

Group benefits

Understand your benefits

Brady Trucking, Inc.
All Other 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.

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

- Dental
- Vision
- Life
- Disability

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.

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

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

Life – Note if you've used nicotine products in the past 12 months.



Mailing Address
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Employee Enrollment
& Waiver-UT

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

Company name BRADY TRUCKING INC	Division level ALL OTHER MEMBERS	Account number/unit number 1093652-10001
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Employee Information

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

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

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

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

☐ yes ☐ no

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

Is your spouse or domestic partner employed by this company?

☐ yes ☐ no

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
NOTE: Employee coverage must be elected to elect any dependent coverage.			
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 (VTL) Benefit Amount:	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ Cannot exceed 100% of the employee election	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____
Short Term Disability	<input type="checkbox"/> Elect <input type="checkbox"/> Decline		
Long Term Disability	<input type="checkbox"/> Elect <input type="checkbox"/> Decline		
Input an amount in an increment of \$100. The minimum amount you can elect is \$500. Your maximum election cannot exceed 60% of your monthly earnings or \$6,000 per month.**			*\$ _____

*May be reduced by income from other income sources.

**If you elect an amount higher than allowed, you will be enrolled for 60% of your monthly earnings rounded to the next lower increment.

*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 (GP60481).

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

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:

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

Contingent Beneficiaries:

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

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

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

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

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

Declining Coverage

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

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

Employee Agreement (Read and sign)

I understand and agree with the following statements:

- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age, are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse dental or vision 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 I refuse life, disability, or critical illness coverage, I may apply later but I must show proof of good health and coverage will be subject to approval by Principal Life Insurance Company.
- If the group policy does not require my contribution, I cannot decline coverage unless the policy indicates otherwise.
- If the group policy requires my contribution, I authorize my employer to deduct from my pay.
- I represent all information on this form and attachments is complete and true to the best of my knowledge. They are part of this request for coverage. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- 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. Information will not be used for any purposes prohibited by law.
- **A person who is covered by Medicaid (or any similar Title XIX program) is not eligible for critical illness coverage and may not be issued coverage under the group policy.**

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

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

If critical illness coverage is elected, the critical illness certificate provides critical illness benefits only. Review your certificate carefully.

If dental coverage is elected, the dental certificate provides dental benefits only. Review your certificate carefully.

If vision coverage is elected, the vision certificate provides vision benefits only. Review your certificate carefully.

If accident coverage is elected, the accident certificate provides accident benefits only. Review your certificate carefully.

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 - UT**

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

Company name Brady Trucking, Inc.	Account/unit number 1093652
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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 (GP60481).

Nicotine Products

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

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

Reason for Adding a Coverage or Dependent

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

Date of event

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

Name of prior dental carrier

Date coverage ended

Name of prior life carrier

Date coverage ended

Name of prior vision carrier

Date coverage ended

Reason for Canceling a Coverage or Dependent

Date of request/ineligibility

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

Beneficiary Designation

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

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

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

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

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

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

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

Employee Signature (Read and sign below) - continued

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

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.

A person who is covered by Medicaid (or any similar Title XIX program) is not eligible for critical illness coverage and may not be issued coverage under the group policy.

If critical illness coverage is elected, the critical illness certificate provides critical illness benefits only. Review your certificate carefully.

If dental coverage is elected, the dental certificate provides dental benefits only. Review your certificate carefully.

If vision coverage is elected, the vision certificate provides vision benefits only. Review your certificate carefully.

If accident coverage is elected, the accident certificate provides accident benefits only. Review your certificate carefully.

Your signature **X** _____ Date signed _____

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

You must complete all pages of this form.

Statement of Health - UT

Principal Life Insurance Company
Des Moines, Iowa
Mailing address:
Des Moines, IA 50392-0002



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

Account number 1093652

Instructions

1. The Employee Information section should always be completed with the information about the employee.
2. The employee must ALWAYS sign the last page.
3. When coverage is being requested for an eligible dependent(s), this form applies to all persons requesting coverage.
 - a. Complete the Eligible Dependent Information section, if applicable.
 - b. Complete the Health Information section for you and your eligible dependents, if applicable.
 - c. The spouse or domestic partner must sign the last page if spouse or domestic partner coverage is being requested.
4. After completing and signing this form, make a copy for your records.

Employee Information

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

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

Name (last, first, middle initial) Spouse or domestic partner	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Social security number	Date of birth
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		

If additional dependents, list on separate page. Please sign and date the separate page.

To prevent delays give full details to "yes" answers for everyone requesting coverage. If more space is needed, attach a separate page giving full details. Sign and date all those pages.

1. Employee's height ___ ft. ___ in. weight ___ lbs.

Spouse's or domestic partner's height ___ ft. ___ in. weight ___ lbs.

2. <input type="checkbox"/> yes <input type="checkbox"/> no	Is any person currently receiving medical treatment or taking prescription medication?
3. <input type="checkbox"/> yes <input type="checkbox"/> no	Is any person currently pregnant?
4. <input type="checkbox"/> yes <input type="checkbox"/> no	In the past 5 years , has any person had surgery, been hospitalized or consulted with a doctor/physician or medical practitioner, had blood or other diagnostic tests (other than for HIV antibody), or been advised to receive medical treatment? Provide results of all tests.
5. <input type="checkbox"/> yes <input type="checkbox"/> no	<p>In the past 5 years, has any person been diagnosed with or received treatment for any of the following (check all that apply)?</p> <p> <input type="checkbox"/> cancer/tumor(s) <input type="checkbox"/> liver disorder/hepatitis <input type="checkbox"/> bone/joint disorder <input type="checkbox"/> infertility <input type="checkbox"/> back/spine disorder <input type="checkbox"/> kidney/urinary disorder <input type="checkbox"/> digestive disorder <input type="checkbox"/> blood disorder <input type="checkbox"/> stroke <input type="checkbox"/> migraines/headaches <input type="checkbox"/> alcohol/drug abuse <input type="checkbox"/> gland/thyroid disorder <input type="checkbox"/> skin/eyes/ears/nose/throat disorder <input type="checkbox"/> multiple sclerosis/neurological disorder <input type="checkbox"/> organ or other transplants <input type="checkbox"/> asthma/respiratory disorder <input type="checkbox"/> heart or circulatory disorder <input type="checkbox"/> psychological/mental disorder <input type="checkbox"/> Other conditions – including prescription medicine _____ <input type="checkbox"/> High blood pressure – last reading and date _____ / _____ <input type="checkbox"/> Diabetes – last HbA1c reading and date _____ / _____ </p>
6. <input type="checkbox"/> yes <input type="checkbox"/> no	In the last 5 years , has any person had, been treated for or been diagnosed as having HIV (Human Immunodeficiency Virus) infection, positive HIV test or AIDS (Acquired Immune Deficiency Syndrome), or ARC (AIDS Related Complex)?

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

Health Information (continued)**120**

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

If not released, describe current symptoms or problems

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

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

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

If not released, describe current symptoms or problems

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

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

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

If not released, describe current symptoms or problems

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

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

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

Diagnosis of illness or condition

If not released, describe current symptoms or problems

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

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

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

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

In order to properly underwrite and consider your request for coverage, we must collect information to determine if you (and your dependents if also requesting dependent coverage) qualify for insurance with Principal Life Insurance Company. We will do this by having you complete this Statement of Health. In addition, we may contact sources besides yourself for personal data about any proposed insured, including (a) spouse or domestic partner, (b) employer, (c) medical professionals or institutions, (d) pharmacy benefit managers, and (e) insurance companies to which you may have applied for insurance in the past. The personal data may include age, medical history, job, income, habits and other personal characteristic information. We may also ask that medical exams or other tests be completed.

We will keep your data confidential. Only employees performing business transactions regarding your coverage will see your data. In certain circumstances, we may provide data to (a) government agencies, (b) attending physicians, (c) insurance organizations without identification, (d) the employer, and (e) our reinsurer, if applicable, for the purpose of reporting claims experience or conducting audits.

You or your dependents, if applicable, have certain rights in connection with this request for coverage. Those rights are:

1. to find out what personal information is contained in Principal Life files (medical information may be disclosed only to your attending physician).
2. to correct or amend information in Principal Life files.

Upon written request, Principal Life will furnish to you (or your dependent) information concerning:

1. the nature and scope of personal data in our records;
2. the types of disclosures which may be made; and
3. rights of access to the information collected and how such information may be corrected or amended.

We will respond to such written request within 30 days from the date of receipt.

For further information about your file or rights, you may contact: Group Operations, Group Medical Underwriting, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0531.

Authorization, Acknowledgment, and Signatures

- I represent information, statements, and answers on this form, and any attachments, are complete and true to the best of my knowledge. They are a part of this request for coverage under the group policies. I agree Principal Life is not liable for anyone's claim which happens or begins before the effective date and approval of coverage. No information will be considered to have been given to Principal Life unless it is stated on this form.
- I have read, or had read to me, the questions and responses and realize any false statements, omissions or material misrepresentation regarding age or health information could cause coverage, if issued, to be cancelled as never effective.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- If approved for coverage, all policy provisions will apply including, but not limited to, preexisting conditions restriction, the Actively at Work and Period of Limited Activity provisions.
- I understand an agent cannot change or waive any rates, benefits, or provisions of any policy, if issued, without the written approval of an officer of Principal Life.
- I authorize any physician, medical practitioner, health care provider, hospital, clinic or medically related facility, pharmacy benefit manager, insurance company, consumer reporting agency or employer, that has any personal information, including physical, mental, drug or alcohol use history, regarding me or any dependent, to give to Principal Life, its agents, employees or reinsurers performing business transactions, any such data.
- I authorize Principal Life to release any such data as required by law. When signed in connection with any application for, reinstatement of, or request for change in benefits, this form shall be valid for two years after the date signed. I understand I may revoke this authorization for information not then obtained. A photocopy of this form shall be as valid as the original. I understand additional medical records may be requested at the time a claim is filed.
- I understand the data obtained by use of this authorization will be used by Principal Life for claims administration and to determine eligibility for coverage. This information will not be used for any purposes prohibited by law.
- Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules.

