't miss a beat.

Medical assistance

Getting sick or hurt while traveling is no picnic. AXA is there when you need it most to assist with finding medical and dental care when you're away from home.



Easily connect

Sometimes you need more than the phone book. And when you do, AXA is there to help with message delivery, overcoming language barriers, or legal concerns.



Traveling even farther away from home?

The more miles you're away from home, the more you may need to do additional planning. AXA helps you get ready to head out with pre-trip research, including travel requirements, cultural differences, and precautions you should be aware of.

Travel assistance program

Call us when you're traveling and need assistance.

888-647-2611 in the U.S.
630-766-7696 call collect
outside the U.S.



Learn more and plan for your trip with our website.
principal.com/travelassistance





Emergency medical transportation

Unfortunately, medical emergencies sometimes interrupt a trip, and you just need to get to a hospital—or get home. This service is per member or qualifying dependent per trip for emergency situations including:

- Emergency medical transportation to a different facility if medically necessary
- Medically supervised return to your home country (known as repatriation)
- Transportation for a family member to join you
- Transportation for a traveling companion to join you in a different hospital or treatment facility
- Transportation home for dependent child(ren)
- Return of vehicle
- Return of mortal remains

To be eligible for services under this program, your treatment must be authorized and arranged by designated staff from AXA. Claims for reimbursement won't be accepted. Please contact AXA for further benefit details.

How to use this service

With two convenient ways to connect, you'll be ready for anything that comes your way.

- 1 | Website.** Plan for your trip with helpful resources at principal.com/travelassistance. Learn how to create an account giving you access to travel information online. You can get medical and security information about a country, search for a local medical provider, and view practical information like business culture and currency descriptions.
- 2 | Phone.** When you're traveling and need assistance, call **888-647-2611 in the U.S.** Or call collect when **outside the U.S. 630-766-7696**. Help is available 24/7—365 days a year.

This program is not insurance.

Travel assistance services will be provided as permitted under applicable law.

Group life insurance from Principal® is issued by Principal Life Insurance Company, Des Moines, IA 50392.

Services won't be provided or available for any loss or injury that's caused by, or results from: normal childbirth, normal pregnancy (except complications of pregnancy), voluntary induced abortion, mental or nervous conditions (unless hospitalized), traveling against the advice of a physician, or traveling for medical treatment.

Participants are responsible for any incurred fees or expenses, including medical. When traveling 100 miles or more away from home for up to 120 consecutive days, medical emergency transportation services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA, Inc.

No reimbursements for out-of-pocket expenses will be accepted. This service is not a part of any Principal Life insurance contract and may be changed or discontinued at any time. Not available to group policies issued in New York. Although Principal® has arranged to make this program available to you, the third-party provider is solely responsible for its products and services. AXA is not a member of the Principal Financial Group®.

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Name _____
Company _____ Contract number _____

The participant is entitled to AXA Assistance USA, Inc. medical and travel services.
El portador de esta tarjeta es miembro de AXA Assistance USA, Inc. y tiene derecho a los servicios personales y de asistencia médica de AXA Assistance USA, Inc.

This program is not insurance.
All services must be provided by AXA Assistance USA, Inc.
No claims for reimbursement will be accepted.
Travel assistance services will be provided as permitted under applicable law.



Your benefit resources

Group benefits

Check your benefits when, where, and how you want to

It's easy to keep track of your benefits from Principal® anytime—
online or on your mobile device



Start by creating your account

- 1 | From your favorite browser, go to **principal.com** and select Log In. Or, download the **Principal app** for free from the App Store or Google Play.
- 2 | Select **Create an account**.
- 3 | Enter personal information such as your date of birth and identification number.
- 4 | **Create a username** and password, and provide an email address.
- 5 | You'll receive an email within a few minutes to confirm your account is ready to go. You can access your account information anytime, 24/7, with the username and password you've just set.



Manage your benefits on Principal.com and the Principal mobile app

After logging in, you can manage your benefits and other Principal products you have when, where, and how it's convenient for you. Depending on your coverages, you can:

- View and manage claims
- Get a 24-month history of your explanation of benefits (EOB)
- Access your summary of benefits, as well as benefit booklets
- Find a list of covered dependents
- View and print your dental ID card
- Search for and contact a network dentist
- Find discounts and services
- Calculate coverage needs and more



Keeping your account safe

Your information is important to us. That's why we use verification codes to prevent others from accessing your account, even if they have your password. The first time you log in—on Principal.com or the mobile app—you'll need to choose how you'll receive the codes.

If you log in from an unrecognized device, forget your password, or we notice anything out of the ordinary, the codes help us confirm it's really you accessing your account.



Need help setting up your login, or have other questions? Call us at **800-986-3343**.
We're happy to help.



principal.com

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

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You have the right to receive, free of charge, a paper copy of your benefit booklet and any changes at any time. Please contact your employer if you'd like to request a paper copy.

GP59610-09 | 11/2019 | © 2016-2019 Principal Financial Services, Inc.



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GP61990C-01 (Spanish SP1883C-01) | 05/2018 | © 2018 Principal Financial Services, Inc.