



Group benefits

# Understand your benefits.

COMPUNNEL, INC.  
NJ Members

# Enroll in your benefits today. It's easy.

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

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

**2 Get details** about your coverage by reading the benefit summary.

**3 Elect** or decline coverage.

Get information about why the insurance may be beneficial to you by scanning the QR code in each product section. As you elect coverage, be sure to answer all questions. If left blank, your benefits could be delayed.

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

- Life
- Disability
- Critical illness
- Accident

Insurance products and plan administrative services issued by Principal Life Insurance Company<sup>®</sup>, a member of the Principal Financial Group<sup>®</sup>, Des Moines, Iowa 50392.

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# Your life benefits



Scan for information  
about life insurance.

## Policyholder: COMPUNNEL, INC.

### Group voluntary term life insurance Benefit summary for all members

Your coverage renews every June 1.

This summary was created on 04/07/2025 and shows benefits available at that time.

#### What's available to me?

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

	Benefit	Minimum	Guaranteed issue <sup>1</sup>	Maximum	Benefit reduction <sup>2</sup>
You	Select a benefit in increments of \$10,000	\$10,000	If you're under 70: \$200,000  If you're 70 or older: \$10,000	\$500,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse <sup>3</sup>	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70: \$50,000  If your spouse is 70 or older: \$10,000	\$150,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your child(ren) <sup>3</sup>	Options <sup>4</sup> : • \$5,000, or • \$10,000, or • \$15,000, or • \$20,000				

<sup>1</sup>Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

<sup>2</sup>As you get older, your life insurance benefit amount decreases.

<sup>3</sup>Amount of coverage may not exceed 100% of your benefit.

<sup>4</sup>Dependent children under 14 days old receive a \$1,000 benefit.

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

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## 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 may need to provide health information for review, or if you have a qualifying event.
  - If you and your spouse are both employed at COMPUNNEL, INC. and are eligible for benefits, you're not eligible to have benefits as both an employee and a spouse.
- 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 may require you to provide health information.

## May I increase my benefit later?

- You may be able to enroll for or 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.

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

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

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of 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
Education - If your children are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years
<b>Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis</b>	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%

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Loss of use of one arm, one leg, one hand or one foot	25%
<b>Loss of speech and/or hearing - total loss for 12 consecutive months</b>	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

#### Additional benefits:

<b>Accelerated death benefit</b>	If you're terminally ill, you may be able to receive a portion of your life benefit.
<b>Coverage during disability</b>	If you're disabled, you may be able to continue your coverage and not pay premium.
<b>Portability</b>	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
<b>Conversion of terminated coverage</b>	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](https://principal.com)

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

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# COMPUNNEL, INC.

## Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts

End of the rate guarantee period: 05/31/2027

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	\$0.65	\$0.70	\$0.94	\$1.38	\$2.01	\$3.15	\$4.81	\$6.59	\$6,500	\$7.78	\$5,000	\$9.83
\$20,000	\$1.30	\$1.40	\$1.88	\$2.76	\$4.02	\$6.30	\$9.62	\$13.18	\$13,000	\$15.58	\$10,000	\$19.66
\$30,000	\$1.95	\$2.10	\$2.82	\$4.14	\$6.03	\$9.45	\$14.43	\$19.77	\$19,500	\$23.36	\$15,000	\$29.49
\$40,000	\$2.60	\$2.80	\$3.76	\$5.52	\$8.04	\$12.60	\$19.24	\$26.36	\$26,000	\$31.15	\$20,000	\$39.32
\$50,000	\$3.25	\$3.50	\$4.70	\$6.90	\$10.05	\$15.75	\$24.05	\$32.95	\$32,500	\$38.94	\$25,000	\$49.15
\$60,000	\$3.90	\$4.20	\$5.64	\$8.28	\$12.06	\$18.90	\$28.86	\$39.54	\$39,000	\$46.72	\$30,000	\$58.98
\$70,000	\$4.55	\$4.90	\$6.58	\$9.66	\$14.07	\$22.05	\$33.67	\$46.13	\$45,500	\$54.51	\$35,000	\$68.81
\$80,000	\$5.20	\$5.60	\$7.52	\$11.04	\$16.08	\$25.20	\$38.48	\$52.72	\$52,000	\$62.29	\$40,000	\$78.64
\$90,000	\$5.85	\$6.30	\$8.46	\$12.42	\$18.09	\$28.35	\$43.29	\$59.31	\$58,500	\$70.09	\$45,000	\$88.47
\$100,000	\$6.50	\$7.00	\$9.40	\$13.80	\$20.10	\$31.50	\$48.10	\$65.90	\$65,000	\$77.87	\$50,000	\$98.30
\$110,000	\$7.15	\$7.70	\$10.34	\$15.18	\$22.11	\$34.65	\$52.91	\$72.49	\$71,500	\$85.65	\$55,000	\$108.13
\$120,000	\$7.80	\$8.40	\$11.28	\$16.56	\$24.12	\$37.80	\$57.72	\$79.08	\$78,000	\$93.45	\$60,000	\$117.96
\$130,000	\$8.45	\$9.10	\$12.22	\$17.94	\$26.13	\$40.95	\$62.53	\$85.67	\$84,500	\$101.23	\$65,000	\$127.79
\$140,000	\$9.10	\$9.80	\$13.16	\$19.32	\$28.14	\$44.10	\$67.34	\$92.26	\$91,000	\$109.02	\$70,000	\$137.62
\$150,000	\$9.75	\$10.50	\$14.10	\$20.70	\$30.15	\$47.25	\$72.15	\$98.85	\$97,500	\$116.81	\$75,000	\$147.45
\$160,000	\$10.40	\$11.20	\$15.04	\$22.08	\$32.16	\$50.40	\$76.96	\$105.44	\$104,000	\$124.59	\$80,000	\$157.28
\$170,000	\$11.05	\$11.90	\$15.98	\$23.46	\$34.17	\$53.55	\$81.77	\$112.03	\$110,500	\$132.38	\$85,000	\$167.11
\$180,000	\$11.70	\$12.60	\$16.92	\$24.84	\$36.18	\$56.70	\$86.58	\$118.62	\$117,000	\$140.16	\$90,000	\$176.94
\$190,000	\$12.35	\$13.30	\$17.86	\$26.22	\$38.19	\$59.85	\$91.39	\$125.21	\$123,500	\$147.96	\$95,000	\$186.77
\$200,000	\$13.00	\$14.00	\$18.80	\$27.60	\$40.20	\$63.00	\$96.20	\$131.80	\$130,000	\$155.74	\$100,000	\$196.60
\$210,000	\$13.65	\$14.70	\$19.74	\$28.98	\$42.21	\$66.15	\$101.01	\$138.39	\$136,500	\$163.52	\$105,000	\$206.43
\$220,000	\$14.30	\$15.40	\$20.68	\$30.36	\$44.22	\$69.30	\$105.82	\$144.98	\$143,000	\$171.32	\$110,000	\$216.26
\$230,000	\$14.95	\$16.10	\$21.62	\$31.74	\$46.23	\$72.45	\$110.63	\$151.57	\$149,500	\$179.10	\$115,000	\$226.09
\$240,000	\$15.60	\$16.80	\$22.56	\$33.12	\$48.24	\$75.60	\$115.44	\$158.16	\$156,000	\$186.89	\$120,000	\$235.92
\$250,000	\$16.25	\$17.50	\$23.50	\$34.50	\$50.25	\$78.75	\$120.25	\$164.75	\$162,500	\$194.68	\$125,000	\$245.75
\$260,000	\$16.90	\$18.20	\$24.44	\$35.88	\$52.26	\$81.90	\$125.06	\$171.34	\$169,000	\$202.46	\$130,000	\$255.58
\$270,000	\$17.55	\$18.90	\$25.38	\$37.26	\$54.27	\$85.05	\$129.87	\$177.93	\$175,500	\$210.25	\$135,000	\$265.41
\$280,000	\$18.20	\$19.60	\$26.32	\$38.64	\$56.28	\$88.20	\$134.68	\$184.52	\$182,000	\$218.03	\$140,000	\$275.24
\$290,000	\$18.85	\$20.30	\$27.26	\$40.02	\$58.29	\$91.35	\$139.49	\$191.11	\$188,500	\$225.83	\$145,000	\$285.07
\$300,000	\$19.50	\$21.00	\$28.20	\$41.40	\$60.30	\$94.50	\$144.30	\$197.70	\$195,000	\$233.61	\$150,000	\$294.90
\$310,000	\$20.15	\$21.70	\$29.14	\$42.78	\$62.31	\$97.65	\$149.11	\$204.29	\$201,500	\$241.39	\$155,000	\$304.73
\$320,000	\$20.80	\$22.40	\$30.08	\$44.16	\$64.32	\$100.80	\$153.92	\$210.88	\$208,000	\$249.19	\$160,000	\$314.56
\$330,000	\$21.45	\$23.10	\$31.02	\$45.54	\$66.33	\$103.95	\$158.73	\$217.47	\$214,500	\$256.97	\$165,000	\$324.39
\$340,000	\$22.10	\$23.80	\$31.96	\$46.92	\$68.34	\$107.10	\$163.54	\$224.06	\$221,000	\$264.76	\$170,000	\$334.22
\$350,000	\$22.75	\$24.50	\$32.90	\$48.30	\$70.35	\$110.25	\$168.35	\$230.65	\$227,500	\$272.55	\$175,000	\$344.05
\$360,000	\$23.40	\$25.20	\$33.84	\$49.68	\$72.36	\$113.40	\$173.16	\$237.24	\$234,000	\$280.33	\$180,000	\$353.88
\$370,000	\$24.05	\$25.90	\$34.78	\$51.06	\$74.37	\$116.55	\$177.97	\$243.83	\$240,500	\$288.12	\$185,000	\$363.71

