

Group benefits

Understand your benefits

GATOR'S DOCKSIDE
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:



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



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



Complete and sign the Employee Enrollment and Waiver form.

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

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

- Dental

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

Dental – Note if you or your dependents had orthodontia coverage in the past 12 months.



Mailing Address
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Employee Enrollment
& Waiver-FL

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

Company name GATOR'S DOCKSIDE	Division level ALL MEMBERS	Account number/unit number 1048169
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Employee Information

Name		Social security number	
Mailing address (street)		Birth date	<input type="checkbox"/> male <input type="checkbox"/> female
(city)	(state)	(ZIP code)	
Date employed full-time	Hours worked per week	Job occupation/class	Location
Email address		Phone number	
Payroll mode <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly		Employer ZIP code 32746	Employer county SEMINOLE

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

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

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

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

Is your spouse or domestic partner employed by this company?
 yes no

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
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NOTE: Employee coverage must be elected to elect any dependent coverage.

Dental Elect Decline Elect Decline Elect 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? yes no

*NOTE: Domestic Partners can only be added if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60447).

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

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

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

Declining Coverage

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

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

Employee Agreement (Read and sign)

I understand and agree with the following statements:

- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age, are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse dental coverage, I and my dependents may enroll later but this will affect the level of benefits.
- If I refuse coverage, I cannot enroll after retirement.
- 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, misrepresentations contained in writing in this document can cause changes in my coverage, including cancellation back to the effective date.
- Explanation of Benefits reflecting claims payments for myself and my dependents will be sent to my home address. I also understand collection of social security numbers for myself and/or my dependents will be used by Principal Life 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 life, disability and critical illness 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.

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 to the best of my knowledge and belief. I understand an agent or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Your signature **X** _____ Date Signed _____

Instructions

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

- One for the employee
- One for the employer



Mailing Address:
Des Moines, IA 50392-0002

**Principal Life
Insurance Company**

**Employee
Change Form - FL**

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

Company name GATOR'S DOCKSIDE	Account/unit number 1048169
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Employee Information (Change of name and address)

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

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

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

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

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

Salary \$ _____ yearly bi-weekly monthly weekly hourly

* Domestic Partners can only be added if your employer allows this coverage. If adding a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60447).

Nicotine Products

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

Employee: yes no Spouse or Domestic Partner: yes no

Reason for Adding a Coverage or Dependent

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

Date of event

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

Name of prior dental carrier	Date coverage ended
Name of prior life carrier	Date coverage ended
Name of prior vision carrier	Date coverage ended

Reason for Canceling a Coverage or Dependent

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

Date of request/ineligibility

Beneficiary Designation

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

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

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

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

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

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

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

Employee Signature (Read and sign below) - continued

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.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Your signature **X** _____ Date signed _____

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

You must complete all pages of this form.



Your dental benefits

Dental insurance

Enjoy a lifetime of healthy smiles

We've all heard sugar, coffee and soda are hard on our teeth. But not everyone's willing to give up their treats. Are you? That's why dental care is so important.



An ounce of prevention ... you know the rest. Dental cleanings remove the plaque that routine brushing misses, often leading to tooth decay. And finding tooth decay early can help protect your teeth – and your wallet from costly dental procedures.

Having dental insurance increases the odds that you'll go to the dentist regularly. It also helps you control your out-of-pocket costs for qualifying basic and major dental care. You've probably had a friend tell you how expensive their crown was. Having dental insurance helps you budget for your care.

And a visit to the dentist may even detect serious illness. Regular check-ups can reveal signs of disease, such as osteoporosis and certain cancers, before you even know about them.



Tips for a healthy smile

Prevent gum disease and cavities by:

- Brushing twice a day with fluoride toothpaste and flossing
- Replacing your toothbrush every three months
- Not smoking or chewing tobacco
- Eating healthy foods and drinking water

Let's look at an example



Carla is married and has a young daughter. She tries hard to prepare healthy meals and keep her family active. But, Carla and her husband start each morning with their favorite coffee. And their daughter inherited her mom's sweet tooth. Carla's husband skipped routine dental exams in his 20's, which led to extensive dental work later.