A person who is covered by Medicaid (or any similar Title XIX program) is not eligible for critical illness coverage and may not be issued coverage under the group policy.

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

*Spouse's or domestic partner's signature only required if Voluntary Term Life or Critical Illness coverage is elected.



Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

UTMA Beneficiary
Designation

Company Name**Account/Unit Number**

Brady Trucking, Inc.

1093652

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
Brady Trucking, Inc.	1093652

Employee Information

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

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

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. If designating a minor, please check the applicable box and complete the Minor Beneficiary – UTMA section on Page 4.

Primary Beneficiaries:

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

Contingent Beneficiaries:

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

Section II 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 on Page 1, write "same as Section I" in the beneficiary section below.)

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.

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

Contingent Beneficiaries:

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

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

Contingent Beneficiaries:

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

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

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

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

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

(Name)

(Address)

as custodian for such beneficiary:

(Check One Only) See instructions on Page 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 III 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

Policyholder: BRADY TRUCKING INC



Group dental insurance benefit summary for

all members

Effective date: 01/01/2021

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.

Combined annual benefit maximum

This is the total amount your insurance will cover annually for all services combined.

Combined annual benefit maximum - all	
In-network	Out-of-network
\$1,000	\$1,000

Preventive

Calendar year deductible		Coinsurance your policy pays	
In-network	Out-of-network	In-network	Out-of-network
\$0	\$0	100%	100%

- Routine exams - twice per calendar year
- Routine cleanings - twice per calendar year
- Bitewing X-rays - twice per calendar year
- Full mouth X-rays – once every 36 months
- Fluoride – once per calendar year (covered only for dependent children under age 19)
- Sealants – covered only for dependent children under age 19 once per tooth each 36 months

Basic

Calendar year deductible		Coinsurance your policy pays	
In-network	Out-of-network	In-network	Out-of-network
\$50	\$50	80%	80%

- Emergency exams – subject to Routine exam frequency limit
- Periodontal maintenance - if three months have passed since active surgical periodontal treatment; subject to Routine cleaning frequency limit
- Fillings - covered once every 24 months
- Composite (tooth colored) fillings covered on posterior teeth
- Simple oral surgery (simple extractions)
- Complex oral surgical procedures (impacted teeth)
- 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

Major

Calendar year deductible		Coinsurance your policy pays	
In-network	Out-of-network	In-network	Out-of-network
\$50	\$50	50%	50%

- General anesthesia / IV sedation (covered only for specific procedures)
- Crowns – each 60 months per tooth
- Core buildup - each 60 months per tooth
- Implants – each 60 months
- Bridges (initial placement / replacement) - 60 months old
- Dentures (initial placement / replacement) - 60 months old

Orthodontia

Calendar year deductible		Coinsurance your policy pays		Lifetime maximum	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$0	\$0	50%	50%	\$1,000	\$1,000

- Child coverage
- Bands that are placed on a dependent child's teeth before age 19 may be covered.

Additional benefits

- Family deductible - 3 times the per person deductible amount
- Combined deductible - Your deductibles that are in-network for basic and major services are combined. Your deductibles that are out-of-network for basic and major services are combined.
- Prevailing charge - When you receive care from an out-of-network-provider, benefits will be based on the 95th 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

Insurance issued by Principal Life Insurance Company
 711 High Street, Des Moines, IA 50392
 10/2020
 Page 2 of 5
 1093652 - 10001

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.
- 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.

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

Who can buy coverage?

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

Additional eligibility requirements may 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 800-832-4450, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth –The initial placement of bridges, partials, and dentures to replace teeth missing before this coverage starts won't be covered. If this policy replaces coverage with another carrier, continuous coverage under the prior plan may be applied to the missing tooth provision requirement. This 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.

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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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.

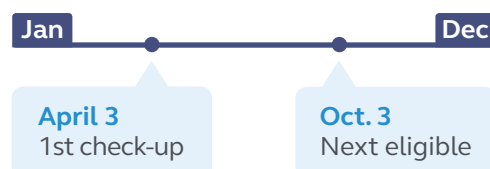


Make sure you're eligible.

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

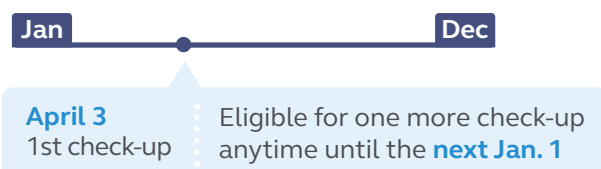
Example 1

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](https://principal.com/contact-us).**

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](https://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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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 significant 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 benefits paid 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 next year.

Let's look at an example of how the rollover amount is calculated assuming a \$1,000 calendar-year maximum.

	Maximum*	Claim limit	Benefits paid	Rollover amount	Accumulated rollover
Year 1	\$1,000	\$500	\$450	\$250	\$250
Year 2	\$1,250	\$500	\$850	\$0	\$250
Year 3	\$1,250	\$500	\$450	\$250	\$500
Year 4	\$1,500	\$500	\$0	\$0	\$0
Year 5	\$1,000	\$500	\$450	\$250	\$250

*Calendar-year maximum, plus accumulated rollover from the prior year.

You can see that in year 2, where benefits paid 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 making regular visits to 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. If your dental coverage is effective in October, November or December, you're eligible to start qualifying for rollover beginning in January. The amount you accumulate will be added to your maximum the following January.

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Your vision
benefits

Focus on your eye health

Taking good care of your vision can be simple and affordable. And it's important — after all, you only have one pair of eyes. In fact, did you know healthy vision plays a big role in your overall health?



It's a digital world. For most of us, a day doesn't go by without using our eyes to read, scan or view a smart phone, tablet, laptop or computer screen. That can lead to eye strain and potential long-term vision problems. For this reason alone, vision care is more important than ever.

And healthy vision is also an important component of your overall wellness. Regular eye exams can help uncover serious health conditions, like diabetes, hypertension, high cholesterol, cancer, thyroid disorders and more.

That's what vision insurance is all about, helping you take control of your eye health – and your overall health. Being covered by insurance makes it more likely you'll make regular visits to your eye doctor and catch health issues early, when it matters most.

Let's look at an example



In her job, Alisa deals with customer accounts, and that means she views names and numbers on her computer screen — all day, every day. And like many of us, she keeps in touch with her friends via social media on her smartphone.

It's safe to say she relies on her eyes in all areas of her life. So since glaucoma and diabetes run in the family, Alisa can't afford to let a year go by without a visit to the eye doctor. That's why access to vision insurance through her employer is important to her.

Enroll in [vision insurance](#) and make the most of a benefit that can help you protect your eyes and your overall health.



principal.com

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

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



Group vision

Benefit summary for all members

Effective date: 01/01/2021

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.

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 \$130 every 12 months; 20% off amount over allowance ¹	\$10 copay <ul style="list-style-type: none">• Single lenses• Lined bifocal lenses• Lined trifocal lenses• Lenticular lenses
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 20-25% ¹
Elective contacts	Covered up to \$130 every 12 months. Contact lenses can be chosen instead of glasses.
Contact fitting and evaluation	\$60 copay
Necessary contacts	Covered in full after \$10 copay every 12 months

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

Who can buy coverage?

- You can buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll 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.

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

GP62634

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10/2020

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 \$70 which is equivalent to a \$130 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.

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 12 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

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.



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

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



Your life
benefits

Protect what means the most to you

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

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

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

Here's how life insurance works

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

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

Let's look at an example



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

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

How much coverage do you need?

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

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

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

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

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

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Policyholder: BRADY TRUCKING INC

Group term life insurance benefit summary for all members



Effective date: 01/01/2021

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	\$10,000	If you're under age 70: \$10,000 If you're 70 or older: The lesser of \$10,000 or the amount with the prior carrier.	35% reduction at age 65, with an additional 15% reduction at age 70. Age reductions apply to the benefit amount after providing health information.

¹Amount of coverage you may buy without answering medical questions

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

Who receives coverage?

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

Additional eligibility requirements may apply.

Do I need to provide health information?

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

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

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

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

Additional benefits:

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

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



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

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

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Policyholder: BRADY TRUCKING INC



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

Effective date: 01/01/2021

What's available to me?

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

	Benefit	Minimum	Guaranteed issue ¹	Maximum	Benefit reduction ²
You	Select a benefit in increments of \$10,000	\$10,000	If you're under 70, \$200,000 If you're age 70 or older, \$10,000	\$500,000	35% reduction at age 65, with an additional 15% reduction at age 70.
Your spouse	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70, \$30,000 If your spouse is 70 or older, \$10,000	\$200,000, up to 100% of your benefit	35% reduction at age 65, with an additional 15% reduction at age 70.
Your child(ren)	Options: <ul style="list-style-type: none">• \$5,000, or• \$10,000, or• \$20,000			Up to 100% of your benefit	

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

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

Who can buy coverage?

