



Group benefits

Understand your benefits.

WALL TO WALL, LLC
All Members

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:

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:

- Dental
- Vision
- Life
- Disability

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

Employee Enrollment
& Waiver-CA

Principal Life Insurance Company

Des Moines, IA 50392-0002



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

Company name Wall to Wall, LLC	Division level ALL MEMBERS	Account number/unit number 1112103-10001
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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		Home number	Mobile number
Salary (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		
Employer ZIP code		Employer county	

Eligible dependent information (Complete if you are electing benefits for your spouse or State Registered Domestic Partner or Nonregistered Domestic Partner¹ 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"/> state registered domestic partner <input type="checkbox"/> nonregistered domestic partner ¹
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³

¹Nonregistered Domestic Partners are eligible only if your employer allows this coverage. If enrolling a Nonregistered Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60603).

²If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?

☐ yes ☐ no

³When 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 state registered domestic partner or nonregistered domestic partner¹ employed by this company?

☐ yes ☐ no

If you and your spouse or state registered domestic partner or nonregistered domestic partner¹ are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.

If you and a parent are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.

Coverage	Employee	Spouse or State Registered Domestic Partner or Nonregistered Domestic Partner ¹	Child(ren)
NOTE: Employee coverage must be elected to elect any dependent coverage.			
Dental	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
	In the past 12 months, have you, the applicant, had continuous group orthodontia coverage (for yourself and/or your dependents) with a prior carrier? <input type="checkbox"/> yes <input type="checkbox"/> no		
Vision	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Group term life	<input checked="" type="checkbox"/> Elect		
Voluntary term life 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 \$ _____ Cannot exceed 100% of the employee election
Long term disability	<input checked="" type="checkbox"/> Elect		

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

NOTE: If you are covered by both group term life and voluntary term life coverage and 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.

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 dental or vision, I cannot enroll until the next open enrollment.
- If I refuse life, disability, or critical illness coverage, I may apply later but I must show evidence of insurability 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.
- **For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**
- I understand collection of social security numbers for myself and/or my dependents will be used by Principal Life Insurance Company only as allowed by law.

- 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 coverage. 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.

If electing Critical Illness or Hospital Indemnity coverage, I declare that I and my eligible dependents have other coverage providing comprehensive health benefits from an insurance policy, an HMO plan, or an employer health benefit plan. NOTE: Critical Illness or Hospital Indemnity coverage cannot be issued to a person who does not have comprehensive health benefits coverage in place.

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.

Your signature **X** _____ **Date signed** _____

Instructions

After this form is completed and signed:

- Employee retains a copy of the form, and
- Enrollment is submitted to Principal Life:
 - Use eService to submit enrollment information at www.principal.com. Employer retains the original form.
 - Or, email the form to groupbenefitsadmin@principal.com.
 - Or, send the original form to Principal Life Insurance Company. Employer retains a copy of the form.

Employee Change
Form – CA

Principal Life Insurance Company

Mailing Address:
Des Moines, IA 50392-0002



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PLEASE USE BLACK INK

PLEASE ENTER DATES AS MM/DD/YYYY

Company name WALL TO WALL, LLC	Account/unit number 1112103
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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 number	Mobile 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 State Registered Domestic Partner or Nonregistered Domestic Partner ¹	Child(ren)
Dental	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to ² : _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Add <input type="checkbox"/> Cancel
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 ² : _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Add <input type="checkbox"/> Cancel
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: _____
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: _____ \$ _____

Coverage	Employee	Spouse or State Registered Domestic Partner or Nonregistered Domestic Partner ¹	Child(ren)
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: _____ \$ _____	
Accident	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Add <input type="checkbox"/> Cancel
Hospital Indemnity	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to ² : _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Add <input type="checkbox"/> Cancel

If you are applying for critical illness or hospital indemnity coverage, do you or your eligible dependents have other benefits from an individual or group policy or contract that arranges for or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans in force as of the date of this application for critical illness or hospital indemnity coverage? NOTE: Critical Illness or Hospital Indemnity coverage cannot be issued to a person who does not have such insurance in force.

employee: ☐ yes ☐ no spouse or state registered domestic partner or nonregistered domestic partner¹: ☐ yes ☐ no

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

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

¹ Spouse will include Nonregistered Domestic Partner if your employer allows this coverage. If adding a Nonregistered Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60603).

² Change will apply to all eligible dependents.

Nicotine Products

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

Employee: ☐ yes ☐ no Spouse or State Registered Domestic Partner or Nonregistered Domestic Partner¹: ☐ yes ☐ no

Reason for Adding or Increasing Coverage

☐ marriage ☐ loss of other group coverage³ ☐ change in job status
☐ birth/adoption ☐ court order (attach a copy) ☐ other _____
☐ open enrollment (if available)

Date of event

³For loss of other group coverage 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
Name of prior critical illness carrier	Date coverage ended
Name of prior accident carrier	Date coverage ended
Name of prior hospital indemnity carrier	Date coverage ended

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"/> state registered domestic partner <input type="checkbox"/> nonregistered domestic partner ¹
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ⁴ <input type="checkbox"/> disabled child ⁵
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ⁴ <input type="checkbox"/> disabled child ⁵
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ⁴ <input type="checkbox"/> disabled child ⁵

⁴ 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

⁵ 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.

To determine eligibility for disabled child(ren) (over the maximum age); see your employer for the required forms. **California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.**

Beneficiary Designation

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

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, vision, accident, or hospital indemnity, coverage, I cannot enroll again until the next open enrollment period.
- If I cancel any type of life, disability, or critical illness coverage, I may apply at a later date; however, I must provide evidence of insurability at my own expense and coverage will only become effective subject to approval from Principal Life Insurance Company.
- If you and your spouse or state registered domestic partner or nonregistered domestic partner¹ are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.
- If you and a parent are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.
- 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.

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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**

After this form is completed and signed:

- Employee retains a copy of the form, and
- Enrollment is submitted to Principal Life:
 - Use eService to submit enrollment information at www.principal.com. Employer retains the original form.
 - Or, email the form to groupbenefitsadmin@principal.com.
 - Or, send the original form to Principal Life Insurance Company. Employer retains a copy of the form.



Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

UTMA Beneficiary
Designation

Company Name**Account/Unit Number**

WALL TO WALL, LLC

1112103

Employee Information

Your name (last, first, middle initial)

Social security number

NOTE: This form is a supplement to Employee Enrollment and Waiver.

Minor Beneficiary - UTMA: ONLY COMPLETE IF THE BENEFICIARY LISTED 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 2.

- ☐ 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
Name	Address

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 2 before signing.

Signature of employee

Date signed

Note: make a copy of Page 1 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. 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.

Beneficiary Designation/Change

Principal Life Insurance Company
Des Moines, Iowa 50392-0002



Company Name	Account/Unit Number
WALL TO WALL, LLC	1112103

Employee Information

Your name (last, first, middle initial)	Social security number
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NOTE: Any beneficiary change made below will replace any prior beneficiary designation.

Section I Group Life Beneficiary Designation (Complete if covered for group life coverage. If Section II isn't completed the beneficiaries in this section will apply to all group life insurance coverages).

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 4.

Primary Beneficiaries:

Name	Check here if a minor	Percentage	Relationship
Address	Social security number	Date of Birth	
Name	Check here if a minor	Percentage	Relationship
Address	Social security number	Date of Birth	
Name	Check here if a minor	Percentage	Relationship
Address	Social security number	Date of Birth	
Name	Check here if a minor	Percentage	Relationship
Address	Social security number	Date of Birth	
Name	Check here if a minor	Percentage	Relationship
Address	Social security number	Date of Birth	

Contingent Beneficiaries:

Name	Check here if a minor	Percentage	Relationship
Address	Social security number	Date of Birth	
Name	Check here if a minor	Percentage	Relationship
Address	Social security number	Date of Birth	
Name	Check here if a minor	Percentage	Relationship
Address	Social security number	Date of Birth	
Name	Check here if a minor	Percentage	Relationship
Address	Social security number	Date of Birth	
Name	Check here if a minor	Percentage	Relationship
Address	Social security number	Date of Birth	

Section II Voluntary Term Life Beneficiary Designation (Only complete if you want different beneficiaries for voluntary term life than what you have for group life. If this section isn't completed the beneficiaries in section I will be for all life group life insurance coverages.)

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 4.

Primary Beneficiaries:

Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth

Contingent Beneficiaries:

Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth

Section III Accident Beneficiary Designation (Complete if Accident Insurance includes Accidental Death and Dismemberment (AD&D). If you want to use the same beneficiary designation as indicated for group life coverage on Page 1, write "same as Section I" in the beneficiary section below)

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 4.

Primary Beneficiaries:

Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth

Contingent Beneficiaries:

Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth
Name	Check here if a minor	Percentage	Relationship
Address	Social security number		Date of Birth

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 5.