Carla knows – first hand – the value of routine dental care. That's why she appreciates having access to dental insurance for her and her family through her employer. It's one more way she can help keep her family healthy.

Enrolling in **dental insurance** and getting preventive care are two easy ways to stay healthy. Want more information to make better decisions about oral health care? Check out Dental Health EdgeSM at <http://c3.go2dental.com/scontent/>.



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

Dental insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, 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. If your dental benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf.

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Policyholder: GATOR'S DOCKSIDE

Voluntary Dental PPO Benefit Summary

Effective Date: 12/01/2017

Predetermination of Benefits: Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

This chart provides you a brief summary of the key benefits of the dental coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your dental coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility				
Job Class	ALL MEMBERS			
Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$100	100%	50%
Unit 2 – Basic	\$50	\$100	80%	30%
Unit 3 – Major	\$50	\$100	50%	10%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for preventive, basic, and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,000 per person. Non-network Calendar year maximums are \$500 per person.			
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. 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 maximum benefit or \$1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. You can accumulate no more than four times the carry over amount.			
Additional Benefits				
	Lifetime Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000	\$0	\$0	50%	50%

How Are Dental Procedures Covered?

The list of common procedures shows what unit the procedure is included in and how often they are covered.

<p>Unit 1 – Preventive Procedures</p>	<ul style="list-style-type: none"> • Routine exams - two per calendar year • Routine cleaning (prophylaxis) - two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.) • Second Opinion Consultation • Fluoride – one treatment each calendar year (covered only for dependent children under age 16) • Space maintainers - covered only for dependent children under age 16; repairs not covered • Sealants – on first and second permanent molars for dependent children under age 16; one each tooth each 36 months • Harmful Habit Appliance - covered only for dependent children under age 16 • X-rays - Bitewing (one set every calendar year), occlusal, periapical • X-rays – Full mouth survey (one every 60 months), extraoral
<p>Unit 2 – Basic Procedures</p>	<ul style="list-style-type: none"> • Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to Routine cleaning frequency limit (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.) • Emergency exams – subject to Routine exam frequency limit • Fillings and stainless steel crowns • Composite fillings on molars
<p>Unit 3 – Major Procedures</p>	<ul style="list-style-type: none"> • General Anesthesia (covered only for specific procedures)/IV Sedation • Simple Oral Surgery • Complex Oral Surgical Procedures • Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.) • Periodontal Surgical Procedures – one each quadrant each 36 months • Simple Endodontics (root canal therapy for anterior teeth) • Complex Endodontics (root canal therapy for molar teeth) • Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations • Crowns – each 120 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth • Bridges - Initial placement / Replacement of bridges 120 months old. • Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old
<p>Unit 4 - Orthodontic Procedures</p>	<ul style="list-style-type: none"> • X-rays and other diagnostic procedures, fixed and removable appliances

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

Understanding Your Dental Benefits

Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You must be enrolled for dental coverage before it can be offered to your dependents. Eligible dependents include your spouse and children. Additional eligibility requirements may apply.

An annual enrollment applies. Members can enroll for dental coverage during the annual enrollment period and not be subject to the late entrant waiting period. Certain restrictions apply.

How Do I Find A Participating Provider?

Use the Provider Directory on www.principal.com to locate nearby dentists or see if your dentist participates in your network.

1	Visit www.principal.com/dentist .
2	Begin your search by picking the state where you would like to find a provider. Next, specify a network . Depending on the network chosen, you may be transferred to a partner site.
3	Enter the name of the provider you are looking for (if known). If you are looking for a nearby dentist, enter the city and state and/or ZIP code . Be sure to indicate how far you are willing to travel .
4	Select the desired specialty or use the No Specialty Preference default. Click Continue .
5	Select a language if your preference is other than English. Click Continue .