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

Additional eligibility requirements may apply.

Do I need to provide health information?

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

May I increase my benefit later?

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

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. Your spouse may receive a benefit if they are injured off the job.

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

Occupational coverage

For your covered spouse, benefits will not be paid for an injury arising from or during employment for wage or profit.

Insurance issued by Principal Life Insurance Company
711 High Street, Des Moines, IA 50392
08/2020
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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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Brady Trucking, Inc.

Voluntary-term life/AD&D - employee (non-smoker)

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 12/31/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$10,000	\$0.57	\$0.60	\$0.79	\$1.13	\$1.62	\$2.50	\$3.79	\$5.18	\$6,500	\$6.08	\$5,000	\$7.68
\$20,000	\$1.12	\$1.20	\$1.57	\$2.26	\$3.24	\$4.99	\$7.58	\$10.35	\$13,000	\$12.16	\$10,000	\$15.36
\$30,000	\$1.69	\$1.80	\$2.36	\$3.39	\$4.86	\$7.49	\$11.37	\$15.52	\$19,500	\$18.24	\$15,000	\$23.04
\$40,000	\$2.25	\$2.40	\$3.13	\$4.52	\$6.48	\$9.98	\$15.15	\$20.69	\$26,000	\$24.33	\$20,000	\$30.72
\$50,000	\$2.81	\$3.00	\$3.92	\$5.65	\$8.10	\$12.48	\$18.95	\$25.87	\$32,500	\$30.41	\$25,000	\$38.40
\$60,000	\$3.38	\$3.60	\$4.71	\$6.79	\$9.72	\$14.98	\$22.74	\$31.05	\$39,000	\$36.48	\$30,000	\$46.08
\$70,000	\$3.94	\$4.20	\$5.49	\$7.91	\$11.34	\$17.48	\$26.52	\$36.21	\$45,500	\$42.57	\$35,000	\$53.76
\$80,000	\$4.51	\$4.80	\$6.28	\$9.05	\$12.96	\$19.98	\$30.31	\$41.39	\$52,000	\$48.65	\$40,000	\$61.44
\$90,000	\$5.07	\$5.40	\$7.07	\$10.18	\$14.58	\$22.48	\$34.11	\$46.57	\$58,500	\$54.73	\$45,000	\$69.12
\$100,000	\$5.63	\$6.00	\$7.84	\$11.31	\$16.20	\$24.97	\$37.89	\$51.74	\$65,000	\$60.81	\$50,000	\$76.80
\$110,000	\$6.20	\$6.60	\$8.63	\$12.44	\$17.82	\$27.47	\$41.68	\$56.91	\$71,500	\$66.89	\$55,000	\$84.48
\$120,000	\$6.75	\$7.20	\$9.41	\$13.57	\$19.44	\$29.96	\$45.47	\$62.08	\$78,000	\$72.97	\$60,000	\$92.16
\$130,000	\$7.32	\$7.80	\$10.20	\$14.70	\$21.06	\$32.46	\$49.26	\$67.26	\$84,500	\$79.05	\$65,000	\$99.84
\$140,000	\$7.89	\$8.40	\$10.99	\$15.83	\$22.68	\$34.96	\$53.05	\$72.44	\$91,000	\$85.14	\$70,000	\$107.52
\$150,000	\$8.44	\$9.00	\$11.77	\$16.96	\$24.30	\$37.45	\$56.84	\$77.61	\$97,500	\$91.22	\$75,000	\$115.20
\$160,000	\$9.01	\$9.60	\$12.56	\$18.09	\$25.92	\$39.95	\$60.63	\$82.78	\$104,000	\$97.29	\$80,000	\$122.88
\$170,000	\$9.57	\$10.20	\$13.33	\$19.22	\$27.54	\$42.44	\$64.41	\$87.95	\$110,500	\$103.38	\$85,000	\$130.56
\$180,000	\$10.13	\$10.80	\$14.12	\$20.35	\$29.16	\$44.94	\$68.21	\$93.13	\$117,000	\$109.46	\$90,000	\$138.24
\$190,000	\$10.70	\$11.40	\$14.91	\$21.49	\$30.78	\$47.44	\$72.00	\$98.31	\$123,500	\$115.54	\$95,000	\$145.92
\$200,000	\$11.26	\$12.00	\$15.69	\$22.61	\$32.40	\$49.94	\$75.78	\$103.47	\$130,000	\$121.62	\$100,000	\$153.60
\$210,000	\$11.83	\$12.60	\$16.48	\$23.75	\$34.02	\$52.44	\$79.57	\$108.65	\$136,500	\$127.70	\$105,000	\$161.28
\$220,000	\$12.39	\$13.20	\$17.27	\$24.88	\$35.64	\$54.94	\$83.37	\$113.83	\$143,000	\$133.78	\$110,000	\$168.96
\$230,000	\$12.95	\$13.80	\$18.04	\$26.01	\$37.26	\$57.43	\$87.15	\$119.00	\$149,500	\$139.86	\$115,000	\$176.64
\$240,000	\$13.52	\$14.40	\$18.83	\$27.14	\$38.88	\$59.93	\$90.94	\$124.17	\$156,000	\$145.95	\$120,000	\$184.32
\$250,000	\$14.07	\$15.00	\$19.61	\$28.27	\$40.50	\$62.42	\$94.73	\$129.34	\$162,500	\$152.03	\$125,000	\$192.00
\$260,000	\$14.64	\$15.60	\$20.40	\$29.40	\$42.12	\$64.92	\$98.52	\$134.52	\$169,000	\$158.10	\$130,000	\$199.68
\$270,000	\$15.21	\$16.20	\$21.19	\$30.53	\$43.74	\$67.42	\$102.31	\$139.70	\$175,500	\$164.19	\$135,000	\$207.36
\$280,000	\$15.76	\$16.80	\$21.97	\$31.66	\$45.36	\$69.91	\$106.10	\$144.87	\$182,000	\$170.27	\$140,000	\$215.04
\$290,000	\$16.33	\$17.40	\$22.76	\$32.79	\$46.98	\$72.41	\$109.89	\$150.04	\$188,500	\$176.35	\$145,000	\$222.72
\$300,000	\$16.89	\$18.00	\$23.53	\$33.92	\$48.60	\$74.90	\$113.67	\$155.21	\$195,000	\$182.43	\$150,000	\$230.40
\$310,000	\$17.45	\$18.60	\$24.32	\$35.05	\$50.22	\$77.40	\$117.47	\$160.39	\$201,500	\$188.51	\$155,000	\$238.08
\$320,000	\$18.02	\$19.20	\$25.11	\$36.19	\$51.84	\$79.90	\$121.26	\$165.57	\$208,000	\$194.59	\$160,000	\$245.76
\$330,000	\$18.58	\$19.80	\$25.89	\$37.31	\$53.46	\$82.40	\$125.04	\$170.73	\$214,500	\$200.67	\$165,000	\$253.44
\$340,000	\$19.15	\$20.40	\$26.68	\$38.45	\$55.08	\$84.90	\$128.83	\$175.91	\$221,000	\$206.76	\$170,000	\$261.12
\$350,000	\$19.71	\$21.00	\$27.47	\$39.58	\$56.70	\$87.40	\$132.63	\$181.09	\$227,500	\$212.84	\$175,000	\$268.80
\$360,000	\$20.27	\$21.60	\$28.24	\$40.71	\$58.32	\$89.89	\$136.41	\$186.26	\$234,000	\$218.91	\$180,000	\$276.48
\$370,000	\$20.84	\$22.20	\$29.03	\$41.84	\$59.94	\$92.39	\$140.20	\$191.43	\$240,500	\$225.00	\$185,000	\$284.16

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Voluntary-term life/AD&D - employee (non-smoker)

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 12/31/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$380,000	\$21.39	\$22.80	\$29.81	\$42.97	\$61.56	\$94.88	\$143.99	\$196.60	\$247,000	\$231.08	\$190,000	\$291.84
\$390,000	\$21.96	\$23.40	\$30.60	\$44.10	\$63.18	\$97.38	\$147.78	\$201.78	\$253,500	\$237.16	\$195,000	\$299.52
\$400,000	\$22.53	\$24.00	\$31.39	\$45.23	\$64.80	\$99.88	\$151.57	\$206.96	\$260,000	\$243.24	\$200,000	\$307.20
\$410,000	\$23.08	\$24.60	\$32.17	\$46.36	\$66.42	\$102.37	\$155.36	\$212.13	\$266,500	\$249.32	\$205,000	\$314.88
\$420,000	\$23.65	\$25.20	\$32.96	\$47.49	\$68.04	\$104.87	\$159.15	\$217.30	\$273,000	\$255.40	\$210,000	\$322.56
\$430,000	\$24.21	\$25.80	\$33.73	\$48.62	\$69.66	\$107.36	\$162.93	\$222.47	\$279,500	\$261.48	\$215,000	\$330.24
\$440,000	\$24.77	\$26.40	\$34.52	\$49.75	\$71.28	\$109.86	\$166.73	\$227.65	\$286,000	\$267.57	\$220,000	\$337.92
\$450,000	\$25.34	\$27.00	\$35.31	\$50.89	\$72.90	\$112.36	\$170.52	\$232.83	\$292,500	\$273.65	\$225,000	\$345.60
\$460,000	\$25.90	\$27.60	\$36.09	\$52.01	\$74.52	\$114.86	\$174.30	\$237.99	\$299,000	\$279.72	\$230,000	\$353.28
\$470,000	\$26.47	\$28.20	\$36.88	\$53.15	\$76.14	\$117.36	\$178.09	\$243.17	\$305,500	\$285.81	\$235,000	\$360.96
\$480,000	\$27.03	\$28.80	\$37.67	\$54.28	\$77.76	\$119.86	\$181.89	\$248.35	\$312,000	\$291.89	\$240,000	\$368.64
\$490,000	\$27.59	\$29.40	\$38.44	\$55.41	\$79.38	\$122.35	\$185.67	\$253.52	\$318,500	\$297.97	\$245,000	\$376.32
\$500,000	\$28.16	\$30.00	\$39.23	\$56.54	\$81.00	\$124.85	\$189.46	\$258.69	\$325,000	\$304.05	\$250,000	\$384.00

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

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

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Brady Trucking, Inc.

