



Mailing Address:
Des Moines, IA 50392-2992

Principal Life
Insurance Company

**Group Life Conversion
Application
Instructions/Rate Sheet**

Available Option

Individual Purchase Rights (conversion) allows qualifying individuals previously covered by employer-sponsored group life insurance to buy individual life insurance coverage without proof of good health. Coverage is provided through an Individual Life Insurance policy issued by Principal Life Insurance Company, a member of the Principal Financial Group®.

You may choose coverage from a

- minimum face amount of \$1,000 to a
- maximum face amount of insurance you had under your employer's policy. (In some situations, depending on the terms of the employer's group policy, the maximum amount may be reduced.)

Eligibility and Effective Dates

You are eligible to buy conversion life insurance if you were insured as an employee under your employer's life insurance or were covered as a dependent under that insurance prior to the date coverage terminated and meet qualification requirements outlined in that insurance.

Coverage takes effect on the 32nd day following the date your coverage ended under the employer's life insurance, provided your application and premium are properly submitted within the time frame shown below.

How, When, and Where to Apply

To obtain coverage, you must submit:

- a completed application; and
- your first premium payment – a minimum of one quarter's premium is required.

within 31 days following the date your life insurance coverage terminated. Proof of good health is not required.

Important Note:

In light of recent changes in anti-money laundering laws and regulations, we can no longer accept money orders, third party checks, starter checks, or cash. Please submit a personal check or cashier's check.

Rates provide coverage for at least 10 years according to the policy's No Lapse Guarantee provision. The Ten Year No-Lapse Guarantee Premium is the premium amount that keeps your policy in force during the first 10 policy years on a guaranteed basis, even if your accumulated value is less than what's needed to cover policy costs. After the first 10 policy years, when your No-Lapse Guarantee terminates, it may be necessary for you to pay significantly higher premiums in order to continue guaranteed coverage under the policy. While the No-Lapse Guarantee premium keeps your policy in force for a limited time, on going premiums at this amount may not allow you to take full advantage of the potential cash value accumulation.

If you pay the minimum No-Lapse Guarantee premium, your policy will remain in force for the first 10 policy years provided no loans, partial surrenders, or policy changes occur. Guarantees are based on the claims paying ability of Principal Life Insurance Company.

Rates do not provide guaranteed lifetime coverage.

After policy acceptance, you may pay a higher premium if you need coverage to stay in force for a longer period of time.

Mail your completed application and premium to:

**Principal Life Insurance Company
Group Life Conversions
Des Moines, IA 50392-2992
1-800-986-3343
select Directory Assistance
enter ext 76398**

How To Calculate Your Premium

1. Decide how much insurance you wish to convert.
2. Determine your age (See Note 1 below) and smoking status (See Note 2 below) as of the 32nd day following the termination date of the insurance you are converting.
3. Using the Premium Rate Table included with these materials, identify the column into which your selected insurance amount falls. This tells you the cost per \$1,000 (unit) of insurance.
4. Divide your insurance amount by 1,000 to determine the number of units to be converted. (Round fractional units up for .5 or greater.)
5. Multiply the unit number determined in Step 4 by the cost per unit found in Step 3.
6. Add a \$180 annual administration charge (\$15.00 per month X 12 months = \$180) to your premium to determine the amount that needs to be submitted. A minimum of one quarter's premium is required.
7. If you select a Premium Mode other than annual, use the Premium Mode computation table below.

Note 1: For the purpose of this application and your insurance policy, issue age refers to your age nearest birthday. Determine the date of the 32nd day following the termination date of the insurance you are converting. If that date is closer to your last birthday, use your current age. If that date is closer to your next birthday, use the age you will be on that next birthday.

Note 2: For the purpose of this application you will be classified:

- as a smoker, if you currently use or have a past use of any tobacco including cigarettes, cigars, pipes, chew, marijuana or have used the nicotine patch or nicotine gum within the last 12 months (3 years at ages 71-85).
- as a non-smoker, if you have had no tobacco use in any form within the prior 12 months (3 years for ages 71-85).

Example: The applicant has \$25,000 of life insurance coverage and wishes to convert it. Her last birthday was November 19, 2012. At that time she was 39 years old. Her current coverage terminates on April 25, 2013. The 32nd day after coverage termination is May 26, 2013. May 26, 2013 is closer to her next birthday so for our purposes, her age is 40. She does not smoke. She will use the column for "Non-Smoker" to determine her base annual premium rate per \$1,000 of insurance. She will divide \$25,000 by 1,000 to determine the number of units. Then she will multiply the number of units by the rate per unit and calculate her annual cost.

\$25,000 divided by 1,000 equals 25 units

25	X	\$13.75	=	\$343.75	+	\$180	=	\$523.75
Number of Units		Base Rate for Age & Smoking Status		Annual Premium		\$15.00 Monthly Admin Charge X 12 Months = \$180		Annual Cost

Your calculation:

\$ _____ divided by 1,000 equals _____ units

	X	\$	=	\$	+	\$180	=	\$
Number of Units		Base Rate for Age & Smoking Status		Annual Premium		\$15.00 Monthly Admin Charge X 12 Months = \$180		Annual Cost

Premium Mode

You may pay your premium annually, semi-annually, or quarterly. If you wish to pay annually, submit the Annual Cost you have computed with our application. Otherwise, multiply your Annual Cost by the factor from the following table:

Semi-annual	0.5
Quarterly	0.25

Group Conversion Premiums (premium per unit of insurance)

Rate Table for UL Flex II policies issued effective June 1, 2013 and after
 Rates do not provide Guaranteed life time coverage.
 Multiply the number below by the units of insurance, and then add \$180 per year.

