



1067840

01/01/2017

GROUP POLICY FOR:

SMART METRA UTU 281

**ALL MEMBERS ELECTING THE FLAT \$500 STD PLAN
Group Short Term Disability Insurance**

Print Date: 04/07/2017

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SMART METRA UTU 281
C/O CORNERSTONE ASSURANCE GROUP
22333 CLASSIC COURT
LAKE BARRINGTON IL 60010

RE: POLICY NUMBER 1067840

Enclosed is your updated policy for your amended change or renewal to your group insurance benefits issued by Principal Financial Group. Please note the group policy is amended on the effective date of the enclosed amendment title page.

Please refer to the cover of your policy(s) and booklets for class/coverage information before adding to or replacing your materials. If booklets are affected by your recent change, they will be shipped under separate cover. Please distribute one copy of the booklet-certificate to each insured person.

If you have questions, please contact your broker or sales representative.

If you would like to learn more about our eService package, please contact us at 1-800-986-EDGE or visit www.principal.com. Our eService package allows you to administer your insurance policy day or night, whenever it is convenient for you. With the click of a mouse, you can report employee changes, handle billing, view benefit booklets, and so much more!

Thank you for choosing Principal Life Insurance Company for your insurance needs.

Enclosure(s)

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PRINCIPAL LIFE INSURANCE COMPANY
(called The Principal in this Group Policy)
Des Moines, Iowa 50392-0002

This group insurance policy is issued to:

SMART METRA UTU 281
(called the Policyholder in this Group Policy)

The Date of Issue is January 1, 2017.

In return for the Policyholder's application and payment of all premiums when due, The Principal agrees to provide:

SHORT TERM DISABILITY INSURANCE

subject to the terms and conditions described in this Group Policy.



Executive Vice President,
General Counsel and Secretary



Chairman, President and
Chief Executive Officer

GROUP POLICY NO. GST 1067840
NON-PARTICIPATING
CONTRACT STATE OF ISSUE: WISCONSIN

TABLE OF CONTENTS

PART IA - SHORT TERM DISABILITY INSURANCE SUMMARY

PART I - DEFINITIONS

PART II - POLICY ADMINISTRATION

Section A - Contract

Entire Contract	Article 1
Policy Changes	Article 2
Policyholder Eligibility Requirements	Article 3
Policy Incontestability	Article 4
Individual Incontestability and Eligibility	Article 5
Information to be Furnished	Article 6
Certificates	Article 7
Workers' Compensation Insurance Not Replaced	Article 8
Policy Interpretation	Article 9
Electronic Transactions	Article 10
Value Added Service	Article 11

Section B - Premiums

Payment Responsibility; Due Dates; Grace Period	Article 1
Premium Rates	Article 2
Premium Rate Changes	Article 3
Premium Amount	Article 4
Contributions from Members	Article 5

Section C - Policy Termination

Failure to Pay Premium	Article 1
Termination Rights of the Policyholder	Article 2
Termination Rights of The Principal	Article 3
Policyholder Responsibility to Members	Article 4

PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS

Section A - Eligibility

Member Insurance	Article 1
------------------	-----------

Section B - Effective Dates

Actively at Work	Article 1
Effective Date for Noncontributory Insurance	Article 2
Effective Date for Contributory Insurance	Article 3
Effective Date When Proof of Good Health is Required	Article 4
Proof of Good Health Requirements	Article 5
Effective Date for Benefit Changes Due to a Change in Insurance Class	Article 6
Effective Date for Benefit Changes - Change by Policy Amendment	Article 7
Effective Date for Benefit Changes - Change in Benefits Made by the Principal	Article 8
Annual Enrollment Period	Article 9

Section C - Member Termination, Continuation, and Reinstatement

Member Termination	Article 1
Member Continuation	Article 2
Member Continuation and Reinstatement - Sickness, Injury, or Pregnancy	Article 3
Member Continuation and Reinstatement - Layoff or Leave of Absence	Article 4
Member Continuation and Reinstatement - Family and Medical Leave Act (FMLA)	Article 5

PART IV - BENEFITS

Section A - Benefit Qualification

Benefit Qualification	Article 1
-----------------------	-----------

Section B - Benefits Payable

If the Member is not working during a period of Disability	Article 1
If the Member is working during a period of Disability	Article 2
Minimum Weekly Benefit	Article 3

Section C - Rehabilitation Services and Benefits

Rehabilitation Services and Benefits	Article 1
Rehabilitation Services	Article 2
Predisability Intervention Services	Article 3
Rehabilitation Incentive Benefit	Article 4

Section D - Survivor Benefit

Survivor Benefit	Article 1
------------------	-----------

Section E - Weekly Payment Limit

Weekly Payment Limit	Article 1
----------------------	-----------

Section F - Benefit Payment Period and Recurring Disability

Benefit Payment Period	Article 1
Recurring Disability	Article 2

Section G - Limitations

Limitations	Article 1
Preexisting Conditions Limitation for Initial Coverage	Article 2
Preexisting Conditions Limitation for Benefit Increases	Article 3
Replacement of a Prior Plan	Article 4

Section I - Claim Procedures

Notice of Claim	Article 1
Claim Forms	Article 2
Proof of Disability	Article 3
Documentation of Loss	Article 3A
Earnings Documentation	Article 3B
Investigation of Member's Claim	Article 3C
Proof of Disability while outside the United States	Article 4
Payment, Denial, and Review	Article 5
Report of Payments from Other Income Sources	Article 6
Lump Sum Payments from Other Income Sources	Article 7
Social Security Estimates	Article 8
Workers' Compensation and Other Disability Coverage Estimates	Article 9
Payments for Less Than a Full Week	Article 10
Right to Recover Overpayments	Article 11
Facility of Payment	Article 12
Examinations and Evaluations	Article 13
Legal Action	Article 14
Time Limits	Article 15

PART 1A - SHORT TERM DISABILITY INSURANCE SUMMARY

Minimum Hours Requirement	Employees must be working at least 20 hours a week
Member Contribution	Members are required to contribute the entire premium for their insurance under this Group Policy.
Elimination Period	A Benefit Payment Period will begin on the: 15th day for Disability Due to Injury 15th day for Disability Due to Sickness
Primary Benefit	\$500
Maximum Weekly Benefit	\$500
Minimum Weekly Benefit	\$15
Maximum Benefit Payment Period	50 weeks
Rehabilitation Services and Benefits	
Rehabilitation Services	Included
Predisability Intervention Services	Included
Rehabilitation Incentive Benefit	5%
Other Coverage Features	
Work Incentive Benefit	Included
Survivor Benefit	3 times Primary Benefit
NOTE:	
Benefits may be reduced by other sources of income and disability earnings.	
Some disabilities may not be covered or may be limited under this insurance.	