Voluntary-term life/AD&D - spouse (non-smoker)

Estimated spouse bi-weekly premium amounts
End of the rate guarantee period: 12/31/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$5,000	\$0.28	\$0.30	\$0.39	\$0.56	\$0.81	\$1.25	\$1.89	\$2.58	\$3,250	\$3.04	\$5,000	\$3.84
\$10,000	\$0.57	\$0.60	\$0.79	\$1.13	\$1.62	\$2.50	\$3.79	\$5.18	\$6,500	\$6.08	\$5,000	\$7.68
\$15,000	\$0.85	\$0.90	\$1.18	\$1.70	\$2.43	\$3.75	\$5.68	\$7.76	\$9,750	\$9.12	\$7,500	\$11.52
\$20,000	\$1.12	\$1.20	\$1.57	\$2.26	\$3.24	\$4.99	\$7.58	\$10.35	\$13,000	\$12.16	\$10,000	\$15.36
\$25,000	\$1.41	\$1.50	\$1.97	\$2.83	\$4.05	\$6.25	\$9.48	\$12.94	\$16,250	\$15.21	\$12,500	\$19.20
\$30,000	\$1.69	\$1.80	\$2.36	\$3.39	\$4.86	\$7.49	\$11.37	\$15.52	\$19,500	\$18.24	\$15,000	\$23.04
\$35,000	\$1.97	\$2.10	\$2.74	\$3.96	\$5.67	\$8.74	\$13.26	\$18.11	\$22,750	\$21.28	\$17,500	\$26.88
\$40,000	\$2.25	\$2.40	\$3.13	\$4.52	\$6.48	\$9.98	\$15.15	\$20.69	\$26,000	\$24.33	\$20,000	\$30.72
\$45,000	\$2.54	\$2.70	\$3.53	\$5.09	\$7.29	\$11.24	\$17.05	\$23.28	\$29,250	\$27.36	\$22,500	\$34.56
\$50,000	\$2.81	\$3.00	\$3.92	\$5.65	\$8.10	\$12.48	\$18.95	\$25.87	\$32,500	\$30.41	\$25,000	\$38.40
\$55,000	\$3.09	\$3.30	\$4.31	\$6.22	\$8.91	\$13.73	\$20.84	\$28.45	\$35,750	\$33.45	\$27,500	\$42.24
\$60,000	\$3.38	\$3.60	\$4.71	\$6.79	\$9.72	\$14.98	\$22.74	\$31.05	\$39,000	\$36.48	\$30,000	\$46.08
\$65,000	\$3.66	\$3.90	\$5.10	\$7.35	\$10.53	\$16.23	\$24.63	\$33.63	\$42,250	\$39.53	\$32,500	\$49.93
\$70,000	\$3.94	\$4.20	\$5.49	\$7.91	\$11.34	\$17.48	\$26.52	\$36.21	\$45,500	\$42.57	\$35,000	\$53.76
\$75,000	\$4.23	\$4.50	\$5.89	\$8.48	\$12.15	\$18.73	\$28.42	\$38.81	\$48,750	\$45.61	\$37,500	\$57.60
\$80,000	\$4.51	\$4.80	\$6.28	\$9.05	\$12.96	\$19.98	\$30.31	\$41.39	\$52,000	\$48.65	\$40,000	\$61.44
\$85,000	\$4.78	\$5.10	\$6.67	\$9.61	\$13.77	\$21.22	\$32.21	\$43.98	\$55,250	\$51.69	\$42,500	\$65.28
\$90,000	\$5.07	\$5.40	\$7.07	\$10.18	\$14.58	\$22.48	\$34.11	\$46.57	\$58,500	\$54.73	\$45,000	\$69.12
\$95,000	\$5.35	\$5.70	\$7.46	\$10.74	\$15.39	\$23.72	\$36.00	\$49.15	\$61,750	\$57.77	\$47,500	\$72.96
\$100,000	\$5.63	\$6.00	\$7.84	\$11.31	\$16.20	\$24.97	\$37.89	\$51.74	\$65,000	\$60.81	\$50,000	\$76.80
\$105,000	\$5.91	\$6.30	\$8.23	\$11.87	\$17.01	\$26.21	\$39.78	\$54.32	\$68,250	\$63.85	\$52,500	\$80.64
\$110,000	\$6.20	\$6.60	\$8.63	\$12.44	\$17.82	\$27.47	\$41.68	\$56.91	\$71,500	\$66.89	\$55,000	\$84.48
\$115,000	\$6.47	\$6.90	\$9.02	\$13.00	\$18.63	\$28.71	\$43.58	\$59.50	\$74,750	\$69.93	\$57,500	\$88.32
\$120,000	\$6.75	\$7.20	\$9.41	\$13.57	\$19.44	\$29.96	\$45.47	\$62.08	\$78,000	\$72.97	\$60,000	\$92.16
\$125,000	\$7.04	\$7.50	\$9.81	\$14.14	\$20.25	\$31.21	\$47.37	\$64.68	\$81,250	\$76.02	\$62,500	\$96.00
\$130,000	\$7.32	\$7.80	\$10.20	\$14.70	\$21.06	\$32.46	\$49.26	\$67.26	\$84,500	\$79.05	\$65,000	\$99.84
\$135,000	\$7.60	\$8.10	\$10.59	\$15.26	\$21.87	\$33.71	\$51.15	\$69.84	\$87,750	\$82.09	\$67,500	\$103.68
\$140,000	\$7.89	\$8.40	\$10.99	\$15.83	\$22.68	\$34.96	\$53.05	\$72.44	\$91,000	\$85.14	\$70,000	\$107.52
\$145,000	\$8.17	\$8.70	\$11.38	\$16.40	\$23.49	\$36.21	\$54.94	\$75.02	\$94,250	\$88.17	\$72,500	\$111.36
\$150,000	\$8.44	\$9.00	\$11.77	\$16.96	\$24.30	\$37.45	\$56.84	\$77.61	\$97,500	\$91.22	\$75,000	\$115.20
\$155,000	\$8.73	\$9.30	\$12.17	\$17.53	\$25.11	\$38.71	\$58.74	\$80.20	\$100,750	\$94.26	\$77,500	\$119.04
\$160,000	\$9.01	\$9.60	\$12.56	\$18.09	\$25.92	\$39.95	\$60.63	\$82.78	\$104,000	\$97.29	\$80,000	\$122.88
\$165,000	\$9.29	\$9.90	\$12.94	\$18.66	\$26.73	\$41.20	\$62.52	\$85.37	\$107,250	\$100.34	\$82,500	\$126.72
\$170,000	\$9.57	\$10.20	\$13.33	\$19.22	\$27.54	\$42.44	\$64.41	\$87.95	\$110,500	\$103.38	\$85,000	\$130.56
\$175,000	\$9.86	\$10.50	\$13.73	\$19.79	\$28.35	\$43.70	\$66.31	\$90.54	\$113,750	\$106.42	\$87,500	\$134.40
\$180,000	\$10.13	\$10.80	\$14.12	\$20.35	\$29.16	\$44.94	\$68.21	\$93.13	\$117,000	\$109.46	\$90,000	\$138.24
\$185,000	\$10.41	\$11.10	\$14.51	\$20.92	\$29.97	\$46.19	\$70.10	\$95.71	\$120,250	\$112.50	\$92,500	\$142.08

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Voluntary-term life/AD&D - spouse (non-smoker)

Estimated spouse bi-weekly premium amounts
End of the rate guarantee period: 12/31/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$190,000	\$10.70	\$11.40	\$14.91	\$21.49	\$30.78	\$47.44	\$72.00	\$98.31	\$123,500	\$115.54	\$95,000	\$145.92
\$195,000	\$10.98	\$11.70	\$15.30	\$22.05	\$31.59	\$48.69	\$73.89	\$100.89	\$126,750	\$118.58	\$97,500	\$149.77
\$200,000	\$11.26	\$12.00	\$15.69	\$22.61	\$32.40	\$49.94	\$75.78	\$103.47	\$130,000	\$121.62	\$100,000	\$153.60

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

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

\$5,000	\$0.46
\$10,000	\$0.92
\$20,000	\$1.85

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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Brady Trucking, Inc.