☐ 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
Name	Address

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.

Section IV Signature

Read important instructions on Page 5 before signing.

Signature of employee

Date signed

Note: make a copy of Page 1, 2, 3, and 4 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. 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 dental benefits



Scan for information
about dental insurance.

Policyholder: Wall to Wall, LLC

Group dental insurance for all members

Effective date: 01/01/2025

The State of California (CA) Department of Insurance is requiring all insurance carriers to provide the CA language assistance notice, non-discrimination notice and a summary of dental benefits and coverage disclosure matrix.

Attached are four separate documents for your employees:

- 1) Principal Life Insurance Company's dental benefit summary provides a brief outline of dental benefits.
- 2) California language assistance notice
- 3) California non-discrimination notice
- 4) California summary of dental benefits and coverage disclosure matrix required by the state.
 - a) The group policyholder is required to provide this document to employees at:
 - i) initial enrollment.
 - ii) open enrollment.
 - iii) renewal, and
 - iv) if there are amendments to the dental benefits.

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Policyholder: Wall to Wall, LLC

Group dental insurance

Benefit summary for all members

Your coverage renews every January 1

This summary was created on 10/24/2024 and shows benefits available at that time.

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility						
Eligible employees	All active, full-time employees					
Calendar-year deductible				Coinsurance your policy pays		
	EPO	In-network	Out-of-network	EPO	In-network	Out-of-network
Preventive	\$0	\$0	\$0	100%	100%	100%
Basic	\$50	\$50	\$75	80%	80%	80%
Major	\$50	\$50	\$75	50%	50%	50%
Orthodontia	\$0	\$0	\$0	50%	50%	50%
Additional provisions						
Family deductible	3 times the person deductible amount.					
Combined deductible	Your in-network deductibles for basic and major are combined. Your out-of-network deductibles for basic and major are combined. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.					
Combined maximums	Your calendar year maximum for preventive, basic, and major EPO services are combined. Your calendar year maximum for preventive, basic, and major in-network services are combined. Your calendar year maximum for preventive, basic, and major out-of-network services are combined. Calendar year EPO maximums are \$2,000 per person, calendar year PPO in-network maximums are \$2,000 per person, or calendar year PPO out-of-network maximums are \$2,000 per person. Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa.					

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Orthodontia lifetime maximum	\$2,500 EPO maximum / \$2,500 PPO in-network maximum / \$2,500 PPO out-of-network maximum
Maximum accumulation	Included
Plan type	Unscheduled

Who can buy coverage?

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

Which procedures are covered, and how often?

Preventive	
Routine exams	Two per calendar year
Routine cleanings	Twice per calendar year
Bitewing X-rays	Once per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Once per calendar year (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14 once per tooth each 36 months
Emergency exams	Subject to Routine exam frequency limit

Basic	
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to Routine cleaning frequency limit
Fillings	Replacement fillings every 24 months
Oral surgery	Simple and complex

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General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planing	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months
Harmful habit appliance	Covered only for dependent children under age 14

Major

Crowns	Each 120 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 120 months per tooth
Implants	Each 120 months per tooth
Bridges	120 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

Orthodontia

Coverage	For you and your dependents.
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Additional benefits

Prevailing charge	When you receive care from an out-of-network provider, benefits will be based on the 99 th percentile of the usual and customary charges.
Maximum accumulation	Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the out-of-network maximum benefit or \$1,000. If the qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effective dates will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.

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Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth provision –This means the initial placement of bridges, partials, dentures, and implant services to replace teeth missing before this coverage starts may not be covered. If the policy your employer purchased replaces coverage with another carrier, continuous coverage under the prior plan may be applied and you may be eligible for coverage to replace teeth missing before this coverage started. Missing tooth provision doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

BOOKLET-CERTIFICATE NOTICE CONFIDENTIAL COMMUNICATIONS REQUEST

The state of California wants you to know you have the right to make a request to receive communications of confidential health care information from us by alternative means or at an alternative location.

To make this request, you must complete, sign, and submit a “Confidential Communications Request” form. This form, along with directions on how to complete and return it to us, can be found on our website at: <https://www.principal.com/help/help-individuals/find-form> under “Restrict access to Private Health Information”.

If you need assistance locating the request form, you may contact us at 1-800-843-1371.

This notice is for your information only and does not become a part or condition of this booklet-certificate.

GH 198 CCR CA

What are the restrictions of my coverage?

Orthodontia

If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:

- 1) The lifetime maximum under any prior group coverage has not been exceeded,
- 2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and
- 3) Ortho treatment has been continued while insured under this policy.

Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.

You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.

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



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

This is a summary of dental 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

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. Written translations are available in Spanish only. For help, call us at the number listed on your ID card or 1-800-247-4695. For more help call the CA Dept. of Insurance at 1-800-927-4357.

Servicios de idiomas sin costo. Solicite un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-247-4695. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-247-4695. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic.

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-247-4695 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

免費語言服務。 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-800-247-4695 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。 Chinese

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-247-4695. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

मुफ्त भाषा सेवा. आपको दुभाषिया की सेवा मिल सकती है. दुभाषिए आपको दस्तावेज़ पढ़वा कर सुना सकते हैं और कुछ आपको आपकी भाषा में दस्तावेज़ भेज देते हैं. लिखित अनुवाद सिर्फ स्पेनिश में उपलब्ध हैं. सहायता के लिए, अपने आई कार्ड पर दिए गए नंबर या 1-800-247-4695 पर कॉल करें. अधिक सहायता के लिए, 1-800-927-4357 पर CA डिपार्टमेंट ऑफ़ इश्योरेंस से बात करें. Hindi

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-247-4695 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。 Japanese

សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមាន
បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-247-4695 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា
តាមលេខ 1-800-927-4357 Khmer

ບໍ່ມີຄຳບໍລິການດ້ານພາສາທ່ານຈະມີນາຍແປພາສາໃຫ້. ການສາມາດເອົາເອກະສານເພື່ອມາອ່ານເອງ
ແລະບາງສ່ວນແມ່ນສົ່ງໃຫ້ທ່ານໂດຍບໍ່ມີພາສາຂອງທ່ານ.

ການແປພາສາທີ່ບໍ່ມີລາຍລັກອັກສອນນັ້ນຈະມີແຕ່ພາສາເອັດສະປາຍເທົ່ານັ້ນ.

ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໂທຫາພວກເຮົາຕາມລາຍການເບີໂທທີ່ຢູ່ໃນ ID ຂອງທ່ານ ຫຼື 1-800-247-
4695. ສໍາລັບຂໍ້ຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໃຫ້ໂທຫາພະແນກ CA ຂອງປະຖານະໄພທີ່ບໍ່ມີ 1-800-927-
4357. Lao

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-800-247-4695 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Tengx nzie weih faan waac bun muangx se maiv zuqc feix zinh nyaanh. Meih haih lorx longc mienh liouh tengx faan waac. Meih corc haih zipv benx sou-nzangc liouh dorh mingh doqc mangc aengx caux maaaih deix yaac duqv faan benx meih nyei fingz waac. Dugh fiev benx sou-nzangc faan daaih nyei waac se kungx zoux benx janx Spanish nduqc fingz waac hnangv oc. Liouh lorx mienh tengx nzie naaiv diuc jauv-louc nor, douc waac daaih lorx taux yie mbuo gan gu'ndiev norm finx-gorn dugh fiev hietv meih nyei ID fangx-daan wuov a'fai 1-800-247-4695. Aengx zoiz qiemx longc tengx jaa camv faaux nyei jauv-louc nor douc waac lorx taux CA gunv goux beu weih sou-gorn domh gorn zangc yiem njiec naaiv 1-800-927-4357. Mien

خدمات مجانی مربوط به زبان. می‌توانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و با این شماره 1-800-247-4695 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਢਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-247-4695 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-247-4695 . Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-247-4695 . Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

ไม่มีค่าใช้จ่ายในการใช้บริการล่ามหรือการแปลเอกสารภาษาไทยฟรี คุณสามารถใช้บริการล่ามหรือการแปลเอกสารภาษาไทยฟรีได้โดยโทรหากรมการประกันภัยของแคลิฟอร์เนียที่ 1-800-247-4695 หรือโทรหากรมการประกันภัยของแคลิฟอร์เนียที่ 1-800-927-4357 หากต้องการข้อมูลเพิ่มเติม

Безплатні послуги з перекладу. Ви можете скористатися послугами усного перекладача. Вам прочитають, а в деяких випадках і надішлють документи вашою мовою. Письмовий переклад наявний лише для іспанської мови. За довідкою телефонуйте за номером, вказаним на вашій ідентифікаційній картці, або 1-800-247-4695. За додатковою інформацією телефонуйте до Департаменту страхування в Каліфорнії за номером 1-800-927-4357. Ukrainian

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-247-4695 . Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese.