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# COMPUNNEL, INC.

## Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts

End of the rate guarantee period: 05/31/2027

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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
<b>\$380,000</b>	\$24.70	\$26.60	\$35.72	\$52.44	\$76.38	\$119.70	\$182.78	\$250.42	<b>\$247,000</b>	\$295.90	<b>\$190,000</b>	\$373.54
<b>\$390,000</b>	\$25.35	\$27.30	\$36.66	\$53.82	\$78.39	\$122.85	\$187.59	\$257.01	<b>\$253,500</b>	\$303.70	<b>\$195,000</b>	\$383.37
<b>\$400,000</b>	\$26.00	\$28.00	\$37.60	\$55.20	\$80.40	\$126.00	\$192.40	\$263.60	<b>\$260,000</b>	\$311.48	<b>\$200,000</b>	\$393.20
<b>\$410,000</b>	\$26.65	\$28.70	\$38.54	\$56.58	\$82.41	\$129.15	\$197.21	\$270.19	<b>\$266,500</b>	\$319.26	<b>\$205,000</b>	\$403.03
<b>\$420,000</b>	\$27.30	\$29.40	\$39.48	\$57.96	\$84.42	\$132.30	\$202.02	\$276.78	<b>\$273,000</b>	\$327.06	<b>\$210,000</b>	\$412.86
<b>\$430,000</b>	\$27.95	\$30.10	\$40.42	\$59.34	\$86.43	\$135.45	\$206.83	\$283.37	<b>\$279,500</b>	\$334.84	<b>\$215,000</b>	\$422.69
<b>\$440,000</b>	\$28.60	\$30.80	\$41.36	\$60.72	\$88.44	\$138.60	\$211.64	\$289.96	<b>\$286,000</b>	\$342.63	<b>\$220,000</b>	\$432.52
<b>\$450,000</b>	\$29.25	\$31.50	\$42.30	\$62.10	\$90.45	\$141.75	\$216.45	\$296.55	<b>\$292,500</b>	\$350.42	<b>\$225,000</b>	\$442.35
<b>\$460,000</b>	\$29.90	\$32.20	\$43.24	\$63.48	\$92.46	\$144.90	\$221.26	\$303.14	<b>\$299,000</b>	\$358.20	<b>\$230,000</b>	\$452.18
<b>\$470,000</b>	\$30.55	\$32.90	\$44.18	\$64.86	\$94.47	\$148.05	\$226.07	\$309.73	<b>\$305,500</b>	\$365.99	<b>\$235,000</b>	\$462.01
<b>\$480,000</b>	\$31.20	\$33.60	\$45.12	\$66.24	\$96.48	\$151.20	\$230.88	\$316.32	<b>\$312,000</b>	\$373.77	<b>\$240,000</b>	\$471.84
<b>\$490,000</b>	\$31.85	\$34.30	\$46.06	\$67.62	\$98.49	\$154.35	\$235.69	\$322.91	<b>\$318,500</b>	\$381.57	<b>\$245,000</b>	\$481.67
<b>\$500,000</b>	\$32.50	\$35.00	\$47.00	\$69.00	\$100.50	\$157.50	\$240.50	\$329.50	<b>\$325,000</b>	\$389.35	<b>\$250,000</b>	\$491.50

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.

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# COMPUNNEL, INC.

