

Qualifying for insurance coverage

Understanding when you need to submit proof of good health, known as evidence of insurability.

As part of your benefits package, you can enroll in insurance. Depending on the amount of coverage you request, you may need to submit proof of your good health so we can consider your request for coverage.

You need to provide evidence of insurability (EOI) if:

You request an amount over the guaranteed issue limit.

The guaranteed issue amount is the amount of coverage you're eligible for, no matter what your health status, if you enroll during your initial enrollment period.

or

You request coverage as a late entrant.

You're considered a late entrant if you didn't request insurance within 31 days after the date you're eligible for the benefit (as stated in your employer's eligibility provisions).

What's the guaranteed issue amount?

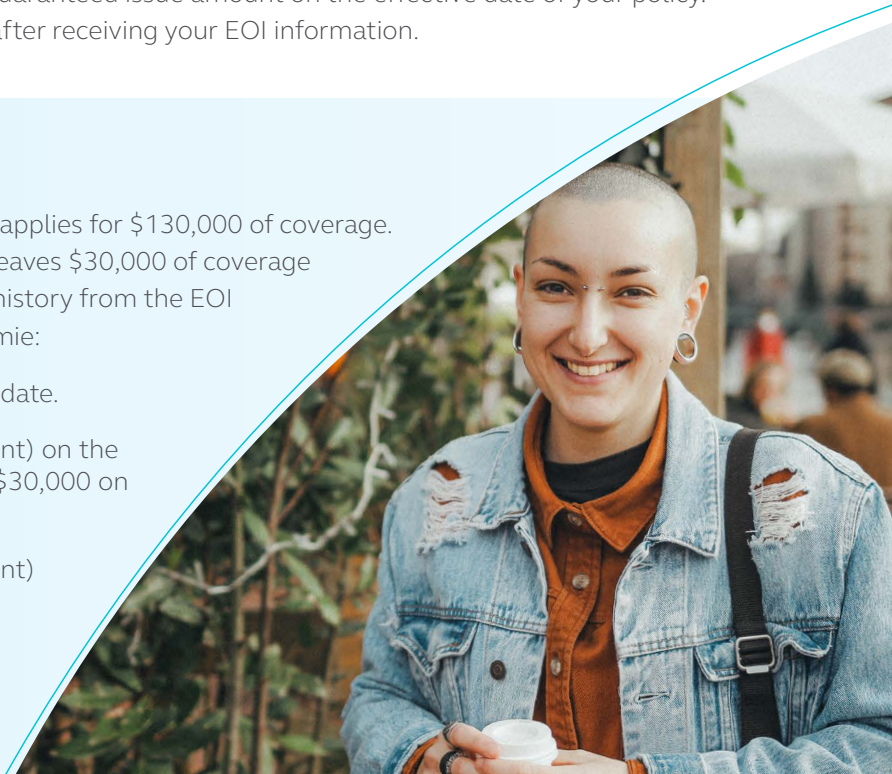
You can find the guaranteed issue amount in your benefit summary or policy booklet. Contact your human resources department for a copy.

If you apply for a coverage amount over the guaranteed issue amount—and within 31 days of being eligible for the benefit—you're automatically covered at the guaranteed issue amount on the effective date of your policy. The additional coverage amount will be reviewed after receiving your EOI information.

Let's look at an example

In the first week of eligibility for enrollment, Jamie applies for \$130,000 of coverage. The guaranteed issue amount is \$100,000, which leaves \$30,000 of coverage subject to review. After reviewing Jamie's medical history from the EOI information, there are three possible results for Jamie:

1. Approval for the full \$130,000 on the effective date.
2. Approval for \$100,000 (guaranteed issue amount) on the effective date. Then approval for an additional \$30,000 on the date specified.
3. Approval for \$100,000 (guaranteed issue amount) on the effective date. Then declined for the additional \$30,000.



When additional medical information is needed

There are times when Principal needs additional medical information to make a decision on your coverage. You may receive a letter requesting any of the following items:

Additional medical questions. This provides us with a little more detail. After receiving, it may take 5-14 business days for the decision on how to proceed.

Medical records. These may be ordered based on your medical history. The EOI you signed contains authorization for our vendor to request these records by getting in touch with your doctor. The vendor then sends the records to Principal to review. Any charges associated with this are covered in full by Principal. After receiving, it may take 5-14 business days for the decision on how to proceed.

Blood and urine samples. There are some situations where we work with a vendor to obtain blood and urine samples. A medical professional will contact you at the phone number listed on your EOI to schedule a time and place convenient for you to obtain the needed samples. Any charges associated with this are covered in full by Principal. After receiving, it may take 5-14 business days for the decision on how to proceed.

Outcome notification

After Principal approves or declines your coverage, you and/or your employer are notified. If coverage is:

Approved. Your employer receives a letter noting the effective date of your coverage.

Declined. You receive a letter indicating the reason you were declined. Your employer is only informed that you were declined.



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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002.

Guarantees are based on the claims-paying ability of Principal Life Insurance Company. Preexisting condition limitations may apply.

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