Discrimination is against the law. Principal Life Insurance Company (Principal Life) follows State and Federal civil rights laws. Principal Life does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation in connection with the group dental and vision care insurance benefits provided to customers.

No Cost Language Services

Principal Life provides access to no cost language services for people whose primary language is not English. You can get an interpreter. You can get documents read to you and some sent to you in your language. Written translations are available in Spanish only.

Relay Services for the hearing impaired

Principal Life is approved to assist customers using any Federal Communications Commission (FCC) approved relay service provider. Relay services include Video Relay Service (VRS) which allows the hearing impaired to place and receive calls with a professional American Sign Language (ASL) interpreter via a videophone and a high-speed internet connection. VRS and videophone calls are free to the hearing impaired.

A list of FCC approved relay service providers can be accessed at: <https://www.fcc.gov/general/internet-based-trs-providers>.

If you need these services, contact Principal Life between 7:30 am and 6:00 pm (CST) by calling the number on your ID card or 1-800-247-4695.

HOW TO FILE A GRIEVANCE

If you believe that Principal Life has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Principal Life's Office of the General Counsel. You can file a grievance by phone, in writing, or electronically at:

**Principal Life Insurance Company
Office of the General Counsel
711 High Street
Des Moines, IA 50392-0300
Phone: 515-247-6498
E-mail: CSDClaims@exchange.principal.com**

CALIFORNIA DEPARTMENT OF INSURANCE

You can also file a civil rights complaint with the California Department of Insurance by phone, in writing, or electronically:

- By phone: Call **1-800-927-4357**. If you cannot speak or hear well, please call **TDD 1-800-482-4833**.
- In writing: Fill out a complaint form or send a letter to:
California Department of Insurance
Consumer Services and Market Conduct Branch
Consumer Services Division
300 South Spring Street, South Tower
Los Angeles, CA 90013

Complaint forms are available at:
<http://www.insurance.ca.gov/01-consumers/101-help/>

Electronically: Visit the Getting Help page at <http://www.insurance.ca.gov/01-consumers/101-help/>

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services 200
Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC)

Part I: GENERAL INFORMATION

Insurer Name: Principal Life Insurance Company **Plan Name:** Wall to Wall, LLC
ALL MEMBERS

Policy Type: POS **Insurer Phone #:** 1-800-843-1371

Effective Date: Beginning on or after **01/01/2025** **Insurer Website:** www.principal.com

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND WHAT YOU WILL PAY FOR COVERED SERVICES. THIS IS A SUMMARY ONLY AND DOES NOT INCLUDE THE PREMIUM COSTS OF THIS DENTAL BENEFITS PACKAGE. PLEASE CONSULT YOUR EVIDENCE OF COVERAGE AND DENTAL CONTRACT FOR DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. FOR MORE INFORMATION ABOUT YOUR COVERAGE, VISIT THE INSURER WEBSITE AT WWW.PRINCIPAL.COM OR CALL 1-800-843-1371.

THIS MATRIX IS NOT A GUARANTEE OF EXPENSES OR PAYMENT.

Part II: DEDUCTIBLES

Deductible	In-Network	Out-of-Network
Dental	Preventive & Diagnostic EPO: None 3 times the per individual amount PPO: None 3 times the per individual amount Basic EPO: \$50 per individual 3 times the per individual amount PPO: \$50 per individual 3 times the per individual amount Major EPO: \$50 per individual 3 times the per individual amount PPO: \$50 per individual 3 times the per individual amount	Preventive & Diagnostic None 3 times the per individual amount Basic \$75 per individual 3 times the per individual amount Major \$75 per individual 3 times the per individual amount

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

Orthodontia	\$0	\$0
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- **The deductible applies to all services as noted above.**
- A **deductible** is the amount you are required to pay for covered dental services each policy year before the insurer begins to pay for the cost of covered dental treatment.
- **In-network services** are dental care services provided by dentists or other licensed dental care providers that contract with your insurer for alternative rates of payment for dental services.
- **Out-of-network services** are dental care services provided by dentists or other licensed dental care providers that have not contracted with your insurer for alternative rates of payment.

Part III: MAXIMUMS POLICY WILL PAY

Maximum	In-Network	Out-of-Network
Annual Maximum	EPO: \$2,000 per individual PPO: \$2,000 per individual	\$2,000 per individual
Lifetime or Annual Maximum for Orthodontia	EPO: \$2,500 per individual per lifetime PPO: \$2,500 per individual per lifetime	\$2,500 per individual per lifetime

- **Annual maximum** is the maximum dollar amount your policy will pay towards the cost of dental care within a specific period of time, usually a consecutive 12-month or calendar year period. Not all services accrue to the annual maximum.
- **Lifetime maximum** means the maximum dollar amount your policy providing dental benefits will pay for the life of the enrollee. Lifetime maximums usually apply to specific services, such as orthodontic treatment.

Part IV: WAITING PERIODS

Waiting Periods: No waiting period.

Part V: WHAT YOU WILL PAY

All copayments and coinsurance costs shown in this chart apply after your deductible has been met, if a deductible applies. The Common Dental Procedures fit into one of the following applicable categories: Preventive & Diagnostic, Basic or Major. The Benefit Limitations and Exclusions column includes common limitations and exclusions only. For a full list, see the full disclosure document referenced in the Benefit Limitations and Exclusions column.

Common Dental Procedures	Category	In-Network	Out-of-Network	Benefit Limitations and Exclusions¹
<i>Oral Exam</i>	Preventive & Diagnostic	EPO: 0% PPO: 0%	0%	2 per year
<i>Bitewing X-ray</i>	Preventive & Diagnostic	EPO: 0% PPO: 0%	0%	Only one set will be covered in any year
<i>Cleaning</i>	Preventive & Diagnostic	EPO: 0% PPO: 0%	0%	2 per year
<i>Filling</i>	Basic	EPO: 20% PPO: 20%	20%	Amalgam or resin-based (composite)
<i>Extraction, Erupted Tooth or Exposed Root</i>	Basic	EPO: 20% PPO: 20%	20%	There will be no separate benefit payable for bone grafting of an extraction site.
<i>Root Canal</i>	Basic	EPO: 20% PPO: 20%	20%	Complex endodontics (root canal therapy for molar teeth)
<i>Scaling and Root Planing</i>	Basic	EPO: 20% PPO: 20%	20%	Covered once each quadrant every 24 months.
<i>Ceramic Crown</i>	Major	EPO: 50% PPO: 50%	50%	1 per 120 months if tooth cannot be restored by a filling

<i>Removable Partial Denture</i>	Major	EPO: 50% PPO: 50%	50%	1 per 120 months. Initial placement of complete or partial dentures to replace teeth which were missing prior to the effective date of the insured person's coverage will not be covered unless it includes the replacement of a Functioning Natural Tooth extracted while insured.
<i>Extraction, Erupted Tooth with Bone Removal</i>	Basic	EPO: 20% PPO: 20%	20%	There will be no separate benefit payable for bone grafting of an extraction site.
Orthodontia	Orthodontia	EPO: 50% PPO: 50%	50%	Adult/Child

¹Refer to the Description of Benefits, Schedule of Dental Procedures in the certificate for a full list of limitations and exclusions.

Part VI: COVERAGE EXAMPLES

THESE EXAMPLES DO NOT REPRESENT A COST ESTIMATOR OR GUARANTEE OF PAYMENT. The examples provided represent commonly used services in the categories of Diagnostic and Preventive, Basic, and Major Services for illustrative purposes and to compare this policy to other dental policies you may be considering. Your actual costs will likely be different from those shown in the chart below depending on the actual care you receive, the prices your providers charge and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and the summary of excluded services under the plan.