This summary provides only highlights of this Group Policy. The entire Group Policy determines all rights, benefits, exclusions and limitations of the insurance described above.

PART I - DEFINITIONS

When used in this Group Policy, the terms listed below will mean:

Active Work; Actively at Work

A Member will be considered Actively at Work if he or she is engaged in the active performance of all of his or her regular duties with the intent of continuing the active performance of all said duties on an ongoing basis. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, personal time off, or an approved FMLA leave of absence for the care of a qualified family member is considered Active Work provided the Member is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence.

Benefit Payment Period

The period of time during which benefits are payable.

Current Earnings

A Member's Weekly Earnings for each week he or she is Disabled. This includes all sources of income from the Participating Employer that comprised earnings prior to Disability such as personal time off (PTO), sick pay, vacation pay, and holiday pay. Earnings from Secondary Employment are not considered Current Earnings except as identified in Secondary Employment. While Disabled, a Member's Weekly Earnings may result from working for the Participating Employer or any other employer.

Date of Issue

The date this Group Policy is placed in force: January 1, 2017.

Dependent

Any person who qualifies for benefits as a dependent under the Federal Social Security Act as a result of the Member's Disability or retirement, whether or not residing in the Member's home.

Determination Date

The last day worked prior to the date Disability begins.

Disability; Disabled

A Member will be considered Disabled if, solely and directly because of sickness, injury, or pregnancy, one of the following applies:

- a. The Member cannot perform the majority of the Substantial and Material Duties of his or her Own Job.
- b. The Member is performing the duties of his or her Own Job on a Modified Basis or any job and is unable to earn more than 80% of his or her Predisability Earnings.

The loss of a professional or occupational license or certification does not, in itself, constitute a Disability.

Disability Due to Injury

A Disability that:

- a. occurs solely and directly because of an accidental injury; and
- b. begins within 180 days of the accident.

An accidental injury means an injury that results solely from external, violent, and accidental means.

Disability Due to Sickness

A Disability that:

- a. occurs directly or indirectly because of disease, a Mental Health Condition, alcohol, drug or chemical abuse, dependency, or addiction; or
- b. is not a Disability Due to Injury as defined in this PART I.

Elimination Period

The period of time a Member must be Disabled before benefits begin to accrue. An Elimination Period starts on the date a Member is Disabled and must be satisfied for each period of Disability. A Member cannot satisfy any part of the Elimination Period with any period of Disability that results from a cause for which The Principal does not pay benefits.

Employee

A person who is employed by and receives a W-2 from a Participating Employer.

Generally Accepted

Treatment, service or medication that:

- a. has been accepted as the standard of practice according to the prevailing opinion among experts as shown by (or in) articles published in authoritative, peer-reviewed medical, and scientific literature; and
- b. is in general use in the medical community; and
- c. is not under continued scientific testing or research as a therapy for the particular sickness or injury which is the subject of the claim.

Group Policy

The policy of group insurance issued to the Policyholder by The Principal which describes benefits and provisions for insured Members.

Hospital

An institution that is licensed as a Hospital by the proper authority of the state in which it is located, but not including any institution, or part thereof, that is used primarily as a clinic, convalescent home, rest home, home for the aged, nursing home, custodial care facility, or training center.

Income Loss Percentage

A Member's Income Loss Percentage is equal to:

- a. the Member's Predisability Earnings less any Current Earnings from the Member's Own Job or any job; divided by
- b. the Member's Predisability Earnings.

Insurance Month

Calendar month.

Maximum Weekly Benefit

\$500

Member

Any UNION PERSON ELECTING THE FLAT \$500 STD PLAN, residing in the United States, who is a U.S. citizen or is legally working in the United States, who is a full-time Employee of a Participating Employer and who:

- a. is a due paying union member in good standing; and
- b. is employed by a railway carrier; and
- c. regularly works at least 20 hours a week.

Work must be at the Participating Employer's usual place or places of business, at an alternative worksite at the direction of the Participating Employer, or at another place to which the Employee must travel to perform his or her regular duties. This excludes any person who is scheduled to work for the Participating Employer on a seasonal, temporary, contracted, or part-time basis. A person is considered to be residing in the United States if his or her main home or permanent address is in the United States or if the person is in the United States for six months or more during any 12-month period.

Member will not include any person who is removed from duty due to a labor dispute, strike, work slowdown or lockout.

Mental Health Condition

Any condition which is:

- a. manifested by a psychiatric disturbance including, but not limited to, a biologically or chemically based disorder; and
- b. categorized in the current edition of the American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders or its successor.

Conditions not considered a Mental Health Condition include:

- a. dementia that is the result of any of the following conditions:
 - (1) stroke;
 - (2) head injury;
 - (3) viral infection; or

- (4) Alzheimer's disease; and
- b. organic brain syndrome; and
- c. delirium; and
- d. organic amnesia syndromes; and
- e. organic delusional or organic hallucinogenic syndromes.

Modified Basis

A Member will be considered working on a Modified Basis if he or she is working on either a part-time basis or performing some but not all of the Substantial and Material Duties of the job on a full-time basis.

Other Income Sources

The weekly equivalent of:

- a. all disability payments for the month that the Member and the Member's Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- b. for a Member who has reached Social Security Normal Retirement Age or older, all retirement payments for the month that the Member and the Member's Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- c. for a Member who is less than Social Security Normal Retirement Age, all retirement payments for the month that the Member and the Member's Dependents receive under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- d. all payments for the month that the Member receives from a permanent or temporary award or settlement under a Workers' Compensation Act, or other similar law, whether or not liability is admitted. Payments that are specifically set out in an award or settlement as medical benefits, rehabilitation benefits, income benefits for fatal injuries or income benefits for scheduled injuries involving loss or loss of use of specific body members will not be considered an Other Income Source; and

- e. all payments for the month that the Member receives (or would have received if complete and timely application had been made) under a policy that provides benefits for loss of time from work, if the Policyholder or a Participating Employer pays a part of the cost or makes payroll deductions for that coverage; and
- f. all payments for the month that the Member receives or is eligible to receive under another group disability insurance policy; and
- g. all payments for the month that the Member receives under any state disability plan; and
- h. all sick pay, salary continuance payments, personal time off, or severance pay, for the month that the Member receives from the Policyholder or a Participating Employer; and
- i. all retirement payments attributable to employer contributions and all disability payments attributable to employer contributions for the month that the Member receives under a pension plan sponsored by the Policyholder or a Participating Employer. A pension plan is a defined benefit plan or defined contribution plan providing disability or retirement benefits for employees. A pension plan does not include a profit sharing plan, a thrift savings plan, a nonqualified deferred compensation plan, a plan under Internal Revenue Code Section 401(k) or 457, an Individual Retirement Account (IRA), a Tax Deferred Sheltered Annuity (TSA) under Internal Revenue Code Section 403(b), a stock ownership plan, or a Keogh (HR-10) plan with respect to partners; and
- j. all payments for the month that the Member receives for loss of income under no-fault auto laws. Supplemental disability benefits purchased under a no-fault auto law will not be counted; and
- k. all renewal commissions for the month that the Member receives from the Participating Employer; and
- l. all payments for the month that the Member receives under state unemployment laws.