Voluntary-term life/AD&D - employee (smoker)

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 12/31/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$10,000	\$0.90	\$0.96	\$1.33	\$2.01	\$2.97	\$4.69	\$7.24	\$9.96	\$6,500	\$11.83	\$5,000	\$14.67
\$20,000	\$1.80	\$1.92	\$2.65	\$4.00	\$5.92	\$9.38	\$14.47	\$19.92	\$13,000	\$23.65	\$10,000	\$29.34
\$30,000	\$2.70	\$2.88	\$3.98	\$6.01	\$8.89	\$14.07	\$21.71	\$29.88	\$19,500	\$35.48	\$15,000	\$44.01
\$40,000	\$3.60	\$3.84	\$5.29	\$8.01	\$11.85	\$18.75	\$28.94	\$39.84	\$26,000	\$47.31	\$20,000	\$58.68
\$50,000	\$4.50	\$4.80	\$6.62	\$10.01	\$14.81	\$23.45	\$36.18	\$49.80	\$32,500	\$59.14	\$25,000	\$73.35
\$60,000	\$5.40	\$5.76	\$7.95	\$12.02	\$17.78	\$28.14	\$43.42	\$59.76	\$39,000	\$70.95	\$30,000	\$88.02
\$70,000	\$6.30	\$6.72	\$9.27	\$14.02	\$20.74	\$32.82	\$50.66	\$69.72	\$45,500	\$82.78	\$35,000	\$102.69
\$80,000	\$7.20	\$7.68	\$10.60	\$16.03	\$23.71	\$37.51	\$57.90	\$79.68	\$52,000	\$94.61	\$40,000	\$117.36
\$90,000	\$8.10	\$8.64	\$11.93	\$18.03	\$26.67	\$42.21	\$65.14	\$89.64	\$58,500	\$106.43	\$45,000	\$132.03
\$100,000	\$9.00	\$9.60	\$13.24	\$20.03	\$29.63	\$46.89	\$72.37	\$99.60	\$65,000	\$118.26	\$50,000	\$146.70
\$110,000	\$9.90	\$10.56	\$14.57	\$22.04	\$32.60	\$51.58	\$79.61	\$109.56	\$71,500	\$130.09	\$55,000	\$161.37
\$120,000	\$10.80	\$11.52	\$15.89	\$24.03	\$35.55	\$56.27	\$86.84	\$119.52	\$78,000	\$141.91	\$60,000	\$176.04
\$130,000	\$11.70	\$12.48	\$17.22	\$26.04	\$38.52	\$60.96	\$94.08	\$129.48	\$84,500	\$153.74	\$65,000	\$190.71
\$140,000	\$12.60	\$13.44	\$18.55	\$28.05	\$41.49	\$65.65	\$101.32	\$139.44	\$91,000	\$165.57	\$70,000	\$205.38
\$150,000	\$13.50	\$14.40	\$19.87	\$30.04	\$44.44	\$70.34	\$108.55	\$149.40	\$97,500	\$177.40	\$75,000	\$220.05
\$160,000	\$14.40	\$15.36	\$21.20	\$32.05	\$47.41	\$75.03	\$115.79	\$159.36	\$104,000	\$189.21	\$80,000	\$234.72
\$170,000	\$15.30	\$16.32	\$22.51	\$34.05	\$50.37	\$79.71	\$123.02	\$169.32	\$110,500	\$201.04	\$85,000	\$249.39
\$180,000	\$16.20	\$17.28	\$23.84	\$36.05	\$53.33	\$84.41	\$130.26	\$179.28	\$117,000	\$212.87	\$90,000	\$264.06
\$190,000	\$17.10	\$18.24	\$25.17	\$38.06	\$56.30	\$89.10	\$137.50	\$189.24	\$123,500	\$224.69	\$95,000	\$278.73
\$200,000	\$18.00	\$19.20	\$26.49	\$40.06	\$59.26	\$93.78	\$144.74	\$199.20	\$130,000	\$236.52	\$100,000	\$293.40
\$210,000	\$18.90	\$20.16	\$27.82	\$42.07	\$62.23	\$98.47	\$151.98	\$209.16	\$136,500	\$248.35	\$105,000	\$308.07
\$220,000	\$19.80	\$21.12	\$29.15	\$44.07	\$65.19	\$103.17	\$159.22	\$219.12	\$143,000	\$260.17	\$110,000	\$322.74
\$230,000	\$20.70	\$22.08	\$30.46	\$46.07	\$68.15	\$107.85	\$166.45	\$229.08	\$149,500	\$272.00	\$115,000	\$337.41
\$240,000	\$21.60	\$23.04	\$31.79	\$48.08	\$71.12	\$112.54	\$173.69	\$239.04	\$156,000	\$283.83	\$120,000	\$352.08
\$250,000	\$22.50	\$24.00	\$33.11	\$50.07	\$74.07	\$117.23	\$180.92	\$249.00	\$162,500	\$295.66	\$125,000	\$366.75
\$260,000	\$23.40	\$24.96	\$34.44	\$52.08	\$77.04	\$121.92	\$188.16	\$258.96	\$169,000	\$307.47	\$130,000	\$381.42
\$270,000	\$24.30	\$25.92	\$35.77	\$54.09	\$80.01	\$126.61	\$195.40	\$268.92	\$175,500	\$319.30	\$135,000	\$396.09
\$280,000	\$25.20	\$26.88	\$37.09	\$56.08	\$82.96	\$131.30	\$202.63	\$278.88	\$182,000	\$331.13	\$140,000	\$410.76
\$290,000	\$26.10	\$27.84	\$38.42	\$58.09	\$85.93	\$135.99	\$209.87	\$288.84	\$188,500	\$342.95	\$145,000	\$425.43
\$300,000	\$27.00	\$28.80	\$39.73	\$60.09	\$88.89	\$140.67	\$217.10	\$298.80	\$195,000	\$354.78	\$150,000	\$440.10
\$310,000	\$27.90	\$29.76	\$41.06	\$62.09	\$91.85	\$145.37	\$224.34	\$308.76	\$201,500	\$366.61	\$155,000	\$454.77
\$320,000	\$28.80	\$30.72	\$42.39	\$64.10	\$94.82	\$150.06	\$231.58	\$318.72	\$208,000	\$378.43	\$160,000	\$469.44
\$330,000	\$29.70	\$31.68	\$43.71	\$66.10	\$97.78	\$154.74	\$238.82	\$328.68	\$214,500	\$390.26	\$165,000	\$484.11
\$340,000	\$30.60	\$32.64	\$45.04	\$68.11	\$100.75	\$159.43	\$246.06	\$338.64	\$221,000	\$402.09	\$170,000	\$498.78
\$350,000	\$31.50	\$33.60	\$46.37	\$70.11	\$103.71	\$164.13	\$253.30	\$348.60	\$227,500	\$413.92	\$175,000	\$513.45
\$360,000	\$32.40	\$34.56	\$47.68	\$72.11	\$106.67	\$168.81	\$260.53	\$358.56	\$234,000	\$425.73	\$180,000	\$528.12
\$370,000	\$33.30	\$35.52	\$49.01	\$74.12	\$109.64	\$173.50	\$267.77	\$368.52	\$240,500	\$437.56	\$185,000	\$542.79

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Brady Trucking, Inc.

Voluntary-term life/AD&D - employee (smoker)

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 12/31/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$380,000	\$34.20	\$36.48	\$50.33	\$76.11	\$112.59	\$178.19	\$275.00	\$378.48	\$247,000	\$449.39	\$190,000	\$557.46
\$390,000	\$35.10	\$37.44	\$51.66	\$78.12	\$115.56	\$182.88	\$282.24	\$388.44	\$253,500	\$461.21	\$195,000	\$572.13
\$400,000	\$36.00	\$38.40	\$52.99	\$80.13	\$118.53	\$187.57	\$289.48	\$398.40	\$260,000	\$473.04	\$200,000	\$586.80
\$410,000	\$36.90	\$39.36	\$54.31	\$82.12	\$121.48	\$192.26	\$296.71	\$408.36	\$266,500	\$484.87	\$205,000	\$601.47
\$420,000	\$37.80	\$40.32	\$55.64	\$84.13	\$124.45	\$196.95	\$303.95	\$418.32	\$273,000	\$496.69	\$210,000	\$616.14
\$430,000	\$38.70	\$41.28	\$56.95	\$86.13	\$127.41	\$201.63	\$311.18	\$428.28	\$279,500	\$508.52	\$215,000	\$630.81
\$440,000	\$39.60	\$42.24	\$58.28	\$88.13	\$130.37	\$206.33	\$318.42	\$438.24	\$286,000	\$520.35	\$220,000	\$645.48
\$450,000	\$40.50	\$43.20	\$59.61	\$90.14	\$133.34	\$211.02	\$325.66	\$448.20	\$292,500	\$532.18	\$225,000	\$660.15
\$460,000	\$41.40	\$44.16	\$60.93	\$92.14	\$136.30	\$215.70	\$332.90	\$458.16	\$299,000	\$543.99	\$230,000	\$674.82
\$470,000	\$42.30	\$45.12	\$62.26	\$94.15	\$139.27	\$220.39	\$340.14	\$468.12	\$305,500	\$555.82	\$235,000	\$689.49
\$480,000	\$43.20	\$46.08	\$63.59	\$96.15	\$142.23	\$225.09	\$347.38	\$478.08	\$312,000	\$567.65	\$240,000	\$704.16
\$490,000	\$44.10	\$47.04	\$64.90	\$98.15	\$145.19	\$229.77	\$354.61	\$488.04	\$318,500	\$579.47	\$245,000	\$718.83
\$500,000	\$45.00	\$48.00	\$66.23	\$100.16	\$148.16	\$234.46	\$361.85	\$498.00	\$325,000	\$591.30	\$250,000	\$733.50

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

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Brady Trucking, Inc.