Issue Age	Nontobacco	Tobacco
0-20	5.88	8.30
21	6.09	8.59
22	6.32	8.89
23	6.56	9.21
24	6.81	9.54
25	7.07	9.88
26	7.36	10.32
27	7.68	10.77
28	8.00	11.24
29	8.34	11.73
30	8.71	12.25
31	9.08	12.79
32	9.49	13.36
33	9.90	13.96
34	10.35	14.59
35	10.82	15.26
36	11.34	16.06
37	11.90	16.89
38	12.49	17.77
39	13.10	18.69
40	13.75	19.65
41	14.43	20.65
42	15.14	21.70
43	15.89	22.80
44	16.68	23.94
45	17.51	25.14
46	18.56	26.31
47	19.67	27.53
48	20.82	28.81
49	22.05	30.17
50	23.33	31.60
51	24.68	33.12
52	26.11	34.71
53	27.60	36.40
54	29.18	38.16
55	30.84	40.02
56	32.51	42.00
57	34.28	44.09
58	36.14	46.27
59	38.11	48.58
60	40.20	51.02
61	42.41	53.61
62	44.74	56.32
63	47.20	59.15
64	49.79	62.11
65	52.53	65.19
66	55.20	68.53
67	58.02	72.05
68	61.06	75.79

Issue Age	Nontobacco	Tobacco
69	64.31	79.78
70	67.82	84.06
71	71.59	88.64
72	75.65	93.56
73	79.99	98.75
74	84.64	104.29
75	89.65	110.22
76	95.27	116.74
77	101.33	123.74
78	107.86	131.23
79	114.89	139.21
80	122.41	147.68
81	130.48	156.67
82	139.07	166.11
83	148.25	176.07
84	158.09	186.66
85	168.65	197.92
86	179.69	209.29
87	191.53	221.28
88	204.05	233.64
89	217.29	246.34
90	231.33	259.40
91 and over: Call 1-800-986-3343 ext 76398		



Mailing Address:
Des Moines, IA 50392-2992

Principal Life
Insurance Company

Group
Life Conversion
Application

Principal Life Insurance Company is a member of the Principal Financial Group®.

You may purchase an individual life insurance policy if your group term insurance ends and you qualify for individual purchase (conversion) as described in your booklet or certificate. **YOU MUST APPLY AND PAY THE FIRST PREMIUM WITHIN 31 DAYS AFTER THE DATE YOUR GROUP COVERAGE ENDS.**

1. PERSONAL INFORMATION ABOUT THE PROPOSED INSURED

Name (first, middle, last)	Sex <input type="checkbox"/> male <input type="checkbox"/> female	Date of birth
Street address	Social security number	
City, state, Zip code	Home phone number	

2. BENEFICIARY/OWNER INFORMATION (If no owner is named, the owner will be the proposed insured.)

Beneficiary	Relationship to proposed insured
Owner (if other than insured)	Relationship to proposed insured
Owner address	Owner social security number

3. BASIC COVERAGE APPLIED FOR

Amount of coverage requested \$ _____

THE FIRST PREMIUM MUST BE ENCLOSED WITH THIS APPLICATION.

Premium amount \$ _____

Mode of payment: annual semi-annual quarterly

4. SMOKING STATUS OF PROPOSED INSURED

Smoking Status: smoker nonsmoker

5. SIGNATURE OF PROPOSED INSURED/OWNER

I represent that all statements in this application are true and complete to the best of my knowledge and belief. I understand these statements are the basis of any insurance issued. If issued, the new policy will be effective on the 32nd day after the termination of group insurance.

Warning: It is a crime to provide false, misleading or incomplete information to an insurance company for the purpose of defrauding the company or any other person. Penalties include imprisonment and/or fines and denial of insurance benefits.

_____ (Signature of proposed insured) _____ (Signature of owner if other than proposed insured)

_____ (date) _____ (date)

Mail completed application (pages 1 & 2) along with premium to:
Principal Life Insurance Company, Life Conversions, Des Moines, IA 50392-2992

6. EMPLOYER TO COMPLETE

Applicant's name			
Employer's name		Group account number	Unit number
Employer's address			
City		State	ZIP
Date applicant last worked		Date insurance terminated (if different from date last worked)	
If date last worked differs from date insurance terminated, explain:			
If applicant ceased work due to illness or injury, has he or she been offered any applicable continuation rights due to disability? <input type="checkbox"/> yes <input type="checkbox"/> no (Please consult your group policy or administrative instructions.)			
Maximum amount eligible for conversion on termination date \$ _____			
_____		_____	_____
(Signature of planholder)		(title)	(date)