## Voluntary-term life/AD&D - spouse

Estimated spouse monthly premium amounts

End of the rate guarantee period: 05/31/2027

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	\$0.33	\$0.35	\$0.47	\$0.69	\$1.01	\$1.58	\$2.41	\$3.30	\$3,250	\$3.89	\$2,500	\$4.92
\$10,000	\$0.65	\$0.70	\$0.94	\$1.38	\$2.01	\$3.15	\$4.81	\$6.59	\$6,500	\$7.78	\$5,000	\$9.83
\$15,000	\$0.98	\$1.05	\$1.41	\$2.07	\$3.02	\$4.73	\$7.22	\$9.89	\$9,750	\$11.68	\$7,500	\$14.75
\$20,000	\$1.30	\$1.40	\$1.88	\$2.76	\$4.02	\$6.30	\$9.62	\$13.18	\$13,000	\$15.58	\$10,000	\$19.66
\$25,000	\$1.63	\$1.75	\$2.35	\$3.45	\$5.03	\$7.88	\$12.03	\$16.48	\$16,250	\$19.47	\$12,500	\$24.58
\$30,000	\$1.95	\$2.10	\$2.82	\$4.14	\$6.03	\$9.45	\$14.43	\$19.77	\$19,500	\$23.36	\$15,000	\$29.49
\$35,000	\$2.28	\$2.45	\$3.29	\$4.83	\$7.04	\$11.03	\$16.84	\$23.07	\$22,750	\$27.25	\$17,500	\$34.41
\$40,000	\$2.60	\$2.80	\$3.76	\$5.52	\$8.04	\$12.60	\$19.24	\$26.36	\$26,000	\$31.15	\$20,000	\$39.32
\$45,000	\$2.93	\$3.15	\$4.23	\$6.21	\$9.05	\$14.18	\$21.65	\$29.66	\$29,250	\$35.04	\$22,500	\$44.24
\$50,000	\$3.25	\$3.50	\$4.70	\$6.90	\$10.05	\$15.75	\$24.05	\$32.95	\$32,500	\$38.94	\$25,000	\$49.15
\$55,000	\$3.58	\$3.85	\$5.17	\$7.59	\$11.06	\$17.33	\$26.46	\$36.25	\$35,750	\$42.83	\$27,500	\$54.07
\$60,000	\$3.90	\$4.20	\$5.64	\$8.28	\$12.06	\$18.90	\$28.86	\$39.54	\$39,000	\$46.72	\$30,000	\$58.98
\$65,000	\$4.23	\$4.55	\$6.11	\$8.97	\$13.07	\$20.48	\$31.27	\$42.84	\$42,250	\$50.62	\$32,500	\$63.90
\$70,000	\$4.55	\$4.90	\$6.58	\$9.66	\$14.07	\$22.05	\$33.67	\$46.13	\$45,500	\$54.51	\$35,000	\$68.81
\$75,000	\$4.88	\$5.25	\$7.05	\$10.35	\$15.08	\$23.63	\$36.08	\$49.43	\$48,750	\$58.40	\$37,500	\$73.73
\$80,000	\$5.20	\$5.60	\$7.52	\$11.04	\$16.08	\$25.20	\$38.48	\$52.72	\$52,000	\$62.29	\$40,000	\$78.64
\$85,000	\$5.53	\$5.95	\$7.99	\$11.73	\$17.09	\$26.78	\$40.89	\$56.02	\$55,250	\$66.19	\$42,500	\$83.56
\$90,000	\$5.85	\$6.30	\$8.46	\$12.42	\$18.09	\$28.35	\$43.29	\$59.31	\$58,500	\$70.09	\$45,000	\$88.47
\$95,000	\$6.18	\$6.65	\$8.93	\$13.11	\$19.10	\$29.93	\$45.70	\$62.61	\$61,750	\$73.98	\$47,500	\$93.39
\$100,000	\$6.50	\$7.00	\$9.40	\$13.80	\$20.10	\$31.50	\$48.10	\$65.90	\$65,000	\$77.87	\$50,000	\$98.30
\$105,000	\$6.83	\$7.35	\$9.87	\$14.49	\$21.11	\$33.08	\$50.51	\$69.20	\$68,250	\$81.76	\$52,500	\$103.22
\$110,000	\$7.15	\$7.70	\$10.34	\$15.18	\$22.11	\$34.65	\$52.91	\$72.49	\$71,500	\$85.65	\$55,000	\$108.13
\$115,000	\$7.48	\$8.05	\$10.81	\$15.87	\$23.12	\$36.23	\$55.32	\$75.79	\$74,750	\$89.55	\$57,500	\$113.05
\$120,000	\$7.80	\$8.40	\$11.28	\$16.56	\$24.12	\$37.80	\$57.72	\$79.08	\$78,000	\$93.45	\$60,000	\$117.96
\$125,000	\$8.13	\$8.75	\$11.75	\$17.25	\$25.13	\$39.38	\$60.13	\$82.38	\$81,250	\$97.34	\$62,500	\$122.88
\$130,000	\$8.45	\$9.10	\$12.22	\$17.94	\$26.13	\$40.95	\$62.53	\$85.67	\$84,500	\$101.23	\$65,000	\$127.79
\$135,000	\$8.78	\$9.45	\$12.69	\$18.63	\$27.14	\$42.53	\$64.94	\$88.97	\$87,750	\$105.12	\$67,500	\$132.71
\$140,000	\$9.10	\$9.80	\$13.16	\$19.32	\$28.14	\$44.10	\$67.34	\$92.26	\$91,000	\$109.02	\$70,000	\$137.62
\$145,000	\$9.43	\$10.15	\$13.63	\$20.01	\$29.15	\$45.68	\$69.75	\$95.56	\$94,250	\$112.91	\$72,500	\$142.54
\$150,000	\$9.75	\$10.50	\$14.10	\$20.70	\$30.15	\$47.25	\$72.15	\$98.85	\$97,500	\$116.81	\$75,000	\$147.45

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

\$5,000	\$1.00
\$10,000	\$2.00
\$15,000	\$3.00
\$20,000	\$4.00



Voluntary-term life/AD&D - spouse

Estimated spouse monthly premium amounts  
End of the rate guarantee period: 05/31/2027

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
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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 long-term disability benefits



Scan for information  
about long-term  
disability insurance.

Long-term disability insurance

# You choose how much coverage you need to protect your income.

You rely on your income every day. That's why protecting it in the event you get sick or injured is so important.

Think of long-term 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. This allows you to focus on taking care of yourself, and worry less about how you'll pay the bills.

And you can count on Principal® to give you the flexibility to tailor the coverage amount just for you. After all, your needs are different from anyone else's. You may need enough to cover just big ticket items like rent or loans, or more coverage to handle those and other everyday expenses.

Purchasing in increments allows you to:

- Determine your needs should you lose your income
- Set up the coverage level you need and can afford
- Use easy payroll deduction to set it and forget it

## Incremental benefits—\$100

This solution lets you buy benefits in \$100 increments, from as little as \$500 a month to as much as \$6,000 a month, depending on your salary.

Minimum monthly benefit	\$500
Maximum monthly benefit	\$6,000 or 60% of your pre-disability income, whichever is less

## How increments work | Let's take a look at an example:

**Devon** is married, has two young children, and earns \$75,000 per year. As the main breadwinner, Devon's paychecks cover big expenses such as the mortgage, daycare, and student loans. Devon's family is living paycheck to paycheck. They're worried about how the family would manage if Devon became too sick or hurt to work.

Devon can choose a monthly coverage amount from \$500 (minimum election) to \$3,700 (maximum election based on salary) in \$100 increments. Devon chooses the maximum—\$3,700/month. This income would cover most of the family's major expenses, and the spouse's salary would cover the rest.

## Determining Devon's maximum benefit amount

\$6,250	< monthly income (\$75,000 ÷ 12)
x 60%	< maximum benefit percentage
\$3,750	

Since benefits are available in \$100 increments, \$3,700 is the maximum benefit amount Devon can buy.

For illustrative purposes only. Not a guarantee of claim payment.

## How much disability 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 chart.

### MY DISABILITY COVERAGE NEEDS

MONTHLY

<b>PART A</b> 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.)	\$ _____
<b>TOTAL A</b>		<b>\$ _____</b>
<b>PART B</b> INCOME SOURCES	Other income sources (spouse take-home salary, rental income, etc.)	\$ _____
	Existing disability coverage	\$ _____
<b>TOTAL B</b>		<b>\$ _____</b>

\$ _____	-	\$ _____	=	\$ _____
<b>PART A EXPENSES</b>		<b>PART B INCOME SOURCES</b>		<b>DISABILITY COVERAGE GAP</b>

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



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**Insurance products issued by Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392.**

This is an overview of the benefits short-term disability insurance provides, but there are limitations and exclusions. For additional details, contact your employer. This flyer is not approved for use in Arizona.

OR policy form GC 3000-2 (1114)

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## Policyholder: COMPUNNEL, INC.

### Group voluntary long-term disability insurance Benefit summary for nj mbrs

Your coverage renews every June 1.

This summary was created on 04/07/2025 and shows benefits available at that time.