You may nominate your dentist for inclusion in our network. Please submit the dentist's name, address, phone and specialty by calling 1-800-832-4450, or submit through www.principal.com/refer-dental-provider.

What Are The Restrictions Of My Coverage?

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

VOLUNTARY DENTAL

Limitations & Exclusions	
Late Entrant Provision	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
Missing Tooth	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
Orthodontia	<p>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:</p> <ol style="list-style-type: none"> 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. <p>Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.</p> <p>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.</p>
Scheduled/MAC Design	Claim payments for both in-network and non-network services are based on the provider fee schedule amounts.
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.



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

This is a summary of dental coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails.

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Simplify your dental care experience

Let's face it: For many of us, visiting the dentist isn't always 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?**



Find a network dentist.

Your out-of-pocket costs will be lower and you may even qualify for in-network discounts. How?

Check your ID card for your network

and

Go online to principal.com/dentist

or

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



Confirm network participation.

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

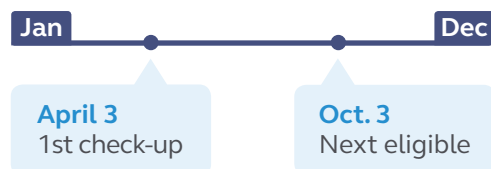


Make sure you're eligible.

Depending on your policy, it may be too soon to schedule an appointment.

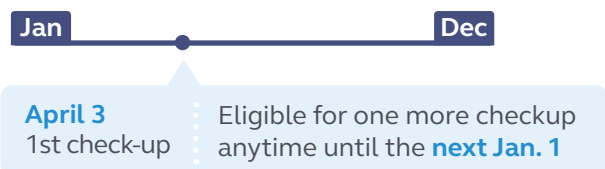
Example 1

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).**

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



**Download the Principal
Mobile smart phone app!**

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



**Visit us on the web at
[principal.com/individuals/
insure/get-started](http://principal.com/individuals/insure/get-started).**



Dental insurance from Principal® is issued by Principal Life Insurance Company, Des Moines, Iowa 50392-0002, principal.com.

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

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Dental insurance

See the rewards of making healthy dental choices

Be prepared for big dental expenses with Maximum Accumulation



Like most of us, you know how important it is to take care of your teeth by getting regular dental check-ups. Preventive care can help you avoid the big stuff when it comes to your teeth. But it's not foolproof.

What happens when your dentist delivers the news that you need costly dental procedures? Dental insurance can be a big help financially, but there's a limit on how much it'll pay each calendar year. It's called your maximum benefit.

That's where Maximum Accumulation comes in.

How does Maximum Accumulation work?

You likely won't use all your maximum benefit every year. So where does that money go? If you visit your dentist during the year, you may be eligible to roll over a portion of your unused maximum benefit to increase your maximum benefit for the following year. It's available when you have dental coverage for preventive, basic and major services.

- **Preventive** — Exams, cleanings and sometimes x-rays
- **Basic** — X-rays, extractions, fillings and sometimes crowns
- **Major** — Crowns, inlays, onlays, bridges and dentures

How do you know if you're eligible to carry benefits over to the next year? If your dental claims are less than 50% of your annual maximum, you can roll over 25% and accumulate up to 1x your annual maximum. The amount accumulated is added to your annual maximum for the year.

Let's look at an example

	Calendar year maximum	Yearly claim limit	Benefits paid	Yearly rollover amount	Accumulated rollover amount	Total maximum available
Year 1	\$500	\$250	\$200	\$125	\$125	\$625
Year 2	\$500	\$250	\$325	\$0	\$125	\$625
Year 3	\$500	\$250	\$200	\$125	\$250	\$750
Year 4	\$500	\$250	\$0	\$0	\$0	\$500
Year 5	\$500	\$250	\$200	\$125	\$125	\$625

You can see that in year 2, where claims were more than the yearly claim limit — which is 50% of the maximum — there was no rollover. And in year 4, where there were no claims at all, your accumulated amount went back down to zero. That's why it pays to visit the dentist regularly for preventive care.

