

BOOKLET-CERTIFICATE RIDER

The provisions described below will replace the provisions described in your Group Dental Insurance Booklet-Certificate.

Subject: Effective Dates and Annual Enrollment

Member Dental Expense Insurance:

Effective Date for Non-Contributory Insurance

Insurance for which you contribute no part of the premium will become effective on the date you are eligible unless you request to waive coverage and are covered under another group dental expense coverage.

Effective Date for Contributory Insurance

If you are required to contribute towards the cost of your insurance, you must request insurance in a form approved by Us. The requested insurance will be based on your date of request.

(1) Request on or before the date eligible or within 31 days after the date eligible.

Insurance will be in force on the first of the Insurance Month coinciding with or next following the date you are eligible, if you make your request on or before the date you are eligible or if coverage is requested within 31 days after the date you are eligible.

(2) Request more than 31 days after the date eligible

Insurance will be in force on the first Policy Anniversary date following the date of your request.

(3) Request more than 31 days after the date insurance terminates at your request

Insurance will be in force on the next Policy Anniversary date following the date of your request.

However, if you are not Actively at Work on the date insurance would otherwise be effective, your insurance will not be in force until the date you return to Active Work.

Annual Enrollment Period

An Annual Enrollment Period will be available for any Member or Dependent who failed to enroll:

- during the first period in which he or she was eligible to enroll, or during any subsequent Special Enrollment Period as described below; or
- during any previous Annual Enrollment Period; or
- within 31 days after the termination date, if the individual was previously insured under the Group Policy but elected to terminate the insurance.



To qualify for enrollment during the Annual Enrollment Period, you or your Dependent:

- must meet the eligibility requirements described in the Group Policy, including satisfaction of any applicable waiting period; and
- may not be covered under an alternate dental expense coverage offered by the Policyholder, unless the Annual Enrollment Period happens to coincide with a separate open enrollment period established for coverage election.

The Annual Enrollment Period is generally the one-month period immediately prior to the Policy Anniversary date or another period of time requested by the Policyholder and approved by Us.

The effective date for any qualified individual requesting insurance during the Annual Enrollment Period will be the Policy Anniversary date following completion of the Annual Enrollment Period provided contribution has been received for the requested insurance.

Court Ordered Coverage Under a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN): This section will apply to you or your Dependent Child if:

- you are enrolled (or eligible to be enrolled but have failed to enroll during a previous enrollment period); and
- you failed to enroll your Dependent Child during a previous enrollment period; and
- you are required by a QMCSO or NMSN as defined by applicable federal law and state insurance laws to provide dental coverage to your Dependent Child.

The request for enrollment:

- may be made at any time after the issue date of the QMCSO or NMSN; and
- will apply only to you and/or your Dependent Child(ren) listed in the QMCSO or NMSN.

The effective date for your or your Dependent Child's insurance:

- will be the first of the Insurance Month coinciding with or next following the date of the request for enrollment; and
- will not be subject to the Actively at Work provisions described in this section.

A request for enrollment for any Dependent not listed in the QMCSO or NMSN will be subject to the regular effective date provisions of the Group Policy.

A copy of the procedures governing qualified medical child support orders (QMCSO) can be obtained from the plan administrator without charge.

Special Enrollment Period



A Special Enrollment Period, as described below, will be available for you or your Dependent if enrollment is made after the first period in which you or your Dependent are eligible to enroll.

The Special Enrollment Periods are:

- Loss of Other Coverage: A Special Enrollment Period will apply to you or your Dependent if all of the following conditions are met:
 - (i) the individual was covered under another group dental expense coverage at the time of his or her initial eligibility, and declined enrollment solely due to the other coverage; and
 - (ii) the other coverage terminated due to loss of eligibility (including loss due to divorce or legal separation, termination of a state registered domestic partnership, termination of a Domestic Partner relationship, death, termination of employment or reduction in work hours, or if the other coverage was under a COBRA or state continuation provision, due to exhaustion of the continuation); and
 - (iii) request for enrollment is made within 31 days after the other coverage terminates.

The effective date of insurance will be the first of the Insurance Month coinciding with or next following the date of the request for enrollment provided contribution has been received for the requested insurance.

NOTE: For the purpose of (ii) above:

“Loss of eligibility” does not include:

- (i) a loss due to failure of the individual to pay premiums on a timely basis or termination of insurance for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the dental expense insurance); or
 - (ii) a loss due to a spouse’s or state registered domestic partnership, or Domestic Partner’s voluntary termination of his or her dental expense coverage; or
 - (iii) a loss due to a spouse’s or state registered domestic partnership, or Domestic Partner’s voluntary termination of his or her Dependent dental expense coverage.
- Newly Acquired Dependents A Special Enrollment Period will apply to you or your Dependent if:
 - (i) you are enrolled (or are eligible to be enrolled but have failed to enroll during a previous enrollment period); and
 - (ii) a person becomes your Dependent through marriage, establishment of a state registered domestic partnership, or declaration of a Domestic Partner relationship, birth, adoption or Placement for Adoption; and
 - (iii) request for enrollment is made within 31 days after the date of the marriage, establishment of a state registered domestic partnership, or declaration of a Domestic Partner relationship, birth, adoption or Placement for Adoption, or the date Dependent Dental Expense Insurance is available to the Member under the Group Policy, if the request is made on or before the event or within 31 days after the event.

The effective date of your or your Dependent’s insurance will be:

- (i) in the event of marriage or establishment of a state registered domestic partnership, or



- declaration of a Domestic Partner relationship, the date of such marriage, or establishment of a state registered domestic partnership, or declaration of a Domestic Partner relationship; or
- (ii) in the event of a Dependent Child's birth, the date of such birth; or
 - (iii) in the event of a Dependent Child's adoption or Placement for Adoption, the date of such adoption or Placement for Adoption, whichever is earlier.

The Benefit Waiting Period provisions as described on GH 1107 in your booklet-certificate will no longer apply to you or your Dependents.

Policy Anniversary: Ask your employer what the Policy Anniversary date is.

Dependent Dental Expense Insurance:

Effective Date

The following provision will no longer apply: In addition, your Dependent Dental Expense Insurance will be subject to the Benefit-Waiting Period Limits described on GH 1107.

Effective Date: Ask your employer when these changes will apply to you.

If you question the payment of a claim that might be impacted by the change(s) described above, and which was incurred on or after the effective date, please contact us at the phone number shown on your insurance identification card.

Please keep this Rider with your Booklet-Certificate. All other benefits and provisions of your Group Dental Insurance Booklet-Certificate remain in effect.

Nothing in this Rider will vary, alter, or extend any provision or condition of the Group Dental Insurance Policy other than as stated in this Rider.

**PRINCIPAL LIFE INSURANCE COMPANY
DES MOINES, IOWA 50392-0002**