NOTE:

If any sick pay, salary continuance payments, personal time off, severance pay, or loss of time from work payments specified above are attributable to individual disability insurance policies, the payments will not be considered an Other Income Source.

Any retirement payments the Member receives under the Federal Social Security Act or a pension plan which he or she had been receiving in addition to his or her Weekly Earnings prior to a claim for Disability, will not be considered an Other Income Source.

Military or Veteran's Administration disability or retirement payments will not be considered an Other Income Source.

After the initial deduction for each of the Other Income Sources, benefits will not be further reduced due to any cost of living increases payable under the above stated sources.

Withdrawal of pension plan benefits by a Member for the purpose of placing the benefits in a subsequent pension plan or a deferred compensation plan will not be considered an Other Income Source unless the Member withdraws pension benefits from the subsequent pension plan or defined compensation plan due to disability or retirement.

If any income specified above is payable in a monthly payment, the weekly equivalent will be calculated by multiplying the monthly benefit by 12 and dividing by 52.

Any income the Member receives for services rendered prior to the Member's date of Disability will not be considered Other Income Sources.

Any commissions earned prior to the Member's date of Disability will not be considered Other Income Sources.

Own Job

The job the Member is routinely performing for a Participating Employer when his or her Disability begins.

Participating Employer

An individual employer who is signatory to an applicable collective bargaining agreement with a union that requires contributions on behalf of its bargaining unit members to the health and welfare benefit plan established by the Policyholder.

A Participating Employer is not a party to the contract between The Principal and the Policyholder.

Physician

- a. A licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.); or
- b. any other licensed health care practitioner that state law requires be recognized as a Physician under this Group Policy.

The term Physician does not include the Member, an employee of the Member, a business or professional partner or associate of the Member, any person who has a financial affiliation or

business interest with the Member, anyone related to the Member by blood or marriage, or anyone living in the Member's household.

Policy Anniversary

November 1, 2017, and the same day of each year.

Policyholder

The entity to whom this Group Policy is issued (see Title Page).

Predisability Earnings

A Member's Weekly Earnings in effect prior to the date Disability begins.

Primary Benefit

\$500.

Prior Plan

The Group Short Term Disability coverage of one of the following:

- a. the Policyholder; or
- b. a business entity which has been obtained by the Participating Employer through a merger or acquisition; or
- c. an individual disability worksite plan;

for which this Group Policy is a replacement.

Proof of Good Health

Written evidence that a person is insurable under the underwriting standards of The Principal. This proof must be provided in a form satisfactory to The Principal.

Regular and Appropriate Care

A Member will be considered to be receiving Regular and Appropriate Care if he or she:

- a. is evaluated in person by a Physician; and
- b. receives treatment appropriate for the condition causing the Disability; and

- c. undergoes evaluations and treatment that is provided by a Physician whose specialty is appropriate for the condition causing the Disability; and
- d. undergoes evaluations and treatment at a frequency intended to return the Member to full time work; and
- e. pursues reasonable treatment options or recommendations to achieve maximum medical improvement.

The Principal may require the Member to have his or her Physician provide a Written evaluation and treatment plan for the condition causing the Disability, which meets Generally Accepted medical standards and is satisfactory to The Principal.

The Principal may waive, in Writing to the Member, the Regular and Appropriate Care requirement if it is determined by The Principal that continued care would be of no benefit to the Member.

Rehabilitation Plan

An individualized Written agreement between the Member and The Principal developed with the assistance of the Member and others as appropriate. The Rehabilitation Plan may include medical, psychological, or vocational services and benefits, which are provided with the intent to restore the Member's ability to perform his or her Own Job or any job which the Member is or could reasonably become qualified by education, training, or experience.

Secondary Employment

Employment the Member is engaged in with an employer, other than a Participating Employer, prior to the date Disability begins. Earnings from Secondary Employment will be determined by using the average weekly earnings over the six calendar months just prior to the date of Disability. Any post disability increase above the average weekly earnings will be considered Current Earnings.

Signed or Signature

Any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper or electronic media, and which is consistent with applicable law and is agreed to by The Principal.

Social Security Normal Retirement Age (SSNRA)

Social Security Normal Retirement Age as defined by the Social Security Administration on the date Disabled.

<u>Year of Birth</u>	<u>Normal Retirement Age</u>
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 - 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

Substantial and Material Duties

The essential tasks generally required by employers from those engaged in a particular job that cannot be modified or omitted.

Weekly Earnings

The weekly wage, as established by the Participating Employer, that is the greater of a. or b. below:

- a. with respect to a Member who has been employed for a least one calendar year(s), was paid to such Member during the last calendar year(s) and reported on the W-2 Wage & Tax Statement including qualified deferred compensation, such as contributions to Internal Revenue Code Section 401(k), 403(b), or 457 deferred compensation arrangements including any amount of voluntary earnings reduction under a qualified Section 125 Cafeteria Plan or Health Savings Account, excluding housing and/or car allowance. With respect to a Member who has been employed for less than one calendar year(s), was paid to such Member during the completed weeks of employment divided by the number of such completed weeks of employment; or
- b. the weekly average of all of the Member's taxable income received from the Participating Employer over the three months just prior to the Determination Date, or over the actual period of employment with the Participating Employer just prior to the Determination Date, if shorter.

Note: Weekly Earnings will not exceed the amount shown in the Participating Employer's financial records or the amount for which premium has been paid.

Written or Writing

A record which is on or transmitted by paper or electronic media, and which is consistent with applicable law.

PART II - POLICY ADMINISTRATION

Section A - Contract

Article 1 - Entire Contract

This Group Policy, the current Certificate, the attached Policyholder application and any Member applications make up the entire contract. The Principal is obligated only as provided in this Group Policy and is not bound by any trust or plan to which it is not a signatory party.

Article 2 - Policy Changes

Insurance under this Group Policy runs annually to the Policy Anniversary, unless sooner terminated. No agent, employee, or person other than an officer of The Principal has authority to change this Group Policy, and, to be effective, all such changes must be in Writing and Signed by an officer of The Principal.

The Principal reserves the right to change this Group Policy as follows:

- a. Any or all provisions of this Group Policy may be amended or changed at any time, including retroactive changes, to the extent necessary to meet the requirements of any law or any regulation issued by any governmental agency to which this Group Policy is subject.
- b. Any or all provisions of this Group Policy may be amended or changed at any time when The Principal determines that such amendment is required for consistent application of policy provisions.
- c. By Written agreement between The Principal and the Policyholder, this Group Policy may be amended or changed at any time as to any of its provisions.