Dana Has a Dental Appointment with a New Dentist		Sam Needs a Tooth Filled		Maria Needs a Crown	
New patient exam, x-rays (FMX) and cleaning		Resin-based composite - one surface, posterior		Crown - porcelain/ceramic substrate	
Dana's Visit	Dana's Cost	Sam's Visit	Sam's Cost	Maria's Visit	Maria's Cost
Total Cost of Care	In-network: EPO: \$400.00 PPO: \$400.00 Out-of-network: \$550.00	Total Cost of Care	In-network: EPO: \$150.00 PPO: \$150.00 Out-of-network: \$200.00	Total Cost of Care	In-network: EPO: \$1,300.00 PPO: \$1,300.00 Out-of-network: \$1,7500.00
Deductible	In-network: EPO: \$0.00 PPO: \$0.00 Out-of-network: \$0.00	Deductible	In-network: EPO: \$50.00 PPO: \$50.00 Out-of-network: \$75.00	Deductible	In-network: EPO: \$50.00 PPO: \$50.00 Out-of-network: \$75.00
Annual Maximum (Plan will pay)	In-network: EPO: \$2,000.00 PPO: \$2,000.00 Out-of-network: \$2,000.00	Annual Maximum (Plan will pay)	In-network: EPO: \$2,000.00 PPO: \$2,000.00 Out-of-network: \$2,000.00	Annual Maximum (Plan will pay)	In-network: EPO: \$2,000.00 PPO: \$2,000.00 Out-of-network: \$2,000.00
Patient Cost (coinsurance)	In-network: EPO: \$0.00 PPO: \$0.00 Out-of-network: \$0.00	Patient Cost (coinsurance)	In-network: EPO: \$7.80 PPO: \$7.80 Out-of-network: \$25.00	Patient Cost (coinsurance)	In-network: EPO: \$317.00 PPO: \$317.00 Out-of-network: \$668.00

In this example, Dana would pay (includes coinsurance and deductible, if applicable):	In-network: EPO: \$0.00 PPO: \$0.00 Out-of-network: \$83.00	In this example, Sam would pay (includes coinsurance and deductible, if applicable):	In-network: EPO: \$118.80 PPO: \$118.80 Out-of-network: \$100.00	In this example, Maria would pay (includes coinsurance and deductible, if applicable):	In-network: EPO: \$983.00 PPO: \$983.00 Out-of-network: \$1,157.00
Summary of what is not covered or subject to a limitation	2 per year Out-of-network: amount over usual and customary	Summary of what is not covered or subject to a limitation	In-network: Based on amalgam filling Out-of-network: Based on amalgam filling and amount over usual and customary	Summary of what is not covered or subject to a limitation	In-network: 1 per 120 months if tooth cannot be restored by a filling Based on porcelain fused to noble metal Out-of-network: Based on porcelain fused to noble metal and amount over usual and customary

Simplify your dental care experience.

Let's face it, for many of us, visiting the dentist isn't our favorite activity. That's why the insurance side of the experience should be simple—and we get that.

This handy step-by-step guide can help you better understand your dental insurance journey.

Path 1: You need a routine visit.

They say an ounce of prevention is worth a pound of cure. Seeing your dentist regularly for routine care helps you avoid problems down the line. So, how do you make it happen?

1 | Find a network dentist.

Your out-of-pocket costs could be lower.

Check your ID card for your network AND go to principal.com/dentist

OR

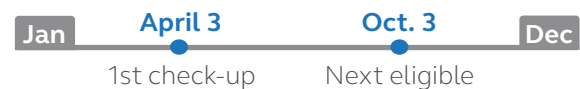
Give us a call: **800-247-4695**

2 | Confirm network participation.

When you schedule your appointment, confirm the provider is still in the network at your specific location.

3 | Make sure you're eligible. Depending on your policy, it may be too soon to schedule an appointment.

Example 1: One check-up every 6 months



Example 2: Check-ups twice a year



Path 2: You need dental work.

When your teeth need special treatment, it's up to you and your dentist to decide what work needs to be done.

What are your next steps?

- 1 Talk to your dentist about submitting a **pre-determination**.
- 2 Remind your dentist to provide supporting documentation.
- 3 Plan for a processing period of 10 to 14 business days.
- 4 Call us with questions at 800-247-4695.

What's a pre-determination?

It's a review of the claim by a licensed dentist to determine if the procedure is dentally necessary and will be covered by your insurance.

Why do I need one?

- Prevents surprises about what will be paid
- Details the costs we cover and what you're responsible for, such as deductible, co-insurance, or non-covered services

Path 3: You need more information.

You're not in this alone. Have questions? We have answers.



**Call us at
800-247-4695.**



**Send us a note via
[principal.com/
contact-us](mailto:principal.com/contact-us).**

We'll get back
to you within
24-48 hours.



**Download the
Principal® app!**

It's free and compatible
with both Android and
Apple devices. Look for
it in Google Play or the
Apple App Store.



**Log in or create an
account at principal.com.**



principal.com

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 dental insurance provides, but there are limitations and exclusions. For additional details, contact your employer. Colorado and West Virginia residents: view your state mandated access plan at principal.com/accessplans or call 800-247-4695 to request a copy. Oregon policy form GC 7100-1 (0415) .

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Extra dental care when you need it most

Vouchers for dental care

Having a healthy smile isn't always as easy as you'd like it to be. Certain health conditions may result in the need for extra oral health care. And sometimes you want a second opinion to be sure you're making the right decision. That's where your dental insurance from Principal® can help. Talk with your dentist about the voucher program, which provides you and your covered dependents with the extra care you need to maintain good oral health.

How can I benefit?

- **Periodontal program.** Members who are pregnant—or those who have diabetes or heart disease—receive scaling and root planing covered at 100% (if dentally necessary). Or, they receive one additional cleaning (routine or periodontal), subject to deductible and coinsurance.*
- **General anesthesia program.** All members who have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office.
- **Cancer treatment oral health program.** Members with cancer who are undergoing chemotherapy or head/neck radiation therapy receive up to three fluoride treatments every 12 months covered at 100%, plus one additional routine cleaning.*
- **Second opinion program.** All members are eligible for second opinions from dental providers at 100%. This program helps you to make an informed decision about your care.*

* Voucher benefits are applied to the benefit period maximum.

Using the voucher program

Most dentists submit the voucher on your behalf. If you need to submit it yourself, fill out the form below and follow the instructions on the back. **Important: the dentist needs to sign the form for correct claim processing.**

1 Check which voucher program applies to you.

<input type="checkbox"/> Periodontal program	Which condition(s) apply? <input type="checkbox"/> Pregnancy <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease	Which service was performed? <input type="checkbox"/> Routine cleaning <input type="checkbox"/> Periodontal cleaning <input type="checkbox"/> Scaling and root planing
<input type="checkbox"/> General anesthesia program	Which condition(s) apply? <input type="checkbox"/> Autism <input type="checkbox"/> Down syndrome <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Spina bifida	Which covered service(s) was performed? <input type="checkbox"/> Any covered service
<input type="checkbox"/> Cancer treatment oral health program	Which conditions(s) apply? <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Head/neck radiation	Which services were performed? <input type="checkbox"/> Routine cleaning <input type="checkbox"/> Fluoride treatment
<input type="checkbox"/> Second opinion program		

② Complete this section with your dentist.

Date of service _____ Patient ID/Account number _____

Patient name _____

Dentist signature _____

Need to submit the voucher yourself?



Send these items to our address below after your dental visit:

- This completed voucher signed by your dentist
- A completed claim form from your dentist

Principal Life Insurance Company
P.O. Box 10357
Des Moines, IA 50306-0357



principal.com

Insurance from Principal® is issued by **Principal Life Insurance Company®**, Des Moines, IA 50392.

Dental insurance has limitations and exclusions. For further details about vouchers available with your dental coverage, contact Principal Life or ask your employer.

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Your vision benefits



Scan for information
about vision insurance.

Policyholder: Wall to Wall, LLC



Group vision

Benefit summary for all members

Your coverage renews every January 1

This summary was created on 10/24/2024 and shows benefits available at that time.

What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

VSP choice network	
Exams	Every 12 months, one exam is covered in full after \$10 copay
Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to \$150 every 24 months; 20% off amount over allowance ¹	\$25 copay <ul style="list-style-type: none">• Single lenses• Lined bifocal lenses• Lined trifocal lenses• Lenticular lenses• Polycarbonate lenses for dependent children under age 18
Lens enhancements	Standard progressive lenses covered once every 12 months with a \$0 copay ¹ Most other popular lens enhancements are covered after a copay, saving our members an average of 30% ¹
Elective contacts	Covered up to \$150 every 12 months. Contact lenses can be chosen instead of glasses.
Contact fitting and evaluation	Up to \$60 copay
Necessary contacts	Covered in full after \$25 copay every 12 months Contact lenses can be chosen instead of glasses.

¹This can vary based on state laws and provider location Savings may not apply at participating retail chains.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. 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 have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$80 which is equivalent to a \$150 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
 - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID. Or call 800-877-7195.

Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics. Go to [VSP.com](https://www.vsp.com) and register using your member ID to see the laser vision promotions and find a contracted clinic.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to \$45	Once every 12 months
Single lenses	Up to \$30	One pair every 12 months
Lined bifocal lenses	Up to \$50	One pair every 12 months
Lined trifocal lenses	Up to \$65	One pair every 12 months
Lenticular lenses	Up to \$100	One pair every 12 months
Frames	Up to \$70	One set every 24 months
Elective contacts	Up to \$105	Contacts are instead of frames and lenses
Necessary contacts	Up to \$210	Contacts are instead of frames and lenses

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
 - Non-prescription glasses
 - Medical or surgical treatment of the eyes
 - Claims submitted by a doctor who is part of your family

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

BOOKLET-CERTIFICATE NOTICE CONFIDENTIAL COMMUNICATIONS REQUEST

The state of California wants you to know you have the right to make a request to receive communications of confidential health care information from us by alternative means or at an alternative location.