With Maximum Accumulation, you won't leave money for costly dental procedures on the table. See the rewards of making healthy choices for your teeth — all it takes is regularly visiting your dentist.

principal.com

Group dental insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, 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. If your dental benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal is contracted to administer the coverage on your employer's behalf.

For members with split maximums, the accumulation amount is based on the non-network maximum.

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Control Out-of-Pocket Costs

Save Money with Network Providers

To help you save money on dental care – from routine check-ups to more extensive procedures like crowns or root canals – your dental coverage from Principal Life Insurance Company includes access to a preferred provider organization (PPO).

Network dentists agree to charge reduced fees for dental care. That's the easiest way to save on out-of-pocket costs.

In addition to charging reduced fees, dentists who join our network meet strict credentialing requirements and proper billing guidelines. Non-network dentists can charge any fee they choose, and there are no safeguards to ensure their billing practices are reputable.

How you save

These examples show typical savings for a porcelain crown. The amount you are responsible for paying depends on the type of design and network (unscheduled, scheduled/MAC, etc.) your employer has chosen.

IN-NETWORK DENTIST Unscheduled/Scheduled PPO Network		NON-NETWORK DENTIST Unscheduled PPO Network		NON-NETWORK DENTIST Scheduled/MAC ⁵ PPO Network	
• Provider charge	\$982	• Provider charge	\$982	• Provider charge	\$982
• Discounted fee amount	\$690	• 80% UCR amount ⁴	\$970	• Discounted fee amount	\$690
• \$50 deductible	\$50	• \$50 deductible	\$50	• \$50 deductible	\$50
• 20% coinsurance ¹	\$128	• 20% coinsurance	\$184	• 20% coinsurance	\$128
• Provider fee difference billed to employee ²	N/A	• Provider fee difference billed to employee	\$12	• Provider fee difference billed to employee	\$292
TOTAL OUT-OF-POCKET EXPENSES³	\$178	TOTAL OUT-OF-POCKET EXPENSES	\$246	TOTAL OUT-OF-POCKET EXPENSES	\$470

These examples are for illustrative purposes only.
The actual cost will vary based on the services provided.

¹ Coinsurance is fee amount – deductible x .20.

² Fee difference billed is provider charge – discounted fee amount or percentile amount when visiting a non-network provider.

³ Total out-of-pocket is deductible + coinsurance + fee difference billed amount. In designs where the benefits differ between in- and non-network, using a PPO provider will result in even greater savings.

⁴ This is the amount 80% of the providers in the area charge.

⁵ Maximum allowable charge.

I HAVE A DENTIST

Is he/she in our network?

Yes No I don't know

STEP 1 Verify he/she is in the network.

STEP 2 If not, ask him/her to join the network.

STEP 3 Find a new dentist if he/she does not join so you can save on dental care costs.

I DO NOT HAVE A DENTIST

STEP 1 Find a dentist by visiting www.principal.com/dentist.

Billing

Dentists who participate in the PPO network agree to submit claims on your behalf. Principal Life then sends payment to the dentist, who will in turn bill you for costs related to:

- Applicable coinsurance
- Deductibles
- The amount for services not covered under your benefit design

If you visit a non-network dentist, you can be billed for any amount over our considered charge, which is either UCR or the fee schedule allowance depending on the PPO type.

Find a network dentist

Use our Online Dental Directory at www.principal.com/dentist to locate nearby dentists who participate in the network.

MY DENTIST

Write down your dentist's name and contact info. for future reference:

Dentist Name:

Dentist Phone:

Access the Online Dental Directory on
26 www.principal.com/dentist



WE'LL GIVE YOU AN EDGE®

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

This flier is for your general information only. It is not a complete statement of the rights, benefits, limitations or exclusions of your dental coverage. See your benefit booklet for specific benefit and coverage information.