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary monthly benefit	Available in increments of \$100, between \$500 and \$6,000, up to 60% of your earnings
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	Benefits begin after 180 days
Own occupation period	2 year
Benefit payment period	Varies based on your age when you become disabled, see chart below
Limitations & exclusions	
Pre-existing conditions	12 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

### 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 available in increments of \$100, between \$500 and \$6,000, up to 60% of your predisability earnings. 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 can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
  - 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.

Additional eligibility requirements may apply.

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

## When do I begin receiving disability benefits?

Your elimination period is 180 days. The elimination period is the amount of time before you start receiving benefits.

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.

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

Age disability occurs	Benefits are payable until the later of:
Under age 62	Until the later of the date you reach age 65 or 42 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

## 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, excluding earnings from secondary employment that existed prior to the date of 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, excluding earnings from secondary employment that existed prior to the date of 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 12 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

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

## 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

## Additional benefits:

<b>Work incentive benefit</b>	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.
<b>Rehabilitation plan</b>	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.
<b>Rehabilitation incentive benefit</b>	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
<b>Survivor benefit</b>	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.

## What are the limitations and exclusions of my coverage?

<b>Preexisting conditions</b>	<p>A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the 12 months prior to your effective date under this policy, for which you:</p> <ul style="list-style-type: none"><li>• Received medical treatment, consultation, care or service; or</li><li>• Were prescribed or took prescription medications</li></ul> <p>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. The preexisting condition provision will not apply if you:</p> <ul style="list-style-type: none"><li>• were enrolled as a member under another group policy issued by Principal Life during the period immediately prior to becoming a member under this group policy, and</li><li>• received benefits for the condition under the previous group policy</li></ul> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments and changes in earnings of 25% or greater.</p>
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**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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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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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

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07/2024

# COMPUNNEL, INC.

## Long-term disability

Estimated employee monthly premium amounts

End of the rate guarantee period: 05/31/2027

Monthly benefit amount	Minimum annual salary required	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$500	\$10,000	\$1.20	\$1.00	\$1.30	\$2.00	\$2.80	\$4.70	\$6.40	\$6.50	\$5.80	\$4.05	\$3.75
\$600	\$12,000	\$1.44	\$1.20	\$1.56	\$2.40	\$3.36	\$5.64	\$7.68	\$7.80	\$6.96	\$4.86	\$4.50
\$700	\$14,000	\$1.68	\$1.40	\$1.82	\$2.80	\$3.92	\$6.58	\$8.96	\$9.10	\$8.12	\$5.67	\$5.25
\$800	\$16,000	\$1.92	\$1.60	\$2.08	\$3.20	\$4.48	\$7.52	\$10.24	\$10.40	\$9.28	\$6.48	\$6.00
\$900	\$18,000	\$2.16	\$1.80	\$2.34	\$3.60	\$5.04	\$8.46	\$11.52	\$11.70	\$10.44	\$7.29	\$6.75
\$1,000	\$20,000	\$2.40	\$2.00	\$2.60	\$4.00	\$5.60	\$9.40	\$12.80	\$13.00	\$11.60	\$8.10	\$7.50
\$1,100	\$22,000	\$2.64	\$2.20	\$2.86	\$4.40	\$6.16	\$10.34	\$14.08	\$14.30	\$12.76	\$8.91	\$8.25
\$1,200	\$24,000	\$2.88	\$2.40	\$3.12	\$4.80	\$6.72	\$11.28	\$15.36	\$15.60	\$13.92	\$9.72	\$9.00
\$1,300	\$26,000	\$3.12	\$2.60	\$3.38	\$5.20	\$7.28	\$12.22	\$16.64	\$16.90	\$15.08	\$10.53	\$9.75
\$1,400	\$28,000	\$3.36	\$2.80	\$3.64	\$5.60	\$7.84	\$13.16	\$17.92	\$18.20	\$16.24	\$11.34	\$10.50
\$1,500	\$30,000	\$3.60	\$3.00	\$3.90	\$6.00	\$8.40	\$14.10	\$19.20	\$19.50	\$17.40	\$12.15	\$11.25
\$1,600	\$32,000	\$3.84	\$3.20	\$4.16	\$6.40	\$8.96	\$15.04	\$20.48	\$20.80	\$18.56	\$12.96	\$12.00
\$1,700	\$34,000	\$4.08	\$3.40	\$4.42	\$6.80	\$9.52	\$15.98	\$21.76	\$22.10	\$19.72	\$13.77	\$12.75
\$1,800	\$36,000	\$4.32	\$3.60	\$4.68	\$7.20	\$10.08	\$16.92	\$23.04	\$23.40	\$20.88	\$14.58	\$13.50
\$1,900	\$38,000	\$4.56	\$3.80	\$4.94	\$7.60	\$10.64	\$17.86	\$24.32	\$24.70	\$22.04	\$15.39	\$14.25
\$2,000	\$40,000	\$4.80	\$4.00	\$5.20	\$8.00	\$11.20	\$18.80	\$25.60	\$26.00	\$23.20	\$16.20	\$15.00
\$2,100	\$42,000	\$5.04	\$4.20	\$5.46	\$8.40	\$11.76	\$19.74	\$26.88	\$27.30	\$24.36	\$17.01	\$15.75
\$2,200	\$44,000	\$5.28	\$4.40	\$5.72	\$8.80	\$12.32	\$20.68	\$28.16	\$28.60	\$25.52	\$17.82	\$16.50
\$2,300	\$46,000	\$5.52	\$4.60	\$5.98	\$9.20	\$12.88	\$21.62	\$29.44	\$29.90	\$26.68	\$18.63	\$17.25
\$2,400	\$48,000	\$5.76	\$4.80	\$6.24	\$9.60	\$13.44	\$22.56	\$30.72	\$31.20	\$27.84	\$19.44	\$18.00
\$2,500	\$50,000	\$6.00	\$5.00	\$6.50	\$10.00	\$14.00	\$23.50	\$32.00	\$32.50	\$29.00	\$20.25	\$18.75
\$2,600	\$52,000	\$6.24	\$5.20	\$6.76	\$10.40	\$14.56	\$24.44	\$33.28	\$33.80	\$30.16	\$21.06	\$19.50
\$2,700	\$54,000	\$6.48	\$5.40	\$7.02	\$10.80	\$15.12	\$25.38	\$34.56	\$35.10	\$31.32	\$21.87	\$20.25
\$2,800	\$56,000	\$6.72	\$5.60	\$7.28	\$11.20	\$15.68	\$26.32	\$35.84	\$36.40	\$32.48	\$22.68	\$21.00
\$2,900	\$58,000	\$6.96	\$5.80	\$7.54	\$11.60	\$16.24	\$27.26	\$37.12	\$37.70	\$33.64	\$23.49	\$21.75
\$3,000	\$60,000	\$7.20	\$6.00	\$7.80	\$12.00	\$16.80	\$28.20	\$38.40	\$39.00	\$34.80	\$24.30	\$22.50
\$3,100	\$62,000	\$7.44	\$6.20	\$8.06	\$12.40	\$17.36	\$29.14	\$39.68	\$40.30	\$35.96	\$25.11	\$23.25

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# COMPUNNEL, INC.