To make this request, you must complete, sign, and submit a "Confidential Communications Request" form. This form, along with directions on how to complete and return it to us, can be found on our website at: <https://www.principal.com/help/help-individuals/find-form> under "Restrict access to Private Health Information".

If you need assistance locating the request form, you may contact us at 1-800-843-1371.

This notice is for your information only and does not become a part or condition of this booklet-certificate.

GH 198 CCR CA



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



This is a summary of vision 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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1112103 - 10001 Page 4 of 4

08/2024

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. Written translations are available in Spanish only. For help, call us at the number listed on your ID card or 1-800-247-4695. For more help call the CA Dept. of Insurance at 1-800-927-4357.

Servicios de idiomas sin costo. Solicite un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-247-4695. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-247-4695. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-247-4695 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

免費語言服務。 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-800-247-4695 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。 Chinese

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-247-4695. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

मुफ्त भाषा सेवा. आपको दुभाषिया की सेवा मिल सकती है. दुभाषिए आपको दस्तावेज़ पढ़वा कर सुना सकते हैं और कुछ आपको आपकी भाषा में दस्तावेज़ भेज देते हैं. लिखित अनुवाद सिर्फ़ स्पेनिश में उपलब्ध हैं. सहायता के लिए, अपने आई कार्ड पर दिए गए नंबर या 1-800-247-4695 पर कॉल करें. अधिक सहायता के लिए, 1-800-927-4357 पर CA डिपार्टमेंट ऑफ़ इश्योरेंस से बात करें. Hindi

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-247-4695 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。 Japanese

សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកលើឯខ្ញុំតាមលេខដែលមាន
បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ **1-800-247-4695** ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា
តាមលេខ **1-800-927-4357** Khmer

ບໍ່ມີຄຳບໍລິການດ້ານພາສາທ່ານຈະມີນາຍແປພາສາໃຫ້. ານສາມາດເອົາເອກະສານເພື່ອມາສຳຮອງ
ແລະບາງສ່ວນແມ່ນສົ່ງໃຫ້ທ່ານໂດຍເປັນພາສາຂອງທ່ານ.
ການແປພາສາທີ່ເປັນລາຍລັກອັກສອນນັ້ນຈະມີແຕ່ພາສາເຮັດສະປາຍເທົ່ານັ້ນ.
ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໂທຫາພວກເຮົາຕາມລາຍການເບີໂທທີ່ຢູ່ໃນ ID ຂອງທ່ານ ຫຼື 1-800-247-
4695. ສໍາລັບຂໍ້ຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໃຫ້ໂທຫາພະແນກ CA ຂອງປະຖັນໄຟທີ່ເບີ 1-800-927-
4357. Lao

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-800-247-4695 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Tengx nzie weih faan waac bun muangx se maiv zuqc feix zinh nyaanh. Meih haih lorx longc mienh liouh tengx faan waac. Meih corc haih zipv benx sou-nzangc liouh dorh mingh doqc mangc aengx caux maaaih deix yaac duqv faan benx meih nyei fingz waac. Dugh fiev benx sou-nzangc faan daaih nyei waac se kungx zoux benx janx Spanish nduqc fingz waac hnangv oc. Liouh lorx mienh tengx nzie naaiv diuc jauv-louc nor, douc waac daaih lorx taux yie mbuo gan gu'ndiev norm finx-gorn dugh fiev hietv meih nyei ID fangx-daan wuov a'fai 1-800-247-4695. Aengx zoiz qiemx longc tengx jaa camv faaux nyei jauv-louc nor douc waac lorx taux CA gunv goux beu weih sou-gorn domh gorn zangc yiem njiec naaiv 1-800-927-4357. Mien

خدمات مجانی مربوط به زبان. می‌توانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و با این شماره 1-800-247-4695 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-247-4695 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੋਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-247-4695 . Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-247-4695 . Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

ຂົນສົ່ງໄປສູ່ບ່ອນອື່ນໄດ້ຢູ່ໃນລະຫວ່າງການປະຕິບັດໜ້າທີ່. ການປະຕິບັດໜ້າທີ່ນີ້ ຈະມີຄວາມສຳຄັນຕໍ່ການປະຕິບັດໜ້າທີ່ອື່ນໆ ທີ່ກ່ຽວຂ້ອງກັບການປະຕິບັດໜ້າທີ່. ການປະຕິບັດໜ້າທີ່ນີ້ ຈະມີຄວາມສຳຄັນຕໍ່ການປະຕິບັດໜ້າທີ່ອື່ນໆ ທີ່ກ່ຽວຂ້ອງກັບການປະຕິບັດໜ້າທີ່. ການປະຕິບັດໜ້າທີ່ນີ້ ຈະມີຄວາມສຳຄັນຕໍ່ການປະຕິບັດໜ້າທີ່ອື່ນໆ ທີ່ກ່ຽວຂ້ອງກັບການປະຕິບັດໜ້າທີ່.

Безплатні послуги з перекладу. Ви можете скористатися послугами усного перекладача. Вам прочитають, а в деяких випадках і надішлуть документи вашою мовою. Письмовий переклад наявний лише для іспанської мови. За довідкою телефонуйте за номером, вказаним на вашій ідентифікаційній картці, або 1-800-247-4695. За додатковою інформацією телефонуйте до Департаменту страхування в Каліфорнії за номером 1-800-927-4357. Ukrainian

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-247-4695. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese.

Discrimination is against the law. Principal Life Insurance Company (Principal Life) follows State and Federal civil rights laws. Principal Life does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation in connection with the group dental and vision care insurance benefits provided to customers.

No Cost Language Services

Principal Life provides access to no cost language services for people whose primary language is not English. You can get an interpreter. You can get documents read to you and some sent to you in your language. Written translations are available in Spanish only.

Relay Services for the hearing impaired

Principal Life is approved to assist customers using any Federal Communications Commission (FCC) approved relay service provider. Relay services include Video Relay Service (VRS) which allows the hearing impaired to place and receive calls with a professional American Sign Language (ASL) interpreter via a videophone and a high-speed internet connection. VRS and videophone calls are free to the hearing impaired.

A list of FCC approved relay service providers can be accessed at: <https://www.fcc.gov/general/internet-based-trs-providers>.

If you need these services, contact Principal Life between 7:30 am and 6:00 pm (CST) by calling the number on your ID card or 1-800-247-4695.

HOW TO FILE A GRIEVANCE

If you believe that Principal Life has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Principal Life's Office of the General Counsel. You can file a grievance by phone, in writing, or electronically at:

**Principal Life Insurance Company
Office of the General Counsel
711 High Street
Des Moines, IA 50392-0300
Phone: 515-247-6498
E-mail: CSDClaims@exchange.principal.com**

CALIFORNIA DEPARTMENT OF INSURANCE

You can also file a civil rights complaint with the California Department of Insurance by phone, in writing, or electronically:

- By phone: Call **1-800-927-4357**. If you cannot speak or hear well, please call **TDD 1-800-482-4833**.
- In writing: Fill out a complaint form or send a letter to:
California Department of Insurance
Consumer Services and Market Conduct Branch
Consumer Services Division
300 South Spring Street, South Tower
Los Angeles, CA 90013

Complaint forms are available at:
<http://www.insurance.ca.gov/01-consumers/101-help/>

Electronically: Visit the Getting Help page at <http://www.insurance.ca.gov/01-consumers/101-help/>

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services 200
Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Set your sights on healthy eyes

Vision coverage that gives you choice of provider options for exams and eyewear

Everyone likes choices – especially when it comes to choosing your eye doctor and eyewear. Managed care vision insurance through Principal® and vision expert VSP® Vision Care puts you in the driver’s seat.