Discounts and services

Save money while improving your life

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

Laser Vision Correction	Imagine your life free from glasses and contacts. You, your spouse and dependent children receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network, administered by LCA-Vision, Inc. principallasik.com 888-647-3937
Hearing Aid Program/AHB	Consider how hearing loss affects the entire family. That’s why you, your spouse, children, parents and grandparents can receive free annual hearing consultations and a 60-day trial on hearing aids through American Hearing Benefits, Inc. (AHB). Plus, you all get discounts on hearing aids through their nationwide network of 3,000+ hearing professionals. principal.com/hearingbenefits/ahb 877-890-4694
Hearing Aid Program/EPIC	Take care of your family’s hearing. You and your family have access to a large network of audiologists and ear, nose and throat (ENT) physicians through Ear Professionals International Corporation (EPIC). All of you get up to 60% off major brand hearing aids. Follow-up care and batteries for one year are included for hearing aids purchased through EPIC. principal.com/hearingbenefits/epic 866-956-5400 and identify yourself as a Principal customer
Diabetic Living Magazine	Live fully each and every day while managing diabetes. You can purchase a one-year subscription for just \$16 and get the second year free. Each issue of the magazine offers recipes, weight-loss strategies, a sense of community and more. principal.com/diabeticliving

Available with your dental insurance

Vision Care	Protect and improve your family’s vision. You, your spouse and dependent children can get discounts on LASIK surgery from a nationwide network of VSP providers. You’ll also receive discounts on eye exams, prescription glasses and lenses, and contact lens evaluations and fittings through VSP. principal.com/vsp and select the VSP Choice Network 800-877-7195
Dental Health EdgeSM	Get the information you need to make better decisions about oral health care. You can go online and submit a dental care question and get a response from a dentist in one business day. A dental cost estimator shows approximate costs in a ZIP code. And you can access articles about dental health topics plus get information about how dental coverage works. http://c3.go2dental.com/scontent/

principal.com

The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services.

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

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

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 or vision coverage from Principal[®]. And with 77,000 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 program is not vision insurance.

Service and eyewear	Reduced prices and discounts*
Eye exam	\$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 • Lenticular lenses \$75 25% off frames
Lens enhancements	Average 20-25% off 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% off
Laser vision correction	15-25% off standard pricing or 5% off promotional pricing through VSP-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

Keep this card.

You don't need to give it to your VSP eye doctor. But you may want to keep it as a reminder of the discounts.

Using VSP is easy

Step 1 | Find a VSP eye doctor near you – Go to principal.com/vsp and select the VSP Choice network 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.

This discount program is not vision insurance³¹



Using VSP is easy. Just follow these steps.

- Step 1** | **Find a VSP eye doctor near you** – Go to principal.com/vsp and select the VSP Choice network 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

Dental and vision insurance from Principal® are issued by Principal Life Insurance Company, Des Moines, Iowa 50392

The VSP Vision Savings Pass is not vision insurance. This discount is not a part of any Principal policy or contract and may be changed or discontinued at any time. VSP is solely responsible for the goods and services provided through this program. VSP is not a member of the Principal Financial Group®. If your vision benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer’s behalf.

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Service and eyewear	Reduced prices and discounts*
Eye exam	\$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, save: Lenses – Single vision \$40, lined bifocal \$60, lined trifocal \$75, lenticular \$75 Frames – 25% off
Lens enhancements	Average 20-25% off 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% off
Laser vision correction	15-25% off standard pricing or 5% off promotional pricing through VSP-contracted facilities
Retinal screening	\$39 maximum fee

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



Your benefit resources

eService

Go online to check your benefits

Keeping track of your benefits has never been easier

When you want information about your benefits from Principal®, simply go online. Best of all, this service is available at no charge.

How to create an online account

It's easy! We'll have you up and running in no time.

- 1 | Go to **principal.com**.
- 2 | Select **Log In**, then **Personal**.
- 3 | After selecting **Create an account**, enter personal information such as your date of birth and identification number.
- 4 | **Create a username** and password, and provide an email address.