Voluntary-term life/AD&D - spouse (smoker)

Estimated spouse bi-weekly premium amounts

End of the rate guarantee period: 12/31/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$5,000	\$0.45	\$0.48	\$0.66	\$1.00	\$1.48	\$2.34	\$3.62	\$4.98	\$3,250	\$5.91	\$2,500	\$7.34
\$10,000	\$0.90	\$0.96	\$1.33	\$2.01	\$2.97	\$4.69	\$7.24	\$9.96	\$6,500	\$11.83	\$5,000	\$14.67
\$15,000	\$1.35	\$1.44	\$1.99	\$3.01	\$4.45	\$7.03	\$10.86	\$14.94	\$9,750	\$17.74	\$7,500	\$22.01
\$20,000	\$1.80	\$1.92	\$2.65	\$4.00	\$5.92	\$9.38	\$14.47	\$19.92	\$13,000	\$23.65	\$10,000	\$29.34
\$25,000	\$2.25	\$2.40	\$3.32	\$5.01	\$7.41	\$11.73	\$18.10	\$24.90	\$16,250	\$29.57	\$12,500	\$36.67
\$30,000	\$2.70	\$2.88	\$3.98	\$6.01	\$8.89	\$14.07	\$21.71	\$29.88	\$19,500	\$35.48	\$15,000	\$44.01
\$35,000	\$3.15	\$3.36	\$4.63	\$7.01	\$10.37	\$16.41	\$25.33	\$34.86	\$22,750	\$41.39	\$17,500	\$51.35
\$40,000	\$3.60	\$3.84	\$5.29	\$8.01	\$11.85	\$18.75	\$28.94	\$39.84	\$26,000	\$47.31	\$20,000	\$58.68
\$45,000	\$4.05	\$4.32	\$5.96	\$9.02	\$13.34	\$21.10	\$32.57	\$44.82	\$29,250	\$53.22	\$22,500	\$66.02
\$50,000	\$4.50	\$4.80	\$6.62	\$10.01	\$14.81	\$23.45	\$36.18	\$49.80	\$32,500	\$59.14	\$25,000	\$73.35
\$55,000	\$4.95	\$5.28	\$7.28	\$11.01	\$16.29	\$25.79	\$39.80	\$54.78	\$35,750	\$65.04	\$27,500	\$80.68
\$60,000	\$5.40	\$5.76	\$7.95	\$12.02	\$17.78	\$28.14	\$43.42	\$59.76	\$39,000	\$70.95	\$30,000	\$88.02
\$65,000	\$5.85	\$6.24	\$8.61	\$13.02	\$19.26	\$30.48	\$47.04	\$64.74	\$42,250	\$76.87	\$32,500	\$95.36
\$70,000	\$6.30	\$6.72	\$9.27	\$14.02	\$20.74	\$32.82	\$50.66	\$69.72	\$45,500	\$82.78	\$35,000	\$102.69
\$75,000	\$6.75	\$7.20	\$9.94	\$15.03	\$22.23	\$35.17	\$54.28	\$74.70	\$48,750	\$88.69	\$37,500	\$110.03
\$80,000	\$7.20	\$7.68	\$10.60	\$16.03	\$23.71	\$37.51	\$57.90	\$79.68	\$52,000	\$94.61	\$40,000	\$117.36
\$85,000	\$7.65	\$8.16	\$11.26	\$17.02	\$25.18	\$39.86	\$61.51	\$84.66	\$55,250	\$100.52	\$42,500	\$124.69
\$90,000	\$8.10	\$8.64	\$11.93	\$18.03	\$26.67	\$42.21	\$65.14	\$89.64	\$58,500	\$106.43	\$45,000	\$132.03
\$95,000	\$8.55	\$9.12	\$12.59	\$19.03	\$28.15	\$44.55	\$68.75	\$94.62	\$61,750	\$112.35	\$47,500	\$139.36
\$100,000	\$9.00	\$9.60	\$13.24	\$20.03	\$29.63	\$46.89	\$72.37	\$99.60	\$65,000	\$118.26	\$50,000	\$146.70
\$105,000	\$9.45	\$10.08	\$13.90	\$21.03	\$31.11	\$49.23	\$75.98	\$104.58	\$68,250	\$124.17	\$52,500	\$154.04
\$110,000	\$9.90	\$10.56	\$14.57	\$22.04	\$32.60	\$51.58	\$79.61	\$109.56	\$71,500	\$130.09	\$55,000	\$161.37
\$115,000	\$10.35	\$11.04	\$15.23	\$23.03	\$34.07	\$53.93	\$83.22	\$114.54	\$74,750	\$136.00	\$57,500	\$168.70
\$120,000	\$10.80	\$11.52	\$15.89	\$24.03	\$35.55	\$56.27	\$86.84	\$119.52	\$78,000	\$141.91	\$60,000	\$176.04
\$125,000	\$11.25	\$12.00	\$16.56	\$25.04	\$37.04	\$58.62	\$90.46	\$124.50	\$81,250	\$147.83	\$62,500	\$183.37
\$130,000	\$11.70	\$12.48	\$17.22	\$26.04	\$38.52	\$60.96	\$94.08	\$129.48	\$84,500	\$153.74	\$65,000	\$190.71
\$135,000	\$12.15	\$12.96	\$17.88	\$27.04	\$40.00	\$63.30	\$97.70	\$134.46	\$87,750	\$159.65	\$67,500	\$198.05
\$140,000	\$12.60	\$13.44	\$18.55	\$28.05	\$41.49	\$65.65	\$101.32	\$139.44	\$91,000	\$165.57	\$70,000	\$205.38
\$145,000	\$13.05	\$13.92	\$19.21	\$29.05	\$42.97	\$67.99	\$104.94	\$144.42	\$94,250	\$171.48	\$72,500	\$212.72
\$150,000	\$13.50	\$14.40	\$19.87	\$30.04	\$44.44	\$70.34	\$108.55	\$149.40	\$97,500	\$177.40	\$75,000	\$220.05
\$155,000	\$13.95	\$14.88	\$20.54	\$31.05	\$45.93	\$72.69	\$112.18	\$154.38	\$100,750	\$183.30	\$77,500	\$227.38
\$160,000	\$14.40	\$15.36	\$21.20	\$32.05	\$47.41	\$75.03	\$115.79	\$159.36	\$104,000	\$189.21	\$80,000	\$234.72
\$165,000	\$14.85	\$15.84	\$21.85	\$33.05	\$48.89	\$77.37	\$119.41	\$164.34	\$107,250	\$195.13	\$82,500	\$242.06
\$170,000	\$15.30	\$16.32	\$22.51	\$34.05	\$50.37	\$79.71	\$123.02	\$169.32	\$110,500	\$201.04	\$85,000	\$249.39
\$175,000	\$15.75	\$16.80	\$23.18	\$35.06	\$51.86	\$82.06	\$126.65	\$174.30	\$113,750	\$206.95	\$87,500	\$256.73
\$180,000	\$16.20	\$17.28	\$23.84	\$36.05	\$53.33	\$84.41	\$130.26	\$179.28	\$117,000	\$212.87	\$90,000	\$264.06
\$185,000	\$16.65	\$17.76	\$24.50	\$37.05	\$54.81	\$86.75	\$133.88	\$184.26	\$120,250	\$218.78	\$92,500	\$271.39

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

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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Voluntary-term life/AD&D - spouse (smoker)

Estimated spouse bi-weekly premium amounts
End of the rate guarantee period: 12/31/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$190,000	\$17.10	\$18.24	\$25.17	\$38.06	\$56.30	\$89.10	\$137.50	\$189.24	\$123,500	\$224.69	\$95,000	\$278.73
\$195,000	\$17.55	\$18.72	\$25.83	\$39.06	\$57.78	\$91.44	\$141.12	\$194.22	\$126,750	\$230.61	\$97,500	\$286.07
\$200,000	\$18.00	\$19.20	\$26.49	\$40.06	\$59.26	\$93.78	\$144.74	\$199.20	\$130,000	\$236.52	\$100,000	\$293.40

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

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

\$5,000	\$0.46
\$10,000	\$0.92
\$20,000	\$1.85

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

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Your disability benefits

Boost your financial safety net

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



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

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

Protecting your income from injury or illness

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

Let's look at an example



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

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

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

How much coverage do you need?

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

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

Your disability coverage gap

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

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

principal.com

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

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

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You choose the coverage needed to protect your income

Protecting your income may not be your first priority, but it should be. If you stopped getting a paycheck, how long could you pay your bills?



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

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

Purchasing in increments allows you to:

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

Incremental benefits - \$100

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

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

How increments work

Let's take a look at an example:



Julia is married and has two young children. She earns \$75,000 per year. As the main breadwinner, Julia uses her paycheck to cover big expenses such as the mortgage, daycare and student loans. She and her spouse are living paycheck to paycheck. She's worried how her family would manage if she became too sick or hurt to work.

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

Determining Julia's maximum benefit amount

$$\begin{array}{rcl}
 \$6,250 & \leftarrow & \text{monthly income} \\
 & & (\$75,000 \div 12) \\
 \times 60\% & \leftarrow & \text{maximum benefit} \\
 & & \text{percentage} \\
 \hline
 \$3,750 & &
 \end{array}$$

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

How much disability coverage do you need?

Protect your income against life's uncertainties. To figure out how much you need to help pay monthly expenses, use this chart.