Any change to this Group Policy, including, but not limited to, those in regard to coverage, benefits, and participation privileges, may be made without the consent of any Member.

Payment of premium beyond the effective date of the change constitutes the Policyholder's consent to the change.

Article 3 - Policyholder Eligibility Requirements

To be an eligible group and to remain an eligible group, the Policyholder must:

- a. be actively engaged in business for profit within the meaning of the Internal Revenue Code, or be established as a legitimate nonprofit organization within the meaning of the Internal Revenue Code, or be a governmental agency; and
- b. maintain the following participation with respect to eligible employees, excluding those for whom Proof of Good Health is not satisfactory to The Principal:
 - (1) 100% if the Member is to contribute no part of the premium; or
 - (2) maintain the greater of 20% participation or five insured employees.

Article 4 - Policy Incontestability

In the absence of fraud, after this Group Policy has been in force two years, The Principal may not contest its validity except for nonpayment of premium.

Article 5 - Individual Incontestability and Eligibility

All statements made by any individual insured under this Group Policy will be representations and not warranties. In the absence of fraud, these statements may not be used to contest an insured person's insurance unless:

- a. the insurance has been in force for less than two years during the insured's lifetime; and
- b. the statement is in Written form Signed by the insured person; and
- c. a copy of the form which contains the statement is given to the insured or the insured's beneficiary at the time insurance is contested.

However, these provisions will not preclude the assertion at any time of defenses based upon the person's ineligibility for insurance under this Group Policy or upon the provisions of this Group Policy. In addition, if an individual's age is misstated, The Principal may at any time adjust premium and benefits to reflect the correct age.

The Principal may at any time terminate a Member's eligibility under this Group Policy in Writing and with 31-day notice:

- a. if the individual submits any claim that contains false or fraudulent elements under state or federal law;
- b. upon finding in a civil or criminal case that a Member has submitted claims that contain false or fraudulent elements under state or federal law;

- c. when a Member has submitted a claim which, in good faith judgment and investigation, a Member knew or should have known, contains false or fraudulent elements under state or federal law.

Article 6 - Information to be Furnished

The Policyholder must, upon request, give The Principal all information needed to administer this Group Policy. If a clerical error is found in this information, The Principal may at any time adjust premium to reflect the facts. An error will not invalidate insurance that would otherwise be in force. Neither will an error continue insurance that would otherwise be terminated.

The Principal may inspect, at any reasonable time, all Policyholder and Participating Unit records which relate to this Group Policy.

Article 7 - Certificates

The Principal will give the Policyholder Certificates for delivery to insured Members. The delivery of such Certificates will be in either paper or electronic format. The Certificates will be evidence of insurance and will describe the basic features of the benefit plan. They will not be considered a part of this Group Policy.

Article 8 - Workers' Compensation Insurance Not Replaced

This Group Policy is not in place of and does not affect nor fulfill the requirements for Workers' Compensation Insurance.

Article 9 - Policy Interpretation

The Principal has discretion to construe or interpret the provisions of this Group Policy, to determine eligibility for benefits, and to determine the type and extent of benefits, if any, to be provided. The decisions of The Principal in such matters shall be controlling, binding, and final as between The Principal and persons covered by this Group Policy, subject to the Claims Procedures in PART IV, Section I, of this Group Policy.

Article 10 - Electronic Transactions

Any transaction relating to this Group Policy may be conducted by electronic means if performance of the transaction is consistent with applicable state and federal law.

Any notice required by the provisions of this Group Policy given by electronic means will have the same force and effect as notice given in writing.

Article 11 - Value Added Service

The Principal reserves the right to offer or provide to a Policyholder an employee assistance program or a wellness program or any other value added service for the employees of the Policyholder. In addition, The Principal may arrange for third party service providers (i.e., employee assistance program companies, wellness program providers), to provide discounted goods and services to those Policyholders of The Principal. While The Principal has arranged these goods, services, and third party provider discounts, the third party service providers are liable to the Members for the provisions of such goods and services. The Principal is not responsible for the provision of such goods or services nor is it liable for the failure of the provision of the same. Further, The Principal is not liable to the Members for the negligent provisions of such goods and/or services by the third party service providers.

Section B - Premiums

Article 1 - Payment Responsibility; Due Dates; Grace Period

The Policyholder is responsible for payment of all premium due while this Group Policy is in force. Payments must be sent to the designated payment center for The Principal in Des Moines, Iowa.

The first premium is due on the Date of Issue of this Group Policy. Each premium thereafter will be due on the first of each Insurance Month. Except for the first premium, a Grace Period of 60 days will be allowed for payment of premium. "Grace Period" means the first 60-day period following a premium due date. The Group Policy will remain in force until the end of the Grace Period, unless the Group Policy has been terminated by notice as described in this PART II, Section C. The Policyholder will be liable for payment of the premium for the time this Group Policy remains in force during the Grace Period.

Article 2 - Premium Rates

The premium rate will be \$1.22 for each \$10 of Benefit Payable for each Member insured for Short Term Disability Insurance.

Article 3 - Premium Rates Changes

The Principal may change a premium rate on any of the following dates:

- a. on any premium due date, after the initial premium rate has then been in force 34 months or more and if Written notice is given to the Policyholder at least 31 days before the date of change (or, with respect to a premium increase of 25% or more, at least 60 days before the date of change). After the initial premium rate has been in force for 34 months, The Principal may change the premium rate on any due date if the rate has been in force for 12 months or more and if Written notice is given to the Policyholder at least 31 days before the date of change (or, with respect to a premium increase of 25% or more, at least 60 days before the date of change); or
- b. on any date the definition of Member is changed; or
- c. on any date that the policy design feature or class of insured Members is changed; or
- d. on any date a division, subsidiary, or affiliated company is added or terminated; or
- e. on any date the premium contribution required of Members is changed; or

- f. on any Policy Anniversary, if the total covered Weekly Earnings for then insured Members has increased or decreased by more than 25% since the last Policy Anniversary.

If the Policyholder agrees to participate in the electronic services program of The Principal and, at a later date elects to withdraw from participation, such withdrawal may result in certain administrative fees being charged to the Policyholder.

Article 4 - Premium Amount

The amount of premium to be paid on each due date will be the product of total Primary Benefit payable divided by ten multiplied by the premium rate then in effect.

To ensure accurate premium calculations, the Policyholder is responsible for reporting to The Principal, the following information during the stated time periods:

- a. Members who are eligible to become insured are to be reported during the month prior to or during the month that coverage becomes effective.
- b. Members whose coverage has terminated are to be reported within a month of the date coverage terminated.
- c. Changes in Weekly Earnings are to be reported during the month of November each year.
- d. Changes in Member insurance class are to be reported within a month of the date that the change in insurance class took place.