## Long-term disability

Estimated employee monthly premium amounts

End of the rate guarantee period: 05/31/2027

Monthly benefit amount	Minimum annual salary required	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$3,200	\$64,000	\$7.68	\$6.40	\$8.32	\$12.80	\$17.92	\$30.08	\$40.96	\$41.60	\$37.12	\$25.92	\$24.00
\$3,300	\$66,000	\$7.92	\$6.60	\$8.58	\$13.20	\$18.48	\$31.02	\$42.24	\$42.90	\$38.28	\$26.73	\$24.75
\$3,400	\$68,000	\$8.16	\$6.80	\$8.84	\$13.60	\$19.04	\$31.96	\$43.52	\$44.20	\$39.44	\$27.54	\$25.50
\$3,500	\$70,000	\$8.40	\$7.00	\$9.10	\$14.00	\$19.60	\$32.90	\$44.80	\$45.50	\$40.60	\$28.35	\$26.25
\$3,600	\$72,000	\$8.64	\$7.20	\$9.36	\$14.40	\$20.16	\$33.84	\$46.08	\$46.80	\$41.76	\$29.16	\$27.00
\$3,700	\$74,000	\$8.88	\$7.40	\$9.62	\$14.80	\$20.72	\$34.78	\$47.36	\$48.10	\$42.92	\$29.97	\$27.75
\$3,800	\$76,000	\$9.12	\$7.60	\$9.88	\$15.20	\$21.28	\$35.72	\$48.64	\$49.40	\$44.08	\$30.78	\$28.50
\$3,900	\$78,000	\$9.36	\$7.80	\$10.14	\$15.60	\$21.84	\$36.66	\$49.92	\$50.70	\$45.24	\$31.59	\$29.25
\$4,000	\$80,000	\$9.60	\$8.00	\$10.40	\$16.00	\$22.40	\$37.60	\$51.20	\$52.00	\$46.40	\$32.40	\$30.00
\$4,100	\$82,000	\$9.84	\$8.20	\$10.66	\$16.40	\$22.96	\$38.54	\$52.48	\$53.30	\$47.56	\$33.21	\$30.75
\$4,200	\$84,000	\$10.08	\$8.40	\$10.92	\$16.80	\$23.52	\$39.48	\$53.76	\$54.60	\$48.72	\$34.02	\$31.50
\$4,300	\$86,000	\$10.32	\$8.60	\$11.18	\$17.20	\$24.08	\$40.42	\$55.04	\$55.90	\$49.88	\$34.83	\$32.25
\$4,400	\$88,000	\$10.56	\$8.80	\$11.44	\$17.60	\$24.64	\$41.36	\$56.32	\$57.20	\$51.04	\$35.64	\$33.00
\$4,500	\$90,000	\$10.80	\$9.00	\$11.70	\$18.00	\$25.20	\$42.30	\$57.60	\$58.50	\$52.20	\$36.45	\$33.75
\$4,600	\$92,000	\$11.04	\$9.20	\$11.96	\$18.40	\$25.76	\$43.24	\$58.88	\$59.80	\$53.36	\$37.26	\$34.50
\$4,700	\$94,000	\$11.28	\$9.40	\$12.22	\$18.80	\$26.32	\$44.18	\$60.16	\$61.10	\$54.52	\$38.07	\$35.25
\$4,800	\$96,000	\$11.52	\$9.60	\$12.48	\$19.20	\$26.88	\$45.12	\$61.44	\$62.40	\$55.68	\$38.88	\$36.00
\$4,900	\$98,000	\$11.76	\$9.80	\$12.74	\$19.60	\$27.44	\$46.06	\$62.72	\$63.70	\$56.84	\$39.69	\$36.75
\$5,000	\$100,000	\$12.00	\$10.00	\$13.00	\$20.00	\$28.00	\$47.00	\$64.00	\$65.00	\$58.00	\$40.50	\$37.50
\$5,100	\$102,000	\$12.24	\$10.20	\$13.26	\$20.40	\$28.56	\$47.94	\$65.28	\$66.30	\$59.16	\$41.31	\$38.25
\$5,200	\$104,000	\$12.48	\$10.40	\$13.52	\$20.80	\$29.12	\$48.88	\$66.56	\$67.60	\$60.32	\$42.12	\$39.00
\$5,300	\$106,000	\$12.72	\$10.60	\$13.78	\$21.20	\$29.68	\$49.82	\$67.84	\$68.90	\$61.48	\$42.93	\$39.75
\$5,400	\$108,000	\$12.96	\$10.80	\$14.04	\$21.60	\$30.24	\$50.76	\$69.12	\$70.20	\$62.64	\$43.74	\$40.50
\$5,500	\$110,000	\$13.20	\$11.00	\$14.30	\$22.00	\$30.80	\$51.70	\$70.40	\$71.50	\$63.80	\$44.55	\$41.25
\$5,600	\$112,000	\$13.44	\$11.20	\$14.56	\$22.40	\$31.36	\$52.64	\$71.68	\$72.80	\$64.96	\$45.36	\$42.00
\$5,700	\$114,000	\$13.68	\$11.40	\$14.82	\$22.80	\$31.92	\$53.58	\$72.96	\$74.10	\$66.12	\$46.17	\$42.75
\$5,800	\$116,000	\$13.92	\$11.60	\$15.08	\$23.20	\$32.48	\$54.52	\$74.24	\$75.40	\$67.28	\$46.98	\$43.50

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

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COMPUNNEL, INC.

Long-term disability

Estimated employee monthly premium amounts  
End of the rate guarantee period: 05/31/2027

Monthly benefit amount	Minimum annual salary required	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$5,900	\$118,000	\$14.16	\$11.80	\$15.34	\$23.60	\$33.04	\$55.46	\$75.52	\$76.70	\$68.44	\$47.79	\$44.25
\$6,000	\$120,000	\$14.40	\$12.00	\$15.60	\$24.00	\$33.60	\$56.40	\$76.80	\$78.00	\$69.60	\$48.60	\$45.00

Rates are estimated due to rounding of numbers when calculated.

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.

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# Your critical illness benefits



Scan for information  
about critical illness  
insurance.

## Policyholder: COMPUNNEL, INC.

### Group critical illness insurance

#### Benefit summary for all members

Your coverage renews every June 1.

This summary was created on 04/07/2025 and shows benefits available at that time.

#### What's available to me?

Help cover some of the expenses associated with a serious illness with critical illness coverage. If you're diagnosed with a specific critical illness while covered under Principal's plan, you'll receive a lump-sum benefit you can use however you need to.

	Benefit	Minimum	Guaranteed issue <sup>1</sup>	Maximum
You	Select a benefit in increments of \$5,000	\$5,000	\$20,000	\$100,000
Your spouse	Select a benefit in increments of \$2,000	\$2,000	\$10,000	\$50,000 up to 50% of your benefit
Your child(ren)	Automatically covered for 25% of your benefit			

<sup>1</sup>Amount of coverage you may buy without providing health information.

#### Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 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 may enroll or increase coverage for yourself or your spouse if it's more than 31 days after becoming eligible for coverage only during the open enrollment period.
- 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 health information.

### May I increase my benefit later?

- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase coverage up to the guaranteed issue amount within 31 days without having to provide health information.
- You may enroll or increase coverage for yourself or your spouse if it's more than 31 days after becoming eligible for coverage only during the open enrollment period.