Whether you’re looking to visit an eye doctor or want to enjoy the convenience of online shopping, we’ve got you covered. Through an established network of providers, you’ll get access to the highest level of care and low out-of-pocket costs.¹

<p>VSP Full-service locations with satisfaction guaranteed, offering a WellVision Exam® that can detect signs of eye and overall health conditions, such as diabetes. Plus, a wide selection of eyewear and 24-hour access to emergency care.</p>	<ul style="list-style-type: none"> • Early morning, evening and weekend appointments offered by 91% of providers • Special savings on preferred frame brands, contact lens services and sunglasses • Integrated medical management with VSP’s Eye Health Management Program® • Extra \$20 to spend on featured frame brands, like bebe®, ck Calvin Klein®, Flexon®, Lacoste®, Nike®, Nine West® and more • 20% off any amount over the allowance for frames
<p>Online shopping With Eyeconic®, you get the convenience of shopping online plus the personal touch from a VSP® network doctor. Visit eyeconic.com.</p>	<ul style="list-style-type: none"> • Free shipping and returns • Virtual try on tool • Free frame adjustment or contact lens consultation • All-inclusive pricing • Average savings of \$220
<p>Retail chains 5,100+ retail partner chain locations, plus 3,400+ independent chain locations nationwide.</p>	<ul style="list-style-type: none"> • Same benefits you’d receive if you visited a VSP doctor² • No required forms – you pay only copays, costs over coverage amounts and/or for non-covered options • Providers report Eye Health Management Program data to VSP • Retail partners include Walmart®, Sam’s Club®, Costco® Optical, Visionworks®, Wisconsin Vision, Heartland Vision, RxOptical®, Cohen’s Fashion Optical® and Pearle Vision.
<p>Out-of-network Coverage includes a reimbursement schedule for any out-of-network provider.</p>	<ul style="list-style-type: none"> • Visit VSP.com or call 800-877-7195 to submit claims.

How to access your vision benefits

It's as easy as 1-2-3 to look up your benefits, locate providers near you and use your benefits.

1 Access your benefits

- Visit **VSP.com** and click on "Create an account."
- Follow the online Member Registration form using your member ID found on your vision ID card.

2 Search for providers

- Visit **VSP.com** or **principal.com/vsp**.
- Enter your ZIP code or address and click Search.

3 Use your benefits

- Schedule your appointment with your provider of choice.
- At your appointment, present your vision ID card and remind the provider to look up your benefits using the member ID on your card (not your Social Security number).

Prefer to access your vision ID card on your mobile device? It's simple.

1. Set up your username and password at **principal.com**.
2. Download Principal® Mobile from the App Store® or Google Play™.
3. Log in to the app using your principal.com username and password.



Let's connect

Contact your employer or call the VSP member support line at **800-877-7195**.

¹ Based on your coverage options and national averages for comprehensive eye exams and most commonly purchased brands.

² Frame allowances can vary at participating retailers.



principal.com

Managed care vision insurance is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392, and is administered by VSP. VSP is not a member of the Principal Financial Group.

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

VSP and WellVision Exam are registered trademarks of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.

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GP61270-05 (Spanish SP1882-03) | [OR policy #GC 9000 (1013)] | 08/2019 | © 2019 Principal Financial Services, Inc.

Your life benefits



Scan for information
about life insurance.

Policyholder: Wall to Wall, LLC

Group term life insurance

Benefit summary for all members

Your coverage renews every January 1.

This summary was created on 10/24/2024 and shows benefits available at that time.

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	\$150,000	If you're under 70: \$150,000 If you're 70 or older: The lesser of \$150,000 or the amount with the prior carrier	35% reduction at age 70 with an additional 20% reduction at age 75

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

²As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

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.

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts up to the guaranteed issue shown in the table above won't 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.

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%

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

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
Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%
Loss of speech and/or hearing - total loss for 12 consecutive months	
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:

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.



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

GP62508-7

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03/2024

Policyholder: Wall to Wall, LLC

Group voluntary term life insurance Benefit summary for all members

Your coverage renews every January 1.

This summary was created on 10/24/2024 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 ¹	Maximum	Benefit reduction ²
You	Select a benefit in increments of \$25,000	\$25,000	If you're under 70: \$150,000 If you're 70 or older: \$25,000	\$500,000	35% reduction at age 70 with an additional 20% reduction at age 75
Your spouse ³	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70: \$30,000 If your spouse is 70 or older: \$10,000	\$200,000	35% reduction at age 70 with an additional 20% reduction at age 75
Your child(ren) ³	Options ⁴ : • \$10,000				

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

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

³Amount of coverage may not exceed 100% of your benefit.

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

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 Wall to Wall, LLC 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 one increment 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
Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%

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

Loss of use of one arm, one leg, one hand or one foot	25%
Loss of speech and/or hearing - total loss for 12 consecutive months	
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:

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.



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WALL TO WALL, LLC

Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts
End of the rate guarantee period: 12/31/2025

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Reduced benefit	70-74	Reduced benefit	75 & over
\$25,000	\$2.11	\$2.58	\$2.98	\$4.33	\$6.76	\$10.43	\$15.81	\$24.06	\$38.93	\$16,250	\$42.15	\$11,250	\$29.18
\$50,000	\$4.20	\$5.15	\$5.95	\$8.65	\$13.50	\$20.85	\$31.60	\$48.10	\$77.85	\$32,500	\$84.31	\$22,500	\$58.37
\$75,000	\$6.31	\$7.73	\$8.93	\$12.98	\$20.26	\$31.28	\$47.41	\$72.16	\$116.78	\$48,750	\$126.46	\$33,750	\$87.55
\$100,000	\$8.40	\$10.30	\$11.90	\$17.30	\$27.00	\$41.70	\$63.20	\$96.20	\$155.70	\$65,000	\$168.62	\$45,000	\$116.74
\$125,000	\$10.51	\$12.88	\$14.88	\$21.63	\$33.76	\$52.13	\$79.01	\$120.26	\$194.63	\$81,250	\$210.76	\$56,250	\$145.91
\$150,000	\$12.60	\$15.45	\$17.85	\$25.95	\$40.50	\$62.55	\$94.80	\$144.30	\$233.55	\$97,500	\$252.91	\$67,500	\$175.09
\$175,000	\$14.71	\$18.03	\$20.83	\$30.28	\$47.26	\$72.98	\$110.61	\$168.36	\$272.48	\$113,750	\$295.07	\$78,750	\$204.28
\$200,000	\$16.80	\$20.60	\$23.80	\$34.60	\$54.00	\$83.40	\$126.40	\$192.40	\$311.40	\$130,000	\$337.22	\$90,000	\$233.46
\$225,000	\$18.91	\$23.18	\$26.78	\$38.93	\$60.76	\$93.83	\$142.21	\$216.46	\$350.33	\$146,250	\$379.37	\$101,250	\$262.64
\$250,000	\$21.00	\$25.75	\$29.75	\$43.25	\$67.50	\$104.25	\$158.00	\$240.50	\$389.25	\$162,500	\$421.53	\$112,500	\$291.83
\$275,000	\$23.11	\$28.33	\$32.73	\$47.58	\$74.26	\$114.68	\$173.81	\$264.56	\$428.18	\$178,750	\$463.68	\$123,750	\$321.01
\$300,000	\$25.20	\$30.90	\$35.70	\$51.90	\$81.00	\$125.10	\$189.60	\$288.60	\$467.10	\$195,000	\$505.84	\$135,000	\$350.20
\$325,000	\$27.31	\$33.48	\$38.68	\$56.23	\$87.76	\$135.53	\$205.41	\$312.66	\$506.03	\$211,250	\$547.98	\$146,250	\$379.37
\$350,000	\$29.40	\$36.05	\$41.65	\$60.55	\$94.50	\$145.95	\$221.20	\$336.70	\$544.95	\$227,500	\$590.13	\$157,500	\$408.55
\$375,000	\$31.51	\$38.63	\$44.63	\$64.88	\$101.26	\$156.38	\$237.01	\$360.76	\$583.88	\$243,750	\$632.29	\$168,750	\$437.74
\$400,000	\$33.60	\$41.20	\$47.60	\$69.20	\$108.00	\$166.80	\$252.80	\$384.80	\$622.80	\$260,000	\$674.44	\$180,000	\$466.92
\$425,000	\$35.71	\$43.78	\$50.58	\$73.53	\$114.76	\$177.23	\$268.61	\$408.86	\$661.73	\$276,250	\$716.59	\$191,250	\$496.10
\$450,000	\$37.80	\$46.35	\$53.55	\$77.85	\$121.50	\$187.65	\$284.40	\$432.90	\$700.65	\$292,500	\$758.75	\$202,500	\$525.29
\$475,000	\$39.91	\$48.93	\$56.53	\$82.18	\$128.26	\$198.08	\$300.21	\$456.96	\$739.58	\$308,750	\$800.90	\$213,750	\$554.47
\$500,000	\$42.00	\$51.50	\$59.50	\$86.50	\$135.00	\$208.50	\$316.00	\$481.00	\$778.50	\$325,000	\$843.06	\$225,000	\$583.66

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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WALL TO WALL, LLC

Voluntary-term life/AD&D - spouse

Estimated spouse monthly premium amounts
End of the rate guarantee period: 12/31/2025