If a Member is added or a present Member's Primary Benefit amount changes or terminates on other than the first of an Insurance Month, premium for that Member will be adjusted and applied as if the change were to take place on the first of the next following Insurance Month.

Article 5 - Contributions from Members

Members are required to contribute the entire premium for their insurance under this Group Policy.

Section C - Policy Termination

Article 1 - Failure to Pay Premium

This Group Policy will terminate at the end of a Grace Period if total premium due has not been received by The Principal before the end of the Grace Period. Failure by the Policyholder to pay the premium within the Grace Period will be deemed notice by the Policyholder to The Principal to discontinue this Group Policy at the end of the Grace Period.

Article 2 - Termination Rights of the Policyholder

The Policyholder may terminate this Group Policy effective on the day before any premium due date by giving Written notice to The Principal prior to that premium due date. The Policyholder's issuance of a stop-payment order for any amounts used to pay premiums for the Policyholder's insurance will be considered Written notice from the Policyholder.

Article 3 - Termination Rights of The Principal

The Principal may nonrenew or terminate this Group Policy by giving the Policyholder 60 days advance notice in Writing, if the Policyholder:

- a. ceases to be actively engaged in business for profit within the meaning of the Internal Revenue Code, or be established as a legitimate nonprofit organization within the meaning of the Internal Revenue Code; or
- b. has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact under the terms of this Group Policy; or
- c. does not promptly provide The Principal with information that is reasonably required; or
- d. fails to perform any of its obligations that relate to this Group Policy.

The Principal may terminate the Policyholder's coverage on any premium due date if the Policyholder relocates to a state where this Group Policy is not marketed, by giving the Policyholder 60 days advanced notice in Writing.

Article 4 - Policyholder Responsibility to Members

If this Group Policy terminates for any reason, the Policyholder must:

- a. notify each Member of the effective date of the termination; and
- b. refund or otherwise account to each Member all contributions received or withheld from Members for premiums not actually paid to The Principal.

PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS

Section A - Eligibility

Article 1 - Member Insurance

A person will be eligible for insurance on the later of:

- a. the Date of Issue of this Group Policy; or
- b. the May 1 or November 1 next following the date the person becomes a Member as defined.

Note: For employees that transfer from one railroad line or union to another, coverage will be effective on the date of transfer if the Member was previously enrolled with the prior railroad line or union.

For persons that are rehired within 6 months of their termination date, the Member will be eligible on the date he or she returns to work and will have the coverage levels they had in force prior to termination.

For persons removed from duty due to a suspension:

- (1) the individual can enroll for coverage however, he or she will not be eligible for coverage until the date of return to Active Work; or
- (2) if an individual is already enrolled for coverage, he or she will be eligible for coverage on the date of return to Active Work provided the Member returns within 24 months of the date coverage ceased due to the suspension.

Section B - Effective Dates

Article 1 - Actively at Work

A Member's effective date for Short Term Disability Insurance will be as explained in this section, if the Member is Actively at Work on that date. If the Member is not Actively at Work on the date insurance would otherwise be effective, such insurance will not be in force until the day of return to Active Work.

This Actively at Work requirement may be waived as described in Replacement of a Prior Plan in PART IV, Section G, Article 4 of this Group Policy.

Article 2 - Effective Date for Noncontributory Insurance

Unless Proof of Good Health is required (see Articles 4 and 5 below), insurance for which the Member contributes no part of premium will be in force on the date the Member is eligible.

Article 3 - Effective Date for Contributory Insurance

If a Member is to contribute a part of premium, insurance must be requested in a form provided by The Principal. Unless Proof of Good Health is required (see Articles 4 and 5 below), the requested insurance will be in force on:

- a. the date the Member is eligible, if the request is made on or before that date; or
- b. the date of the Member's request, if the request is made within 31 days after the date the Member is eligible.

If the request is made more than 31 days after the date the Member is eligible, Proof of Good Health will be required before insurance can be in force (see Articles 4 and 5 below).

Article 4 - Effective Date When Proof of Good Health is Required

Insurance for which Proof of Good Health is required will be in force on the later of:

- a. the date insurance would have been effective if Proof of Good Health had not been required; or
- b. the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by The Principal.

Article 5 - Proof of Good Health Requirements

The type and form of required Proof of Good Health will be determined by The Principal. A Member must submit Proof of Good Health:

- a. If insurance for which a Member contributes a part of premium is requested more than 31 days after the date the Member is eligible.
- b. If a Member has failed to provide required Proof of Good Health or has been refused insurance under this Group Policy at any prior time.
- c. If a Member elects to terminate insurance and, more than 31 days later, requests to be insured again.

Note: For insurance applied for during the Annual Enrollment Period, the above Proof of Good Health requirements will not apply. Refer to Article 9 - Annual Enrollment Period below.

Article 6 - Effective Date for Benefit Changes Due to a Change in Insurance Class

Unless Proof of Good Health is required (see Articles 4 and 5 above), a change in Benefit Payable amount because of a change in the Member's insurance class will normally be effective on the date of change. However, if the Member is not Actively at Work on the date a Benefit Payable change would otherwise be effective, the Benefit Payable change will not be in force until the date the Member returns to Active Work.

Article 7 - Effective Date for Benefit Changes - Change by Policy Amendment

Unless Proof of Good Health is required (see Articles 4 and 5 above), a change in the amount of a Member's Benefit Payable because of a change in the Benefit Payable (as described in PART IV, Section B) by amendment to this Group Policy will be effective on the date of change. However, if the Member is not Actively at Work on the date a Benefit Payable change would otherwise be effective, the Benefit Payable change will not be in force until the date the Member returns to Active Work.

Article 8 - Effective Date for Benefit Changes - Change in Benefits Made by The Principal

A change in a Member's Benefit Payable because of a change made by The Principal will normally be effective on the Policyholder's Policy Anniversary (or as otherwise determined by The Principal). However, if the Member is not Actively at Work on the date a Benefit Payable

change would otherwise be effective, the Benefit Payable change will not be in force until the date the Member returns to Active Work.

Article 9 – Annual Enrollment Period

a. Eligibility

An Annual Enrollment Period will be available each year for any Member who:

- (1) failed to enroll:
 - during the first period in which he or she was eligible to enroll; or
 - during any previous Annual Enrollment Period; or
- (2) previously terminated insurance under the above Group Policy and wants to re-enroll; or
- (3) is currently enrolled for insurance and wants to change his or her Benefit Payable amount.