### Which illnesses are covered?

Covered illnesses	% of scheduled benefit for first occurrence	% of scheduled benefit for additional occurrences
Alzheimer's disease	100%	0%
Amyotrophic lateral sclerosis	100%	0%
Benign brain tumor	100%	0%
Carcinoma in situ	25%	25%
Coronary artery disease	25%	25%
Heart attack	100%	100%
Invasive cancer	100%	100%
Loss of hearing	100%	0%
Loss of sight	100%	0%
Loss of speech	100%	0%

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



Major organ failure	100%	100%
Multiple sclerosis	100%	0%
Occupational infectious disease	100%	0%
Paralysis	100%	0%
Parkinson's disease	100%	0%
Stroke	100%	100%
Infectious disease benefit		
Diphtheria	100%	25%
Encephalitis	100%	25%
Legionnaire's disease	100%	25%
Lyme disease	100%	25%
Malaria	100%	25%
Meningitis	100%	25%
Methicillin-resistant staphylococcus aureus (MRSA)	100%	25%
Necrotizing fasciitis	100%	25%
Osteomyelitis	100%	25%
Poliomyelitis	100%	25%
Rabies	100%	25%
Sepsis	100%	25%
Tetanus	100%	25%
Tuberculosis	100%	25%
Mental health benefit		
Bipolar I disorder	100%	0%
Post traumatic stress disorder (PTSD)	100%	0%
Schizophrenia	100%	0%
Childhood conditions		
Cerebral palsy	100%	0%
Cleft lip / palate	100%	0%
Cystic fibrosis	100%	0%
Down syndrome	100%	0%

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

Muscular dystrophy	100%	0%
Spina bifida	100%	0%

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

**What if I've already had a covered illness (referred to as a preexisting condition)?**

You may qualify for a benefit if you haven't been treated for this illness (including being seen by a doctor) in the 6 months prior to your coverage effective date or you've had coverage for 6 consecutive months.

**I've already received a benefit. Can I receive another benefit?**

- Is it a different illness? You may receive a benefit if you're diagnosed more than 12 months after your prior illness.
- Is it an additional occurrence of the same illness? You may receive an additional benefit for carcinoma in situ, coronary artery disease, heart attack, invasive cancer, major organ failure and stroke if you're diagnosed more than 12 months after your prior illness and you've been treatment-free for 12 consecutive months.

**Additional benefits:**

Health screening	You may receive a \$50 benefit for each covered person who has an eligible health screening test performed, once per calendar year. Make sure to file your claim within a year of the date of service.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.

**What are the limitations and exclusions of my coverage?**

There are limitations to your coverage. A complete list is included in your booklet.



[principal.com](https://principal.com)

**CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.**

This is a summary of critical illness 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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Insurance issued by Principal Life Insurance Company®, 711 High Street, Des Moines, IA 50392

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02/2025

## COMPUNNEL, INC.

### Critical Illness - employee

Estimated employee monthly premium amounts

End of rate guarantee period: 05/31/2027

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$5,000	\$0.55	\$0.75	\$1.22	\$1.50	\$2.12	\$3.08	\$4.73	\$6.74	\$9.92	\$14.21	\$20.52
\$10,000	\$1.09	\$1.50	\$2.44	\$2.99	\$4.24	\$6.16	\$9.45	\$13.47	\$19.84	\$28.42	\$41.03
\$15,000	\$1.64	\$2.25	\$3.66	\$4.49	\$6.36	\$9.24	\$14.18	\$20.21	\$29.76	\$42.63	\$61.55
\$20,000	\$2.18	\$3.00	\$4.88	\$5.98	\$8.48	\$12.32	\$18.90	\$26.94	\$39.68	\$56.84	\$82.06
\$25,000	\$2.73	\$3.75	\$6.10	\$7.48	\$10.60	\$15.40	\$23.63	\$33.68	\$49.60	\$71.05	\$102.58
\$30,000	\$3.27	\$4.50	\$7.32	\$8.97	\$12.72	\$18.48	\$28.35	\$40.41	\$59.52	\$85.26	\$123.09
\$35,000	\$3.82	\$5.25	\$8.54	\$10.47	\$14.84	\$21.56	\$33.08	\$47.15	\$69.44	\$99.47	\$143.61
\$40,000	\$4.36	\$6.00	\$9.76	\$11.96	\$16.96	\$24.64	\$37.80	\$53.88	\$79.36	\$113.68	\$164.12
\$45,000	\$4.91	\$6.75	\$10.98	\$13.46	\$19.08	\$27.72	\$42.53	\$60.62	\$89.28	\$127.89	\$184.64
\$50,000	\$5.45	\$7.50	\$12.20	\$14.95	\$21.20	\$30.80	\$47.25	\$67.35	\$99.21	\$142.10	\$205.15
\$55,000	\$6.00	\$8.25	\$13.42	\$16.45	\$23.32	\$33.88	\$51.98	\$74.09	\$109.13	\$156.31	\$225.67
\$60,000	\$6.54	\$9.00	\$14.64	\$17.94	\$25.44	\$36.96	\$56.70	\$80.82	\$119.05	\$170.52	\$246.18
\$65,000	\$7.09	\$9.75	\$15.86	\$19.44	\$27.56	\$40.04	\$61.43	\$87.56	\$128.97	\$184.73	\$266.70
\$70,000	\$7.63	\$10.50	\$17.08	\$20.93	\$29.68	\$43.12	\$66.15	\$94.29	\$138.89	\$198.94	\$287.21
\$75,000	\$8.18	\$11.25	\$18.30	\$22.43	\$31.80	\$46.20	\$70.88	\$101.03	\$148.81	\$213.15	\$307.73
\$80,000	\$8.72	\$12.00	\$19.52	\$23.92	\$33.92	\$49.28	\$75.60	\$107.76	\$158.73	\$227.36	\$328.24
\$85,000	\$9.27	\$12.75	\$20.74	\$25.42	\$36.04	\$52.36	\$80.33	\$114.50	\$168.65	\$241.57	\$348.76
\$90,000	\$9.81	\$13.50	\$21.96	\$26.91	\$38.16	\$55.44	\$85.05	\$121.23	\$178.57	\$255.78	\$369.27
\$95,000	\$10.36	\$14.25	\$23.18	\$28.41	\$40.28	\$58.52	\$89.78	\$127.97	\$188.49	\$269.99	\$389.79
\$100,000	\$10.90	\$15.00	\$24.40	\$29.90	\$42.40	\$61.60	\$94.50	\$134.70	\$198.41	\$284.20	\$410.30

### Critical Illness - spouse

Estimated spouse monthly premium amounts

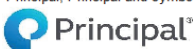
End of rate guarantee period: 05/31/2027