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Reduced benefit	70-74	Reduced benefit	75 & over
\$5,000	\$0.43	\$0.52	\$0.60	\$0.87	\$1.36	\$2.09	\$3.17	\$4.82	\$7.79	\$3,250	\$8.43	\$2,250	\$5.83
\$10,000	\$0.84	\$1.03	\$1.19	\$1.73	\$2.70	\$4.17	\$6.32	\$9.62	\$15.57	\$6,500	\$16.86	\$4,500	\$11.67
\$15,000	\$1.27	\$1.55	\$1.79	\$2.60	\$4.06	\$6.26	\$9.49	\$14.44	\$23.36	\$9,750	\$25.29	\$6,750	\$17.51
\$20,000	\$1.68	\$2.06	\$2.38	\$3.46	\$5.40	\$8.34	\$12.64	\$19.24	\$31.14	\$13,000	\$33.72	\$9,000	\$23.35
\$25,000	\$2.11	\$2.58	\$2.98	\$4.33	\$6.76	\$10.43	\$15.81	\$24.06	\$38.93	\$16,250	\$42.15	\$11,250	\$29.18
\$30,000	\$2.52	\$3.09	\$3.57	\$5.19	\$8.10	\$12.51	\$18.96	\$28.86	\$46.71	\$19,500	\$50.58	\$13,500	\$35.02
\$35,000	\$2.95	\$3.61	\$4.17	\$6.06	\$9.46	\$14.60	\$22.13	\$33.68	\$54.50	\$22,750	\$59.01	\$15,750	\$40.85
\$40,000	\$3.36	\$4.12	\$4.76	\$6.92	\$10.80	\$16.68	\$25.28	\$38.48	\$62.28	\$26,000	\$67.45	\$18,000	\$46.69
\$45,000	\$3.79	\$4.64	\$5.36	\$7.79	\$12.16	\$18.77	\$28.45	\$43.30	\$70.07	\$29,250	\$75.87	\$20,250	\$52.53
\$50,000	\$4.20	\$5.15	\$5.95	\$8.65	\$13.50	\$20.85	\$31.60	\$48.10	\$77.85	\$32,500	\$84.31	\$22,500	\$58.37
\$55,000	\$4.63	\$5.67	\$6.55	\$9.52	\$14.86	\$22.94	\$34.77	\$52.92	\$85.64	\$35,750	\$92.73	\$24,750	\$64.20
\$60,000	\$5.04	\$6.18	\$7.14	\$10.38	\$16.20	\$25.02	\$37.92	\$57.72	\$93.42	\$39,000	\$101.17	\$27,000	\$70.04
\$65,000	\$5.47	\$6.70	\$7.74	\$11.25	\$17.56	\$27.11	\$41.09	\$62.54	\$101.21	\$42,250	\$109.59	\$29,250	\$75.87
\$70,000	\$5.88	\$7.21	\$8.33	\$12.11	\$18.90	\$29.19	\$44.24	\$67.34	\$108.99	\$45,500	\$118.03	\$31,500	\$81.71
\$75,000	\$6.31	\$7.73	\$8.93	\$12.98	\$20.26	\$31.28	\$47.41	\$72.16	\$116.78	\$48,750	\$126.46	\$33,750	\$87.55
\$80,000	\$6.72	\$8.24	\$9.52	\$13.84	\$21.60	\$33.36	\$50.56	\$76.96	\$124.56	\$52,000	\$134.89	\$36,000	\$93.39
\$85,000	\$7.15	\$8.76	\$10.12	\$14.71	\$22.96	\$35.45	\$53.73	\$81.78	\$132.35	\$55,250	\$143.32	\$38,250	\$99.22
\$90,000	\$7.56	\$9.27	\$10.71	\$15.57	\$24.30	\$37.53	\$56.88	\$86.58	\$140.13	\$58,500	\$151.75	\$40,500	\$105.06
\$95,000	\$7.99	\$9.79	\$11.31	\$16.44	\$25.66	\$39.62	\$60.05	\$91.40	\$147.92	\$61,750	\$160.18	\$42,750	\$110.89
\$100,000	\$8.40	\$10.30	\$11.90	\$17.30	\$27.00	\$41.70	\$63.20	\$96.20	\$155.70	\$65,000	\$168.62	\$45,000	\$116.74
\$105,000	\$8.83	\$10.82	\$12.50	\$18.17	\$28.36	\$43.79	\$66.37	\$101.02	\$163.49	\$68,250	\$177.04	\$47,250	\$122.57
\$110,000	\$9.24	\$11.33	\$13.09	\$19.03	\$29.70	\$45.87	\$69.52	\$105.82	\$171.27	\$71,500	\$185.47	\$49,500	\$128.40
\$115,000	\$9.67	\$11.85	\$13.69	\$19.90	\$31.06	\$47.96	\$72.69	\$110.64	\$179.06	\$74,750	\$193.90	\$51,750	\$134.24
\$120,000	\$10.08	\$12.36	\$14.28	\$20.76	\$32.40	\$50.04	\$75.84	\$115.44	\$186.84	\$78,000	\$202.33	\$54,000	\$140.07
\$125,000	\$10.51	\$12.88	\$14.88	\$21.63	\$33.76	\$52.13	\$79.01	\$120.26	\$194.63	\$81,250	\$210.76	\$56,250	\$145.91
\$130,000	\$10.92	\$13.39	\$15.47	\$22.49	\$35.10	\$54.21	\$82.16	\$125.06	\$202.41	\$84,500	\$219.19	\$58,500	\$151.75
\$135,000	\$11.35	\$13.91	\$16.07	\$23.36	\$36.46	\$56.30	\$85.33	\$129.88	\$210.20	\$87,750	\$227.63	\$60,750	\$157.59
\$140,000	\$11.76	\$14.42	\$16.66	\$24.22	\$37.80	\$58.38	\$88.48	\$134.68	\$217.98	\$91,000	\$236.05	\$63,000	\$163.42
\$145,000	\$12.19	\$14.94	\$17.26	\$25.09	\$39.16	\$60.47	\$91.65	\$139.50	\$225.77	\$94,250	\$244.49	\$65,250	\$169.26
\$150,000	\$12.60	\$15.45	\$17.85	\$25.95	\$40.50	\$62.55	\$94.80	\$144.30	\$233.55	\$97,500	\$252.91	\$67,500	\$175.09
\$155,000	\$13.03	\$15.97	\$18.45	\$26.82	\$41.86	\$64.64	\$97.97	\$149.12	\$241.34	\$100,750	\$261.35	\$69,750	\$180.93
\$160,000	\$13.44	\$16.48	\$19.04	\$27.68	\$43.20	\$66.72	\$101.12	\$153.92	\$249.12	\$104,000	\$269.77	\$72,000	\$186.77
\$165,000	\$13.87	\$17.00	\$19.64	\$28.55	\$44.56	\$68.81	\$104.29	\$158.74	\$256.91	\$107,250	\$278.21	\$74,250	\$192.61
\$170,000	\$14.28	\$17.51	\$20.23	\$29.41	\$45.90	\$70.89	\$107.44	\$163.54	\$264.69	\$110,500	\$286.64	\$76,500	\$198.44
\$175,000	\$14.71	\$18.03	\$20.83	\$30.28	\$47.26	\$72.98	\$110.61	\$168.36	\$272.48	\$113,750	\$295.07	\$78,750	\$204.28
\$180,000	\$15.12	\$18.54	\$21.42	\$31.14	\$48.60	\$75.06	\$113.76	\$173.16	\$280.26	\$117,000	\$303.50	\$81,000	\$210.11
\$185,000	\$15.55	\$19.06	\$22.02	\$32.01	\$49.96	\$77.15	\$116.93	\$177.98	\$288.05	\$120,250	\$311.93	\$83,250	\$215.95
\$190,000	\$15.96	\$19.57	\$22.61	\$32.87	\$51.30	\$79.23	\$120.08	\$182.78	\$295.83	\$123,500	\$320.36	\$85,500	\$221.79
\$195,000	\$16.39	\$20.09	\$23.21	\$33.74	\$52.66	\$81.32	\$123.25	\$187.60	\$303.62	\$126,750	\$328.79	\$87,750	\$227.63
\$200,000	\$16.80	\$20.60	\$23.80	\$34.60	\$54.00	\$83.40	\$126.40	\$192.40	\$311.40	\$130,000	\$337.22	\$90,000	\$233.46

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Voluntary-term life/AD&D - spouse

Estimated spouse monthly premium amounts
End of the rate guarantee period: 12/31/2025

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Reduced benefit	70-74	Reduced benefit	75 & over
Child(ren) premium amounts (per family)	--Child(ren) are covered until age 26												
\$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.



Your long-term disability benefits



Scan for information
about long-term
disability insurance.

Policyholder: Wall to Wall, LLC

Group long-term disability insurance

Benefit summary for all members

Your coverage renews every January 1.

This summary was created on 10/24/2024 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	60% of your earnings up to \$10,000
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	Benefits begin after 90 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	3 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 60% of your earnings prior to your disability up to \$10,000 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.