To qualify for enrollment during the Annual Enrollment Period, the Member must meet the eligibility requirements described in the above Group Policy.

b. Enrollment Period

The Annual Enrollment Period will be a period of time as requested by the Policyholder and accepted by The Principal.

c. Effective Dates

The effective date for any Member requesting a change in their Benefit Payable amount during the Annual Enrollment Period will be the Policy Anniversary following the completion of the Annual Enrollment Period.

Insurance requested during the Annual Enrollment Period described above:

- a. will be subject to the Preexisting Conditions Limitation for Initial Coverage as described in the above Group Policy under PART IV- Benefits, Section G – Limitations; and
- b. will not be subject to the Proof of Good Health requirements for any Benefit Payable amount change.

Section C - Member Termination, Continuation, and Reinstatement

Article 1 - Member Termination

A Member's insurance under this Group Policy will terminate on the earliest of:

- a. the date this Group Policy is terminated; or
- b. the end of the Insurance Month for which the last premium is paid for the Member's insurance; or
- c. for contributory insurance, the end of any Insurance Month desired, if requested by the Member before that date; or
- d. the end of the Insurance Month in which the Member ceases to be a Member as defined; or
- e. the end of the Insurance Month in which the Member ceases to be in a class for which Member Insurance is provided; or
- f. for a labor dispute, strike, work slowdown or lockout, the date the Member ceases Active Work; or
- g. for all other occurrences, the end of the Insurance Month in which the Member ceases Active Work, except as provided by Articles 2, 3, 4, and 5 of this section.

Termination for any reason described above will not affect a Member's rights to benefits, if any, for a Disability that begins while the Member's insurance is in force under this Group Policy. A Member is considered to be continuously Disabled if he or she is Disabled from one condition and, while still Disabled from that condition, incurs another condition that causes Disability.

Article 2 - Member Continuation

A Member may qualify to have his or her insurance continued under one or more of the continuation articles below. If a Member qualifies for continuation under more than one article, the longest period of continuation will be applied, and all periods of continuation will run concurrently.

Article 3 - Member Continuation and Reinstatement - Sickness, Injury, or Pregnancy

If a Member ceases Active Work due to sickness, injury, or pregnancy, the Member's insurance can be continued subject to payment of premium, until the earliest of:

PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS

- a. the date insurance would otherwise terminate as provided in Article 1, items a. through e. above; or
- b. the end of the Insurance Month in which the Member recovers; or
- c. the date 365 days after Active Work ends.

For a Member who establishes a Benefit Payment Period, his or her insurance will be reinstated if the Member returns to Active Work for the Participating Employer within six months of the date the Benefit Payment Period ends. The Member's reinstated insurance will be in force on the date of return to Active Work.

For a Member who does not qualify to have a Benefit Payment Period, insurance will be reinstated if he or she returns to Active Work for the Participating Employer within six months of the date insurance ceased. The Member's reinstated insurance will be in force on the date of return to Active Work.

Proof of Good Health will be required to place in force any Benefit Payable that would have been subject to Proof of Good Health had the Member remained continuously insured.

Article 4 - Member Continuation and Reinstatement – Layoff, Furlough, Unapproved Leave of Absence or Approved Leave of Absence

If a Member ceases Active Work due to layoff, furlough, unapproved leave of absence or approved leave of absence, his or her insurance can be continued, subject to premium payment, until the earlier of:

- a. the date insurance would otherwise terminate as provided in Article 1, items a. through e. above; or
- b. for approved leave of absence, six months after the end of the Insurance Month in which Active Work ends; or
- c. for layoff, furlough or unapproved leave of absence, the end of the Insurance Month in which Active Work ends.

A Member's insurance will be reinstated if he or she returns to Active Work for the Participating Employer within six months of the date insurance ceased. The Member's reinstated insurance will be in force on the date of his or her return to Active Work.

PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS

A longer reinstatement period may be allowed for an approved leave of absence taken in accordance with the provisions of the federal law regarding Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA).

Proof of Good Health will be required to place in force any Benefit Payable that would have been subject to Proof of Good Health had the Member remained continuously insured.

Article 5 - Member Continuation and Reinstatement - Family and Medical Leave Act (FMLA)

If a Member ceases Active Work due to an approved leave of absence under FMLA, the Policyholder may choose to continue the Member's insurance, subject to premium payment, until the date either 12 weeks or 26 weeks, as determined by law, after the end of the Insurance Month in which Active Work ends.

A Member's terminated insurance may be reinstated in accordance with the provisions of the FMLA.

PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS

PART IV - BENEFITS

Section A - Benefit Qualification

Article 1 - Benefit Qualification

A Member will qualify for Disability benefits if all of the following apply:

- a. The Member is Disabled under the terms of this Group Policy.
- b. The Disability begins while he or she is insured under this Group Policy.
- c. The Disability is not subject to any Limitations listed in this PART IV, Section G.
- d. An Elimination Period is completed.
- e. A Benefit Payment Period is established.
- f. The Member is under the Regular and Appropriate Care of a Physician.
- g. The claim requirements listed in this PART IV, Section I are satisfied.

An Elimination Period will start on the date a Member becomes Disabled. The Elimination Period will be completed and a Benefit Payment Period established on the:

- a. 15th day if the Disability is Due to Injury; or
- b. 15th day if the Disability is Due to Sickness.

Section B - Benefits Payable

Article 1 - If the Member is not working during a period of Disability

The Benefit Payable to a Member for each full week of a Benefit Payment Period will be the lesser of:

- a. The Member's Primary Benefit; or
- b. 80% of the Member's Predisability Earnings, less Other Income Sources.

Article 2 - If the Member is working during a period of Disability

The work incentive Benefit Payable to a Member for each full week of a Benefit Payment Period will be the lesser of:

- a. 100% of Predisability Earnings less Other Income Sources, less Current Earnings from his or her Own Job or any job; or
- b. the Primary Benefit; or
- c. 80% of the Member's Predisability Earnings, less Other Income Sources.

Article 3 - Minimum Weekly Benefit

The weekly Benefit Payable will not be less than \$15 for each full week of a Benefit Payment Period, except that The Principal will have the right to reduce the Minimum Weekly Benefit by any prior benefit overpayment.

Section C - Rehabilitation Services and Benefits

Article 1 - Rehabilitation Services and Benefits

While the Member is Disabled and covered under this Group Policy, he or she may qualify to participate in a Rehabilitation Plan and receive Rehabilitation Services and Benefits. The Principal will work with the Member and others as appropriate, to develop an individualized Rehabilitation Plan intended to assist the Member in returning to work.

Article 2 - Rehabilitation Services

While the Member is Disabled under the terms of the Group Policy, he or she may qualify for Rehabilitation Services. If the Member, the Policyholder and The Principal agree in Writing on a Rehabilitation Plan in advance, The Principal may pay a portion of reasonable expenses. The goal of the plan will be to return the Member to work.