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

Your disability coverage gap			
Part A expenses		Part B income sources	
_____	-	_____	= _____

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



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

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

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GP61848-01 (SP1869-01 Spanish) | OR policy forms GC 3000-2 (1114), GC 3100 OR (0116) | 03/2018 | © 2018 Principal Financial Services, Inc

Policyholder: BRADY TRUCKING INC

Group voluntary short-term disability insurance

Benefit summary for all members

Effective date: 01/01/2021



Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary weekly benefit	60% of your earnings up to \$1,800
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	15th day for accidents and 15th day for sickness
Benefit payment period	Up to 11 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability
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?

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

Your primary weekly benefit is 60% of your earnings prior to your disability up to \$1,800 minus other income sources. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation, state disability (if applicable), and salary continuance.

Your benefits are determined by your W2 - 1 year average. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

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

Who can buy coverage?

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

Additional eligibility requirements may apply.

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

When do I begin receiving disability benefits?

Your elimination period is completed on the 15th day for accidents and the 15th day for sickness. The elimination period is the amount of time before you start receiving benefits.

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

Short-term disability benefits can continue up to 11 weeks.

What types of conditions may qualify as a disability?

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

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

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

Do I qualify if I have a preexisting condition?

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

Additional benefits:

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.

What are the limitations and exclusions of my coverage?

Preexisting conditions

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

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

In the event an investigation is necessary to determine if a disability is preexisting, benefits may be payable for up to six weeks while The Principal is conducting its preexisting condition investigation. Once the investigation is complete and if the disability is deemed to be a preexisting condition, no further benefits will be payable. Benefits will not be paid beyond the date six weeks following the date of disability for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months. No benefits will be paid for a subsequent claim subject to a preexisting condition investigation for the same condition.

No benefits will be paid for any disability that is caused by, a complication of, or resulting from the same preexisting condition that you had previously received benefits for.

Preexisting condition limitations also apply to benefit increases due to:

- Policy amendments
- Changes in earnings of 25% or greater



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

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

Brady Trucking, Inc.

Short term disability - All Members

Estimated weekly benefit & bi-weekly deduction amount

End of rate guarantee period: 12/31/2021

To determine your estimated weekly benefit amount,
multiply your weekly earnings by your benefit percentage.
See your benefit summary for the definition of earnings.

Weekly earnings: \$ _____

If your weekly earnings are greater than \$3,000 then use
\$3,000 as your earnings.

X Benefit percentage: 0.60

= Estimated weekly benefit amount: \$ _____

To determine your estimated bi-weekly deduction,
multiply your estimated weekly benefit amount by your
age rate in the box at the right.

Age	Bi-Weekly rate
Age 24 & Under	0.0133846
25-29	0.0161538
30-34	0.0180000
35-39	0.0166154
40-44	0.0161538
45-49	0.0166154
50-54	0.0207692
55-59	0.0276923
60-64	0.0332308
65-69	0.0350769
70+	0.0438462

Estimated weekly benefit amount: \$ _____

X Age rate: \$ _____

X Employee Contribution Percent: 100%

= Employee's estimated bi-weekly deduction: \$ _____

Example

Age 30; weekly earnings: \$900; age rate is 0.018; Employee Contribution: 100%

Estimated weekly benefit amount : $\$900.00 \times 0.60 = \540.00

Employee's estimated bi-weekly deduction : $\$540.00 \times 0.018 \times 1.00 = \9.72



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

This is a general statement of Short Term Disability insurance underwritten by Principal Life Insurance Company. It is not an insurance contract and does not contain all of the qualifications and restrictions of the coverage being offered to you. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group policy determines all rights, benefits, exclusions and limitations of the insurance described here. For more details about the coverage, refer to the policy that will be issued to each member.

Policyholder: BRADY TRUCKING INC



Group voluntary long-term disability insurance

Benefit summary for all other members

Effective date: 01/01/2021

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary monthly benefit	Available in increments of \$100, between \$500 and \$6,000, up to 60% of your earnings
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	90 days
Own occupation period	2 years
Benefit payment period	Varies based on your age when you become disabled, see chart below
Limitations & exclusions	
Pre-existing conditions	12 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

What's available to me?

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

Your primary monthly benefit is available in increments of \$100, between \$500 and \$6,000, up to 60% of your predisability earnings. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your W2 - 1 year average. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

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

Who can buy coverage?

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

Additional eligibility requirements may apply.

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

When do I begin receiving disability benefits?

Your elimination period is 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:

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

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

- You're unable to perform the majority of the substantial and material duties of any occupation for which you are or may reasonably become qualified based on education, training, or experience.
- You're performing the substantial and material duties of your own occupation or any occupation on a modified basis and are unable to earn more than 60% of your indexed income prior to your disability.

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 12 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

Are mental nervous and drug/alcohol covered?

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

Additional benefits:

Work incentive benefit	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit for 12 months. You can't receive more than 100% of your earnings prior to your disability. You must work to your full medical and vocational capacity. If you don't, your benefits will be paid as if you are working at your full capacity.
Rehabilitation plan	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
Rehabilitation incentive benefit	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
Mandatory rehabilitation	You may be paid for any expenses associated with an approved rehabilitation plan.
Accelerated survivor benefit	If you're terminally ill with a life expectancy of 12 months or less, you're eligible to receive a lump-sum payment of 3 times your primary monthly benefit.
Survivor benefit	If you haven't been paid an accelerated survivor benefit, your survivors will receive 3 times your primary monthly benefit.

What are the limitations and exclusions of my coverage?

Preexisting conditions

A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the 12 months prior to your effective date under this policy, for which you:

- Received medical treatment, consultation, care or service; or
- Were prescribed or took prescription medications; or
- Had symptoms or conditions which would cause a reasonably prudent person to seek diagnosis, care or treatment

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

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

Treatment of mental health conditions and drug and alcohol abuse conditions

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

Maximum benefit payment periods for:

Mental health conditions – 24 months

Alcohol, drug or chemical abuse conditions – 24 months

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

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



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Brady Trucking, Inc.

Long-term disability

Estimated employee bi-weekly premium amounts
End of the rate guarantee period: 12/31/2021

Monthly benefit amount	Minimum annual salary required	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$500	\$10,000	\$1.02	\$1.45	\$1.41	\$2.49	\$3.46	\$4.64	\$4.27	\$7.55	\$5.82	\$4.06	\$5.26
\$600	\$12,000	\$1.22	\$1.74	\$1.69	\$2.99	\$4.15	\$5.57	\$5.12	\$9.06	\$6.98	\$4.87	\$6.31
\$700	\$14,000	\$1.42	\$2.04	\$1.97	\$3.49	\$4.85	\$6.49	\$5.98	\$10.56	\$8.14	\$5.69	\$7.37
\$800	\$16,000	\$1.62	\$2.33	\$2.25	\$3.99	\$5.54	\$7.42	\$6.83	\$12.07	\$9.30	\$6.50	\$8.42
\$900	\$18,000	\$1.83	\$2.62	\$2.53	\$4.49	\$6.23	\$8.35	\$7.68	\$13.58	\$10.47	\$7.31	\$9.47
\$1,000	\$20,000	\$2.03	\$2.91	\$2.82	\$4.98	\$6.92	\$9.28	\$8.54	\$15.09	\$11.63	\$8.12	\$10.52
\$1,100	\$22,000	\$2.23	\$3.20	\$3.10	\$5.48	\$7.62	\$10.20	\$9.39	\$16.60	\$12.79	\$8.94	\$11.58
\$1,200	\$24,000	\$2.44	\$3.49	\$3.38	\$5.98	\$8.31	\$11.13	\$10.25	\$18.11	\$13.96	\$9.75	\$12.63
\$1,300	\$26,000	\$2.64	\$3.78	\$3.66	\$6.48	\$9.00	\$12.06	\$11.10	\$19.62	\$15.12	\$10.56	\$13.68
\$1,400	\$28,000	\$2.84	\$4.07	\$3.94	\$6.98	\$9.69	\$12.99	\$11.95	\$21.13	\$16.28	\$11.37	\$14.73
\$1,500	\$30,000	\$3.05	\$4.36	\$4.22	\$7.48	\$10.38	\$13.92	\$12.81	\$22.64	\$17.45	\$12.18	\$15.78
\$1,600	\$32,000	\$3.25	\$4.65	\$4.50	\$7.98	\$11.08	\$14.84	\$13.66	\$24.15	\$18.61	\$13.00	\$16.84
\$1,700	\$34,000	\$3.45	\$4.94	\$4.79	\$8.47	\$11.77	\$15.77	\$14.52	\$25.66	\$19.77	\$13.81	\$17.89
\$1,800	\$36,000	\$3.66	\$5.23	\$5.07	\$8.97	\$12.46	\$16.70	\$15.37	\$27.17	\$20.94	\$14.62	\$18.94
\$1,900	\$38,000	\$3.86	\$5.52	\$5.35	\$9.47	\$13.15	\$17.63	\$16.22	\$28.68	\$22.10	\$15.43	\$19.99
\$2,000	\$40,000	\$4.06	\$5.82	\$5.63	\$9.97	\$13.85	\$18.55	\$17.08	\$30.18	\$23.26	\$16.25	\$21.05
\$2,100	\$42,000	\$4.26	\$6.11	\$5.91	\$10.47	\$14.54	\$19.48	\$17.93	\$31.69	\$24.42	\$17.06	\$22.10
\$2,200	\$44,000	\$4.47	\$6.40	\$6.19	\$10.97	\$15.23	\$20.41	\$18.78	\$33.20	\$25.59	\$17.87	\$23.15
\$2,300	\$46,000	\$4.67	\$6.69	\$6.48	\$11.46	\$15.92	\$21.34	\$19.64	\$34.71	\$26.75	\$18.68	\$24.20
\$2,400	\$48,000	\$4.87	\$6.98	\$6.76	\$11.96	\$16.62	\$22.26	\$20.49	\$36.22	\$27.91	\$19.50	\$25.26
\$2,500	\$50,000	\$5.08	\$7.27	\$7.04	\$12.46	\$17.31	\$23.19	\$21.35	\$37.73	\$29.08	\$20.31	\$26.31
\$2,600	\$52,000	\$5.28	\$7.56	\$7.32	\$12.96	\$18.00	\$24.12	\$22.20	\$39.24	\$30.24	\$21.12	\$27.36
\$2,700	\$54,000	\$5.48	\$7.85	\$7.60	\$13.46	\$18.69	\$25.05	\$23.05	\$40.75	\$31.40	\$21.93	\$28.41
\$2,800	\$56,000	\$5.69	\$8.14	\$7.88	\$13.96	\$19.38	\$25.98	\$23.91	\$42.26	\$32.57	\$22.74	\$29.46
\$2,900	\$58,000	\$5.89	\$8.43	\$8.16	\$14.46	\$20.08	\$26.90	\$24.76	\$43.77	\$33.73	\$23.56	\$30.52
\$3,000	\$60,000	\$6.09	\$8.72	\$8.45	\$14.95	\$20.77	\$27.83	\$25.62	\$45.28	\$34.89	\$24.37	\$31.57
\$3,100	\$62,000	\$6.30	\$9.01	\$8.73	\$15.45	\$21.46	\$28.76	\$26.47	\$46.79	\$36.06	\$25.18	\$32.62