Additional eligibility requirements may apply.

When do I begin receiving disability benefits?

Your elimination period is 90 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 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

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:

Residual disability

- You're not totally disabled and while working in your own occupation, as a result of sickness or injury, you are unable to earn 80% or more of your income prior to your disability.

Total disability

- You're unable to perform with reasonable continuity, the substantial and material duties necessary to pursue your own occupation and you're not working in your own occupation.

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

Residual Disability

- You're not totally disabled and while working in an occupation, as a result of sickness or injury, you're unable to engage with reasonable continuity in any other occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life and physical and mental capacity.

Total Disability

- You're unable to perform with reasonable continuity in any occupation for which you are or could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

Do I qualify if I have a preexisting condition?

- You may, if you had symptoms or conditions which would cause a reasonable person to seek a diagnosis, care, or treatment. 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

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.
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.
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.

What are the limitations and exclusions of my coverage?

Preexisting conditions	<p>A preexisting condition is any sickness or injury for which you:</p> <ul style="list-style-type: none">• Received medical treatment, care or services for a diagnosed condition in the three month period before you became insured under this policy; or• Took prescribed medications for a diagnosed condition in the three month period before you became insured under this policy; or• Suffered from a physical or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in your application:<ul style="list-style-type: none">◦ for which you recieved a physician's advice or treatment within 24 months before you became insured under this policy; or◦ which caused symptoms within 12 months before you became insured under this policy for which a prudent person would usually seek medical advice or treatment; and <p>Benefits will not be paid for a disability that is caused or substantially contributed by a preexisting condition unless, on the date you became disabled, you were actively at work for one full day after completing 12 consecutive months during which you were insured under this policy.</p>
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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	<p>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.</p> <p>principallasik.com 888-647-3937</p>
Hearing aid program	<p>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.</p> <p>www.starthearing.com/partners/principallife 877-890-4694</p>
Emotional health support line	<p>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.</p> <p>800-424-4612</p>

Available with your dental insurance

Principal oral health center	<p>Get information to make better oral health care decisions. Submit a dental care question and get a response from a dentist in 48 hours. Use the cost estimator to find approximate dental care costs, and access articles about dental health topics.</p> <p>http://c3.go2dental.com/scontent/</p>
Teeth whitening	<p>Share a smile you can be proud of. You, your spouse, and dependents can save 20% on a dentist-invented teeth whitening technology from GLO Science. Available for home use, it's fast and sensitivity-free so you can smile with confidence.</p> <p>gloscience.com/principal and use discount code PRINCIPAL</p>
Oral care products	<p>Help your smile be as healthy as possible. Buy one and get one free--choose from the Z Dental sonic pulse toothbrush or the Z Dental water flosser.</p> <p>myzsonic.com/principal and use coupon code PRINCIPAL</p>

Available with your disability insurance

Employee assistance program (EAP)	<p>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 services¹ to work through issues. And access webinars, live talks, and articles on a variety of topics.</p> <p>Member.MagellanHealthcare.com then enter "Principal Core" as the program name</p> <p>800-450-1327</p>
Travel assistance	<p>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 Assistance². 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.</p> <p>principal.com/travelassistance</p>
Will & Legal Document Center	<p>Consider preparing your simple legal documents online. These online resources and tools, provided by ARAG³, 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.</p> <p>principal.araggroup.com</p> <p>Enter your group policy number: 1112103</p>
Identity theft kit	<p>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.</p> <p>principal.araggroup.com</p> <p>Enter your group policy number: 1112103</p>
Beneficiary support	<p>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 ARAG³</p> <p>Information is provided after the loss of a loved one.</p>

principal.com

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

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. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time.

For group life and dental policies issued in New York: travel assistance, Will & Legal Document Center, identity theft kit, emotional health support line, beneficiary support, teeth whitening , and oral care products are not available; laser vision correction and hearing aid program are only available with dental or vision insurance. ARAG Services, LLC, AXA Assistance USA, Inc., LCA Vision, Magellan Healthcare, Magellan Health Services of California, Inc.— Employer Services, Start Hearing, and VSP are not affiliated with any company of the Principal Financial Group[®]. Third party providers are solely responsible for their products and services. Principal[®], Principal Financial Group[®], and Principal and the logomark design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.

¹ Not all services available to group policies issued in New York.

² 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.

³ 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.

Protect and improve your family's vision

Immediate savings on eye care and eyewear with VSP® Vision Savings Pass™

Everybody loves a discount. Save money when you or your dependents use this discount program offered by VSP. The VSP Vision Savings Pass is available with your dental coverage from Principal®. And with 89,400 access points in VSP's nationwide network, you're sure to find an eye doctor near you.

* Based on applicable laws, benefits may vary by location.

This discount plan is not vision insurance.

Service and eyewear	Reduced prices and discounts*
Eye exam (once every calendar year)	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
Prescription glasses or sunglasses	When you purchase a complete pair of glasses, you save on lenses and frames. <ul style="list-style-type: none"> • Single vision lenses \$40 • Lined bifocal lenses \$60 • Lined trifocal lenses \$75 25% savings off frames.
Lens enhancements	Average savings of 30% on lens enhancements such as progressive, scratch-resistant, and anti-reflective coatings.
Non-prescription sunglasses	20% off unlimited sunglasses purchased within 12 months of last covered exam.
Contact lens exam	15% savings on contact lens exam (fitting and evaluation).
Laser vision correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.
Retinal screening	Your eye doctor takes a high-resolution image of the inside of your eye to identify potential or existing vision and health problems. \$39 maximum fee.

Using VSP is easy. Just follow these steps.

Step 1 | Find a VSP eye doctor near you. Go to principal.com/vsp or call 800-877-7195.

Step 2 | Make an appointment. Identify yourself as a VSP member to receive the discount.

Step 3 | Let VSP take it from there. Your VSP eye doctor will handle the rest. Fees are automatically reduced at the time of service.



principal.com

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN. There is no cost to join this discount program. The plan provides discounts at certain health care providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have agreed to provide discounts. The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This plan is not available in Vermont and Washington. Void where prohibited. While Principal has arranged to make this discount plan available to members with dental coverage from Principal Life, this value-added service is not part of any insurance contract and may be changed or canceled at any time. Insurance issued by Principal Life Insurance Company, a member of the Principal Financial Group®, Des Moines, IA 50392.

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Help handling life's ups and downs

For employees of WALL TO WALL, LLC

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 have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges.

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions for up to 3 counseling sessions per problem per year.

Legal, financial, and identity theft services

You and your family have access to these services:

Legal services. Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.

Financial wellness. Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.

Identity theft resources. Receive a free 60-minute consultation to help restore your identity if stolen.

Lifestyle coaching

You and eligible family members can get help meeting goals with the support of a coach, available by phone or video, up to 6 sessions per year. Coaches can help with personal improvement, healthy eating, weight loss, and more.

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.

800-356-7089

International: 800-662-4504 | TTY for hearing impaired: 711

Member.MagellanHealthcare.com When you create an account, enter your organization's name as the program name.

Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.



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Principal® has arranged with Magellan Healthcare to make its employee assistance program (EAP) available to employees with select group 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. Not all services available to group policies issued in New York. 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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Group life insurance

Help protect your family, your finances —and your future

Create and store your important documents using your 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 help 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 online resources, you and/or your spouse can prepare these documents:

Standard Will. Specify what happens to your property and assets after you die, and appoint the person who will carry out your wishes. You can also name a guardian for your minor children.

Health care power of attorney. Grant someone permission to make medical decisions on your behalf 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.

Authorization for a Minor's Medical Treatment. Grant consent for medical personnel to treat your child(ren) if you're away and can't be reached.

HIPAA authorization. Designate person/s to access your protected medical records and health information.

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, tools, and resources. 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 help protect your identity with online resources from ARAG, including:

An Identity Theft Victim Action Kit to help speed your recovery if you experience identity theft. Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

It's easy to get started

Follow these simple steps to start using these resources today:

- 1 | Visit aragwills.com/principal.
- 2 | Register by completing the required fields.
- 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**.



Insurance products and plan administrative services provided through Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392..

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The use of resources provided by ARAG should not be considered a substitute for consultation with an attorney or advisor. Principal® is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center resources.

Please remember that the ARAG legal documents are accurate and useful in many situations. Due to possible changes by a state, it is a good idea to periodically review a template used to be sure it is the most current template. 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.

This information is intended to be educational in nature and is not intended to be taken as a recommendation.

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Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

Whether you're traveling within the United States or leaving the country, you can rely on AXA Assistance USA (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.

Near or far, you're covered

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 can be 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.

Connecting easily

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 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



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.



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 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. at 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, traveling for medical treatment, or traveling to a destination country that is at a Level 4 Travel Advisory.

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.

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

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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.

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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.



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