Any rehabilitation assistance must be approved in advance by The Principal and outlined in a Rehabilitation Plan. The Benefit Payable as described in this PART IV, Section B, Article(s) 1 and 2, (subject to the terms and conditions of the section) will continue, unless modified by the Rehabilitation Plan. Rehabilitation assistance may include, but is not limited to:

- a. coordination of medical services;
- b. vocational and employment assistance;
- c. purchasing adaptive equipment;
- d. business/financial planning;
- e. retraining for a new occupation;
- f. education expenses.

The Principal will periodically review the Rehabilitation Plan and the Member's progress and The Principal will continue to pay for the agreed upon expenses as long as The Principal determines that the Rehabilitation Plan is providing the necessary action to return the Member to work.

The Principal may require a Member to participate in an individualized Rehabilitation Plan at the expense of The Principal. If the Member refuses to participate in or does not comply with the Rehabilitation Plan, without good cause, all benefits will cease to be payable. As used in the

PART IV - BENEFITS

section, “good cause” means a medical reason preventing implementation of the Rehabilitation Plan.

Article 3 - Predisability Intervention Services

Rehabilitation Services may be offered to a Member who has not yet become Disabled under the terms of this Group Policy, provided the Member has a condition which has the potential of resulting in the inability to perform the Substantial and Material Duties of his or her Own Job.

Article 4 - Rehabilitation Incentive Benefit

During a Benefit Payment Period, if the Member is participating in and fulfilling the requirements of the Rehabilitation Plan, but is not yet working, he or she will be eligible for a 5% increase in the Primary Benefit percentage as a Rehabilitation Incentive Benefit. Payment of the Rehabilitation Incentive Benefit will begin with the Benefit Payable amount that next follows implementation of the Rehabilitation Plan. The Rehabilitation Incentive Benefit is not subject to the Maximum Weekly Benefit.

The Rehabilitation Incentive Benefit will terminate on the earliest of:

- a. the date the time frame established in the Rehabilitation Plan has elapsed; or
- b. the date the Member fails to meet the goals and objectives established in the Rehabilitation Plan ; or
- c. the date benefits would otherwise terminate as provided in this PART IV, Section F, Article 1.

Section D - Survivor Benefit

Article 1 - Survivor Benefit

In the event a Benefit Payment Period ends because of the Member's death, a Survivor Benefit will be payable. This Survivor Benefit will be three times the Member's Primary Benefit.

The Principal will pay the Survivor Benefit to a Member's spouse or domestic partner, child, parent, or estate as described in this PART IV, Section I, Claim Procedures.

Section E - Weekly Payment Limit

Article 1 - Weekly Payment Limit

In no event will the sum of the amounts payable for:

- a. Benefits Payable under this PART IV, Section B, Article(s) 1, 2, and 3; and
- b. Rehabilitation Incentive Benefit; and
- c. income from Other Income Sources; and
- d. Current Earnings from the Member's Own Job or any job;

exceed 100% of Predisability Earnings. In the event the Member's total income from all sources listed above exceeds 100% of Predisability Earnings, the benefits under this Group Policy will be reduced by the amount in excess of 100% of Predisability Earnings.

Section F - Benefit Payment Period and Recurring Disability

Article 1 - Benefit Payment Period

Benefits are payable for a period of 50 weeks after the date the Benefit Payment Period begins.

However, in no event, will benefits continue beyond:

- a. the date of the Member's death; or
- b. the date Disability ends, unless a Recurring Disability exists as explained in this section; or
- c. the date the Member fails to provide any required proof of Disability; or
- d. the date the Member fails to submit to any required medical examination or evaluation as provided in this PART IV, Section I, Article 13; or
- e. the date the Member fails to report any required Current Earnings information; or
- f. the date the Member fails to report income from Other Income Sources; or
- g. the date ten days after receipt of notice from The Principal if the Member fails to pursue Social Security Benefits or benefits under a Worker's Compensation Act or similar law, as outlined in PART IV, Section I, Article(s) 8 and 9; or
- h. the date the Member ceases to be under the Regular and Appropriate Care of a Physician; or
- i. the date the Member refuses to participate in or does not comply with a Rehabilitation Plan; or
- j. if a Disability is caused by, a complication of, or resulting from a Preexisting Condition as described in this PART IV, Section G, Article 2, The Principal will pay a weekly benefit up to a maximum of 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. No benefits will be paid for a subsequent claim subject to a Preexisting Condition investigation for the same condition.

Article 2 - Recurring Disability

A Recurring Disability will exist under this Group Policy if:

- a. after completing an Elimination Period and during a Benefit Payment Period, a Member ceases to be Disabled; and
- b. the Member then returns to Active Work; and
- c. while insured under this Group Policy, but before completing 30 continuous days of Active Work, the Member is again Disabled; and
- d. the current Disability and the Disability for which the Elimination Period was completed result from the same or a related cause.

A Recurring Disability will be treated as if the initial Disability has not ended, except that no benefits will be payable for the time between Disabilities. The Member will not be required to complete a new Elimination Period and a new Benefit Payment Period will not be established. Benefits will be payable from the first day of each Recurring Disability, but only for the remainder, if any, of the Benefit Payment Period established for the initial Disability. The effective date of any salary increase received during return to Active Work as stated in PART III, Section B, Article 6 which would otherwise be effective, will not apply to any benefit payable under this Recurring Disability provision.

Section G - Limitations

Article 1 - Limitations

No benefits will be paid for any Disability that:

- a. results from willful self-injury or self-destruction, while sane or insane; or
- b. results from war or act of war; or
- c. results from voluntary participation in an assault, felony, criminal activity, insurrection, or riot; or
- d. is a new Disability that begins after a prior Benefit Payment Period has ended or a claim for benefits has been denied and the Member has not returned to Active Work; or
- e. is a continuation of a Disability for which a Benefit Payment Period has ended or a claim for benefits has been denied and the Member has not returned to Active Work (except as provided for a Recurring Disability in this PART IV, Section F, Article 2); or
- f. is caused by, a complication of, or resulting from a Preexisting Condition as described in this Group Policy; or
- g. results from a cosmetic surgery or other elective procedures that are not medically necessary.

Article 2 - Preexisting Conditions Limitation for Initial Coverage

A Preexisting Condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which a Member:

- a. received medical treatment, consultation, care, or services; or
- b. was prescribed or took prescription medications;

in the twelve month period before he or she became insured under this Group Policy.

Benefits will not continue beyond the date six weeks following the date of Disability for a Disability that results from a Preexisting Condition unless, on the date the Member becomes Disabled, he or she has been Actively at Work for one full day after completing 12 consecutive months during which the Member was insured under this Group Policy.