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 online

After logging in, you can manage your benefits, as well as other products you may have with Principal. Your online account allows you to:

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



Keeping your account safe

Your information is important to us. And because of that, we use a security feature that prevents others from accessing your account – even if they have your password. Verification codes add an extra layer of security. The first time you log in, you'll **need to choose where you want us to send the verification codes – either by text or email.**

If you log in from an unrecognized computer or mobile phone, forget your password, or we notice anything out of the ordinary, these codes help us confirm it's really you accessing your account – not someone pretending to be you.

You can choose to receive these codes every time you log in or only when we detect unusual activity.



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

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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Use our free app to check your benefits

Accessing your benefits information is easy

Just three easy steps to get started: Use your phone or tablet to access the Principal® secure mobile app and get information on your coverages.

1

Download Principal® Mobile from the App Store® or Google Play™.

2

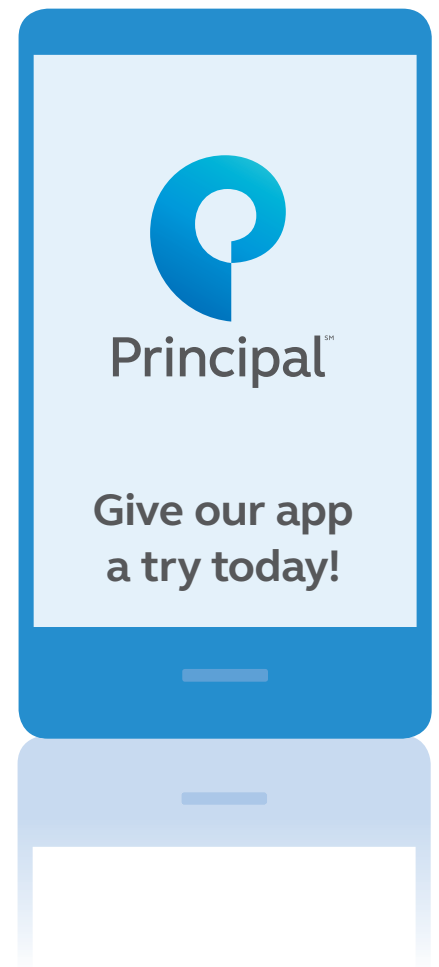
Log in. Use the same username and password you use on www.principal.com.

3

Go to the Group Insurance section.

Dental

- › View, email or fax your ID Card.
- › Search for a network dentist.
 - Get maps and directions.
 - Call the dentist's office.
- › View a summary of recently paid claims and other claim details.
- › Find coverage information (may include deductibles, coinsurance and maximum benefit).





The mobile application offered by Principal to view account information is currently supported on iPhone® (all operating systems) and Android™ (operating systems version 1.6 and greater). Information displayed in the application will vary depending on coverage type(s). Apple® and iPhone® are registered trademarks of Apple Inc. Android™ is a trademark of Google Inc. Use of this trademark is subject to Google Permissions. This mobile app is provided for general information purposes only. It is not a complete statement of the rights, benefits, limitations or exclusions of your coverage. For coverage details, refer to your benefit booklet.

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Notice of Privacy Practices for Health Information

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 medical expense, group dental expense and/or group vision care expense 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 April 1, 2016.

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: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, Des Moines, IA 50392-0002. A form to revoke an authorization can be obtained from the Health Information Protection Analyst.

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 perform a hospital admission review to determine whether services are for medically necessary care 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. To request a restriction, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a restriction can be obtained from the Health Information Protection Analyst. 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. To request a confidential communication, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a confidential communication can be obtained from the Health Information Protection Analyst.

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. To request access to your information, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request access to your health information can be obtained from the Health Information Protection Analyst. 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. To request an amendment, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an amendment to your health information can be obtained from the Health Information Protection Analyst. 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. To request an accounting, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an accounting of your health information can be obtained from the Health Information Protection Analyst. 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.

Complaints. If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, Group Compliance, 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.



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

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