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$2,000	\$0.22	\$0.30	\$0.49	\$0.60	\$0.85	\$1.23	\$1.89	\$2.69	\$3.97	\$5.68	\$8.21
\$4,000	\$0.44	\$0.60	\$0.98	\$1.20	\$1.70	\$2.46	\$3.78	\$5.39	\$7.94	\$11.37	\$16.41
\$6,000	\$0.65	\$0.90	\$1.46	\$1.79	\$2.54	\$3.70	\$5.67	\$8.08	\$11.90	\$17.05	\$24.62
\$8,000	\$0.87	\$1.20	\$1.95	\$2.39	\$3.39	\$4.93	\$7.56	\$10.78	\$15.87	\$22.74	\$32.82
\$10,000	\$1.09	\$1.50	\$2.44	\$2.99	\$4.24	\$6.16	\$9.45	\$13.47	\$19.84	\$28.42	\$41.03
\$12,000	\$1.31	\$1.80	\$2.93	\$3.59	\$5.09	\$7.39	\$11.34	\$16.16	\$23.81	\$34.10	\$49.24
\$14,000	\$1.53	\$2.10	\$3.42	\$4.19	\$5.94	\$8.62	\$13.23	\$18.86	\$27.78	\$39.79	\$57.44
\$16,000	\$1.74	\$2.40	\$3.90	\$4.78	\$6.78	\$9.86	\$15.12	\$21.55	\$31.75	\$45.47	\$65.65
\$18,000	\$1.96	\$2.70	\$4.39	\$5.38	\$7.63	\$11.09	\$17.01	\$24.25	\$35.71	\$51.16	\$73.85
\$20,000	\$2.18	\$3.00	\$4.88	\$5.98	\$8.48	\$12.32	\$18.90	\$26.94	\$39.68	\$56.84	\$82.06
\$22,000	\$2.40	\$3.30	\$5.37	\$6.58	\$9.33	\$13.55	\$20.79	\$29.63	\$43.65	\$62.52	\$90.27
\$24,000	\$2.62	\$3.60	\$5.86	\$7.18	\$10.18	\$14.78	\$22.68	\$32.33	\$47.62	\$68.21	\$98.47
\$26,000	\$2.83	\$3.90	\$6.34	\$7.77	\$11.02	\$16.02	\$24.57	\$35.02	\$51.59	\$73.89	\$106.68
\$28,000	\$3.05	\$4.20	\$6.83	\$8.37	\$11.87	\$17.25	\$26.46	\$37.72	\$55.55	\$79.58	\$114.88
\$30,000	\$3.27	\$4.50	\$7.32	\$8.97	\$12.72	\$18.48	\$28.35	\$40.41	\$59.52	\$85.26	\$123.09
\$32,000	\$3.49	\$4.80	\$7.81	\$9.57	\$13.57	\$19.71	\$30.24	\$43.10	\$63.49	\$90.94	\$131.30
\$34,000	\$3.71	\$5.10	\$8.30	\$10.17	\$14.42	\$20.94	\$32.13	\$45.80	\$67.46	\$96.63	\$139.50
\$36,000	\$3.92	\$5.40	\$8.78	\$10.76	\$15.26	\$22.18	\$34.02	\$48.49	\$71.43	\$102.31	\$147.71
\$38,000	\$4.14	\$5.70	\$9.27	\$11.36	\$16.11	\$23.41	\$35.91	\$51.19	\$75.40	\$108.00	\$155.91
\$40,000	\$4.36	\$6.00	\$9.76	\$11.96	\$16.96	\$24.64	\$37.80	\$53.88	\$79.36	\$113.68	\$164.12
\$42,000	\$4.58	\$6.30	\$10.25	\$12.56	\$17.81	\$25.87	\$39.69	\$56.57	\$83.33	\$119.36	\$172.33
\$44,000	\$4.80	\$6.60	\$10.74	\$13.16	\$18.66	\$27.10	\$41.58	\$59.27	\$87.30	\$125.05	\$180.53
\$46,000	\$5.01	\$6.90	\$11.22	\$13.75	\$19.50	\$28.34	\$43.47	\$61.96	\$91.27	\$130.73	\$188.74
\$48,000	\$5.23	\$7.20	\$11.71	\$14.35	\$20.35	\$29.57	\$45.36	\$64.66	\$95.24	\$136.42	\$196.94
\$50,000	\$5.45	\$7.50	\$12.20	\$14.95	\$21.20	\$30.80	\$47.25	\$67.35	\$99.21	\$142.10	\$205.15

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.

Critical Illness insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392. CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS. 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 accident benefits



Scan for information  
about accident insurance.



## Policyholder: COMPUNNEL, INC.

### Group accident insurance

#### Benefit summary for all members

Your coverage renews every June 1

This summary was created on 04/07/2025 and shows benefits available at that time.

Eligibility		
Eligible employees	All active, full-time employees working at least 30 hours a week	
Benefits if you or your spouse are accidentally injured on or off the job		
Injury <sup>1</sup>	Benefit	
Burn		
2nd degree up to 25% of body	\$500	
2nd degree over 25% of body	\$1,500	
3rd degree up to 25% of body	\$2,500	
3rd degree over 25% of body	\$5,000	
Coma	\$15,000	
Concussion	\$500	
Dental injury	\$500	
Dislocation <sup>2</sup>	Open reduction (surgical)	Closed reduction (non-surgical)
Hip	\$7,500	\$3,750
Knee	\$5,000	\$2,500
Ankle, collarbone, elbow, foot (excluding toes), hand (excluding fingers), lower jaw, shoulder, wrist	\$3,000	\$1,500
Eye injury with surgical repair	\$500	
Fracture <sup>2</sup>	Open reduction (surgical)	Closed reduction (non-surgical)
Hip, skull (depressed), thigh (femur)	\$10,000	\$5,000
Lower leg (fibula, tibia), pelvis, skull (non-depressed), vertebrae	\$5,000	\$2,500
Ankle, arm, collarbone, elbow, facial bones, foot (excluding toes), hand (excluding fingers), jaw, knee cap, shoulder blade, wrist	\$3,000	\$1,500
Sternum, vertebral processes	\$2,000	\$1,000
Rib, tailbone (coccyx)	\$1,000	\$500
Injuries not specifically listed	\$100	
Internal injury	\$1,500	
Knee cartilage injury with surgical repair	\$1,500	
Ruptured disc with surgical repair	\$1,500	

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

Tendon / ligament / rotator cuff injury with surgical repair <sup>3</sup>	\$1,500
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<sup>1</sup>One benefit per injury type is payable per accident, unless noted.

<sup>2</sup>If you suffer multiple dislocations and/or fractures, your benefit will be up to 200% of the benefit amount for the dislocation/fracture with the highest benefit.

<sup>3</sup>Up to two benefits are payable per accident.

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

### Additional benefits:

<b>Wellness</b>	If you or your covered dependent has a covered screening test performed, you each may receive a \$50 benefit, once per calendar year. Make sure to file your claim within a year of the date of service.
<b>Portability</b>	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
<b>Organized youth sports</b>	When a covered dependent child age 18 or younger is injured while participating in an organized youth sport, they may be eligible for an additional 25% of the benefit payable for that injury up to \$1,000 per calendar year.

### What's available to me?

Be better prepared financially for accidents before they happen. This coverage pays a lump-sum benefit for injuries received from an accident.

### Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 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 have to wait until the next open enrollment period.
- 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.

### What are the limitations and exclusions of my coverage?

There are limitations and exclusions to your coverage. A complete list is included in your booklet.

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



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**ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS.**

This is a summary of accident 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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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

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01/2025

# COMPUNNEL, INC.

## Accident

Estimated employee monthly premium amounts

End of rate guarantee period: 05/31/2027

Coverage	Premium
Employee only	7.08
Employee and spouse	10.91
Employee and child(ren)	12.19
Employee and family	18.81

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

ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS. 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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# Discounts and resources

# Save money. Improve your life.

Use discounts and services available through your group benefits. **These discounts are not insurance.**

## Laser vision correction

**Imagine your life free from glasses and contacts.** You, your spouse, and dependent children save \$800 with featured providers LasikPlus, TLC Laser Eye Centers, or The LASIK Vision Institute. Or receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network's 600 locations. Administered by LCA Vision.

[principallasik.com](http://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 discounts up to 48% off hearing aids, including rechargeable and Bluetooth options, with a 60-day trial to ensure full satisfaction. You can also receive a free hearing consultation at any of the 3,000+ locations nationwide. Administered by Start Hearing.