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

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Brady Trucking, Inc.

Long-term disability

Estimated employee bi-weekly premium amounts
End of the rate guarantee period: 12/31/2021

Monthly benefit amount	Minimum annual salary required	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$3,200	\$64,000	\$6.50	\$9.30	\$9.01	\$15.95	\$22.15	\$29.69	\$27.32	\$48.30	\$37.22	\$25.99	\$33.67
\$3,300	\$66,000	\$6.70	\$9.60	\$9.29	\$16.45	\$22.85	\$30.61	\$28.18	\$49.80	\$38.38	\$26.81	\$34.73
\$3,400	\$68,000	\$6.90	\$9.89	\$9.57	\$16.95	\$23.54	\$31.54	\$29.03	\$51.31	\$39.54	\$27.62	\$35.78
\$3,500	\$70,000	\$7.11	\$10.18	\$9.85	\$17.45	\$24.23	\$32.47	\$29.88	\$52.82	\$40.71	\$28.43	\$36.83
\$3,600	\$72,000	\$7.31	\$10.47	\$10.14	\$17.94	\$24.92	\$33.40	\$30.74	\$54.33	\$41.87	\$29.24	\$37.88
\$3,700	\$74,000	\$7.51	\$10.76	\$10.42	\$18.44	\$25.62	\$34.32	\$31.59	\$55.84	\$43.03	\$30.06	\$38.94
\$3,800	\$76,000	\$7.72	\$11.05	\$10.70	\$18.94	\$26.31	\$35.25	\$32.45	\$57.35	\$44.20	\$30.87	\$39.99
\$3,900	\$78,000	\$7.92	\$11.34	\$10.98	\$19.44	\$27.00	\$36.18	\$33.30	\$58.86	\$45.36	\$31.68	\$41.04
\$4,000	\$80,000	\$8.12	\$11.63	\$11.26	\$19.94	\$27.69	\$37.11	\$34.15	\$60.37	\$46.52	\$32.49	\$42.09
\$4,100	\$82,000	\$8.33	\$11.92	\$11.54	\$20.44	\$28.38	\$38.04	\$35.01	\$61.88	\$47.69	\$33.30	\$43.14
\$4,200	\$84,000	\$8.53	\$12.21	\$11.82	\$20.94	\$29.08	\$38.96	\$35.86	\$63.39	\$48.85	\$34.12	\$44.20
\$4,300	\$86,000	\$8.73	\$12.50	\$12.11	\$21.43	\$29.77	\$39.89	\$36.72	\$64.90	\$50.01	\$34.93	\$45.25
\$4,400	\$88,000	\$8.94	\$12.79	\$12.39	\$21.93	\$30.46	\$40.82	\$37.57	\$66.41	\$51.18	\$35.74	\$46.30
\$4,500	\$90,000	\$9.14	\$13.08	\$12.67	\$22.43	\$31.15	\$41.75	\$38.42	\$67.92	\$52.34	\$36.55	\$47.35
\$4,600	\$92,000	\$9.34	\$13.38	\$12.95	\$22.93	\$31.85	\$42.67	\$39.28	\$69.42	\$53.50	\$37.37	\$48.41
\$4,700	\$94,000	\$9.54	\$13.67	\$13.23	\$23.43	\$32.54	\$43.60	\$40.13	\$70.93	\$54.66	\$38.18	\$49.46
\$4,800	\$96,000	\$9.75	\$13.96	\$13.51	\$23.93	\$33.23	\$44.53	\$40.98	\$72.44	\$55.83	\$38.99	\$50.51
\$4,900	\$98,000	\$9.95	\$14.25	\$13.80	\$24.42	\$33.92	\$45.46	\$41.84	\$73.95	\$56.99	\$39.80	\$51.56
\$5,000	\$100,000	\$10.15	\$14.54	\$14.08	\$24.92	\$34.62	\$46.38	\$42.69	\$75.46	\$58.15	\$40.62	\$52.62
\$5,100	\$102,000	\$10.36	\$14.83	\$14.36	\$25.42	\$35.31	\$47.31	\$43.55	\$76.97	\$59.32	\$41.43	\$53.67
\$5,200	\$104,000	\$10.56	\$15.12	\$14.64	\$25.92	\$36.00	\$48.24	\$44.40	\$78.48	\$60.48	\$42.24	\$54.72
\$5,300	\$106,000	\$10.76	\$15.41	\$14.92	\$26.42	\$36.69	\$49.17	\$45.25	\$79.99	\$61.64	\$43.05	\$55.77
\$5,400	\$108,000	\$10.97	\$15.70	\$15.20	\$26.92	\$37.38	\$50.10	\$46.11	\$81.50	\$62.81	\$43.86	\$56.82
\$5,500	\$110,000	\$11.17	\$15.99	\$15.48	\$27.42	\$38.08	\$51.02	\$46.96	\$83.01	\$63.97	\$44.68	\$57.88
\$5,600	\$112,000	\$11.37	\$16.28	\$15.77	\$27.91	\$38.77	\$51.95	\$47.82	\$84.52	\$65.13	\$45.49	\$58.93
\$5,700	\$114,000	\$11.58	\$16.57	\$16.05	\$28.41	\$39.46	\$52.88	\$48.67	\$86.03	\$66.30	\$46.30	\$59.98
\$5,800	\$116,000	\$11.78	\$16.86	\$16.33	\$28.91	\$40.15	\$53.81	\$49.52	\$87.54	\$67.46	\$47.11	\$61.03

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

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.



Brady Trucking, Inc.

Long-term disability

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 12/31/2021

Monthly benefit amount	Minimum annual salary required	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$5,900	\$118,000	\$11.98	\$17.16	\$16.61	\$29.41	\$40.85	\$54.73	\$50.38	\$89.04	\$68.62	\$47.93	\$62.09
\$6,000	\$120,000	\$12.18	\$17.45	\$16.89	\$29.91	\$41.54	\$55.66	\$51.23	\$90.55	\$69.78	\$48.74	\$63.14

Rates are estimated due to rounding of numbers when calculated.

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

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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 insurance.

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 88	\$39 maximum fee

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

Help handling life's ups and downs

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



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

Services for you and your family

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

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

Help when and where you need it — day or night

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



800-450-1327

International: 800-662-4504

TTY: 800-456-4006



MagellanAscend.com

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

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

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

Online: MagellanAscend.com

Enter **Principal Core** for the company name

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

International: 800-662-4504

Magellan
HEALTHCARESM

Your Employee Assistance Program is provided by Magellan Healthcare.



principal.com

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

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

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



Group life insurance

Protect your family, your finances — and your future

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



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

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



Resources for help with legal documents

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

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

Plus, you can also access:

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



Protect your identity

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

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

It's easy to get started

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

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



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



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

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

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

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Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

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

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



Near or far, you're eligible

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

Lost or stolen items

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

Medical assistance

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



Easily connect

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



Traveling even farther away from home?

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

Travel assistance program

Call us when you're traveling and need assistance.

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



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





Emergency medical transportation

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

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

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

How to use this service

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

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

This program is not insurance.

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

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

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

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

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

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Name _____

Company _____ Contract number _____

The participant is entitled to AXA Assistance USA, Inc. medical and travel services.

El portador de esta tarjeta es miembro de AXA Assistance USA, Inc. y tiene derecho a los servicios personales y de asistencia médica de AXA Assistance USA, Inc.

This program is not insurance.

All services must be provided by AXA Assistance USA, Inc.

No claims for reimbursement will be accepted.

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



Your benefit resources

Group benefits

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

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



Start by creating your account

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



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

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

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



Keeping your account safe

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

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



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



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

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

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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 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, 2019.

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: Compliance Privacy Consultant, Specialty Benefits Division (SBD) Compliance, 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: Compliance Privacy Consultant, Specialty Benefits Division (SBD) Compliance, 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 Grievance Coordinator, Specialty Benefits Division (SBD) 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.



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