[www.starhearing.com/partners/principallife](http://www.starhearing.com/partners/principallife) | 877-890-4694

## Emotional health support line

**Get help when you're feeling overwhelmed or need support.** You, your spouse, and dependent children can call this free, confidential support line 24/7 to reach licensed behavioral health clinicians who can provide emotional support, tips for coping, and referrals to local resources. If your employer offers an employee assistance program (EAP), use it instead.

800-424-4612

Available with your disability insurance

## Employee assistance program (EAP)

**Count on help to be there when you need it.** You and your family have access to free, confidential resources to help handle life's challenges. Talk with a licensed, EAP professional by using in-person or virtual counseling. Use the legal, financial, and identity theft services<sup>1</sup> to work through issues. And access webinars, live talks, and articles on a variety of topics.

Member.MagellanHealthcare.com then enter "Principal Core" as the program name

800-450-1327

Available with your life insurance

## Will & Legal Document Center

**Consider preparing your simple legal documents online.** These online resources and tools, provided by ARAG<sup>®2</sup>, are easy-to-use. You and your spouse can prepare, 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 resources, and a personal information organizer.

[principal.aragroup.com](http://principal.aragroup.com)

Enter your group policy number: 1109962

<b>Identity theft kit</b>	<b>Be proactive in protecting one of your most important assets—your identity.</b> If your identity is stolen, despite your best efforts, you'll get valuable tips on how to restore it.  principal.araggroup.com Enter your group policy number: 1109962
<b>Beneficiary support</b>	<b>Get help coping with the death of a loved one.</b> 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® <sup>2</sup>  Information is provided after the loss of a loved one.

**principal.com**

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<sup>1</sup> Not all services available to group policies issued in New York.

<sup>2</sup> The use of the services provided by ARAG Services, LLC should not be considered as a substitute for consultation with an attorney. Neither your employer nor Principal® is responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG legal document service.



# 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 **Individual**, then **Create an account**.
- 3 | Enter **personal information**, such as your first and last name, date of birth, and phone number. ID number and primary zip code are optional.
- 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® 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 your dental and/or vision ID card, including dependent(s) names.
- Search for and contact a network dentist.
- Find discounts and services.
- Calculate coverage needs and more.

## Keeping your account information 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](https://principal.com)

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## Notice of Privacy Practices for Health Information

Principal Life Insurance Company  
Des Moines, IA 50392-0002



### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes the practices of Principal Life Insurance Company for safeguarding individually identifiable health information. The terms of this Notice apply to members, their spouses and dependents for their group dental expense, group vision care expense, group hospital indemnity and/or group critical illness insurance with us ("insurance"). As used in this Notice, the term "health information" means information about you that we create, receive or maintain in connection with your insurance; that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you. This Notice was effective April 14, 2003 and revisions to this Notice are effective May 15, 2024.

We are required by law to maintain the privacy of our members' and dependents' health information and to provide notice of our legal duties and privacy practices with respect to their health information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all health information maintained by us. Copies of revised Notices will be mailed to plan sponsors for distribution to the members then covered by our insurance. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

#### **Uses and Disclosures of Your Health Information**

**Authorization.** Except as explained below, we will not use or disclose your health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: HIPAA Privacy Officer, Enterprise Privacy Office, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. Once we receive your request, a form to revoke an authorization will be sent to your attention for completion.

**Disclosures for Treatment.** We may disclose your health information as necessary for your treatment. For instance, a doctor or healthcare facility involved in your care may request your health information in our possession to assist in your care.

**Uses and Disclosures for Payment.** We will use and disclose your health information as necessary for payment purposes. For instance, we may use your health information to process or pay claims, for subrogation, to provide a pre-determination of benefits or to perform prospective reviews. We may also forward information to another insurer in order for it to process or pay claims on your behalf. Unless we agree in writing to do otherwise, we will send all mail regarding a member's spouse or dependents to the member, including information about the payment or denial of insurance claims.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your health information as necessary for health care operations. For instance, we may use or disclose your health information for quality assessment and quality improvement, credentialing health care providers, premium rating, conducting or arranging for medical review or compliance. We may also disclose your health information to another insurer, health care facility or health care provider for activities such as quality assurance or case management. We participate in an organized health care arrangement with the health plan of a member's employer. We may disclose your health information to the health plan for certain functions of its health care operations. This Privacy Notice does not cover the privacy practices of that plan. We may contact your health care providers concerning prescription drug or treatment alternatives.

**Other Health-Related Uses and Disclosures.** We may contact you to provide reminders for appointments; information about treatment alternatives; or other health-related programs, products or services that may be available to you.

**Information Received Pre-enrollment.** We may request and receive from you and your health care providers health information prior to your enrollment under the insurance. We will use this information to determine whether you are eligible to enroll under the insurance and to determine the rates. We will not use or disclose any genetic information we obtain about you or provided from your family history. If you do not enroll, we will not use or disclose the information we obtained about you for any other purpose. Information provided on enrollment forms or applications will be utilized for all coverages being applied for, some of which may be protected by the state, not federal, privacy laws.

**Business Associate.** Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your health information. Principal Life Insurance Company may itself be a business associate of your health plan or

health insurance company. We may disclose your health information to your health plan or insurance company and its business associates as needed to fulfill our contractual obligations to them. Please see the notice of privacy practices issued by your plan or insurance company for information about how it uses and discloses your health information.

**Plan Sponsor.** When permitted by law, we may disclose to the plan sponsor the minimum necessary amount of your health information that it needs to perform administrative functions on behalf of the plan (if any), provided that the plan sponsor certifies that the information will be maintained in a confidential manner and will not be utilized or disclosed for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor.

**Family, Friends, and Personal Representatives.** With your approval, we may disclose to family members, close personal friends, or another person you identify, your health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interests, we may disclose your health information without your approval. We may also disclose your health information to public or private entities to assist in disaster relief efforts.

**Other Uses and Disclosures.** We are permitted or required by law to use or disclose your health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. We are prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of determining eligibility for coverage, the amount of benefits or premiums or discounts, including rebates, payments in kind, or other premium or benefit differential mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program. We will not request, use or disclose psychotherapy notes without your authorization (except to defend ourselves in a legal action brought by you.) We will not sell your protected health information or use or disclose it for marketing purposes without your authorization, except as permitted by law. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

## Your Rights

**Restrictions on Use and Disclosure of Your Health Information.** You have the right to request restrictions on how we use or disclose your health information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgement from us.

**Receiving Confidential Communications of Your Health Information.** You have the right to request communications regarding your health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests.

**Access to Your Health Information.** You have the right to inspect and/or obtain a copy of your health information we maintain in your designated record set, subject to certain exceptions. A fee will be charged for copying and postage.

**Amendment of Your Health Information.** You have the right to request an amendment to your health information to correct inaccuracies. We are not required to grant the request in certain circumstances.

**Accounting of Disclosures of Your Health Information.** You have the right to receive an accounting of certain disclosures of your health information made by us during the 6 year period before your request. The first accounting in any 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

## Exercising your rights

To exercise any of the above rights, you must submit a written request indicating which rights you are requesting to: HIPAA Privacy Officer, Enterprise Privacy Office, Principal Life Insurance Company, 711 High Street, Des Moines IA 50392-0002. Once we receive your request, a form(s) will be sent to your attention for completion.

**Complaints.** If you believe your privacy rights have been violated, you can send a written complaint to us at Complaint Handler, Workplace Benefits, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002 or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

If you have any questions or need any assistance regarding this Notice or your privacy rights, you may contact the Group Call Center at Principal Life Insurance Company at (800) 843-1371.