Article 3 - Preexisting Conditions Limitation for Benefit Increases

A Preexisting Condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which a Member:

- a. received medical treatment, consultation, care, or services; or
- b. was prescribed or took prescription medications;

in the twelve month period prior to an increase in benefits or change in the Group Policy, including increases in benefits due to a change in Weekly Earnings of 25% or greater.

The increase in benefits or change in the Group Policy provisions will not continue beyond the date six weeks following the effective date of the increase in benefits or change in the Group Policy provisions for a Disability that:

- a. results from a Preexisting Condition; and
- b. begins within 12 months after the effective date of the increase in benefits or change in the Group Policy provisions.

Thereafter, the benefits and the Group Policy provisions in force immediately prior to the increase or change will be payable during the duration of the Disability.

Article 4 - Replacement of a Prior Plan

a. Applicability

When insurance under this Group Policy replaces coverage under a Prior Plan, this article may apply to a Member who is eligible and enrolled under this Group Policy, and:

- (1) is not Actively at Work when his or her coverage would otherwise become effective;
or
- (2) becomes Disabled due to a Preexisting Condition.

b. Benefit Eligibility

A Member will qualify for the benefit provided by this article if all of the following apply:

- (1) The Member had disability coverage under a Prior Plan, which terminated on the date immediately preceding the date the Member became eligible under this Group Policy.

- (2) The Member is not receiving any benefits under the Prior Plan but would have been entitled to benefits had the Prior Plan remained in force.
- (3) No provision other than the Actively at Work or the Preexisting Condition provision(s) would prohibit benefits being paid to the Member under this Group Policy.

c. Benefits Payable

The benefits payable, if any, under this article, will be the lesser of the benefits and plan provisions of this Group Policy or the benefits and plan provisions that would have been paid under the Prior Plan had it remained in force, including any benefits for a recurring claim. No benefits will be paid for:

- (1) any Disability that occurs before the Date of Issue of this Group Policy; or
- (2) any Disability for which benefits would have been paid under the Prior Plan in the absence of this section.

Section I - Claim Procedures

Article 1 - Notice of Claim

Written notice must be sent to The Principal by or for a Member who wishes to file claim for benefits under this Group Policy. This notice must be sent within 20 days after the date of loss for which claim is being made. If it is not possible to give proof within 20 days, it must be given no later than one year after the time proof is required except in the absence of legal capacity.

Article 2 - Claim Forms

The Principal, when it receives notice of claim, will provide claim forms for filing proof of Disability. If the forms are not provided within 15 days after The Principal receives notice of the claim, the person will be considered to have complied with the requirements of the Group Policy regarding proof of Disability upon submitting, within the time specified below for filing proof of Disability, Written proof covering the occurrence, character, and extent of the loss.

Article 3 - Proof of Disability

Written proof that Disability exists and has been continuous must be sent to The Principal within 90 days after the date a Member completes an Elimination Period. Proof required includes the date, nature, and extent of loss. Further proof that Disability has not ended must be sent when requested by The Principal. The Principal may request additional information to substantiate loss or require a Signed unaltered authorization to obtain that information from the provider. The Principal reserves the right to determine when these conditions are met. Failure to comply with the request of The Principal could result in declination of the claim. For purposes of satisfying the claims processing timing requirements, receipt of claim will be considered to be met when Elimination Period has been completed and the appropriate claim form is received by The Principal.

Article 3A - Documentation of Loss

The Principal must receive satisfactory Written proof of loss. Until The Principal receives the proof of loss requested, benefits will not be paid. Proof of loss may include:

- a. Any requested claim form including claim forms from the Member or his or her Physician.
- b. Documentation that the Member is under Regular and Appropriate Care by a Physician.
- c. Copies of medical records, test results and/or Physician's progress notes.

PART IV - BENEFITS

- d. Occupation information, such as documentation of work duties and activities. This may include the Member's job description or appointment calendar.
- e. Independent medical examination(s) (see Examinations and Evaluations in Article 13 below).
- f. A Written authorization, signed by the Member, on a form supplied by The Principal, to obtain records and information needed to determine the Member's eligibility for benefits.
- g. Other proof of loss as required by The Principal.

Article 3B - Earnings Documentation

The Principal may require proof to determine the Member's Predisability Earnings and Current Earnings. A company representative has the right to examine the Member's financial and business records, including his or her Federal income tax returns and supporting documentation, as often as The Principal may require.

Article 3C - Investigation of Member's Claim

The Principal may conduct an investigation of the Member's claim at any time, which may include a personal interview with a company representative and/or an examination under oath. Benefits may not be payable until The Principal has had a reasonable time to conduct an investigation of the Member's claim and determines benefits are payable.

Any costs involved in submission of proof of loss or earnings documentation are the Member's responsibility to pay, except for costs incurred by The Principal for items c. and e. in Article 3A above or personal interview or financial examination.

Once the Member's claim is approved, no benefits will be continued beyond the end of the period for which the Member has provided The Principal with satisfactory proof of loss. The Principal will require the Member to provide additional documentation of his or her claim, at the Member's expense, at reasonable intervals while the Member is claiming Disability.

Article 4 - Proof of Disability while outside the United States

If during a period of Disability, the Member is residing or staying outside the United States, the following will apply:

- a. Any evidence the Member submits for his or her claim will be required to be translated by the U.S. Embassy and contain the U.S. Embassy seal.
- b. The Member may be required to return to the United States at a frequency The Principal deems necessary to substantiate his or her claim for Disability. All expenses incurred by the Member for returning to the United States will be his or her responsibility.
- c. The Member must notify The Principal in advance of any return to the United States and his or her change of address.

Failure to comply with the request of The Principal could result in declination of the claim. For purposes of satisfying the claims processing timing requirements, receipt of claim will be considered to be met when the Elimination Period has been completed and the appropriate claim form is received by The Principal.

In administering the benefits provided under this Group Policy, all Predisability Earnings and Current Earnings will be expressed in U.S. dollars and all premium and benefit amounts must be paid in U.S. dollars.

Article 5 - Payment, Denial, and Review

Claims will normally be processed within 45 days from receipt of the claim. If a claim cannot be processed due to incomplete information, The Principal will send a Written explanation prior to the expiration of the 45 days. The claimant is then allowed up to 45 days to provide all additional information requested. The Principal is permitted two 30-day extensions for processing an incomplete claim. Written notification will be sent to the claimant regarding the extension.

In actual practice, benefits under this Group Policy will be payable sooner, provided The Principal received complete and proper proof of Disability. Further, if a claim is not payable or cannot be processed, The Principal will submit a detailed explanation of the basis for its denial.

A claimant may request an appeal of a claim denial by Written request to The Principal within 180 days of receipt of the notice of denial. The Principal will make a full and fair review of the claim. The Principal may require additional information to make the review. The Principal will notify the claimant in Writing of the appeal decision within 45 days after receipt of the appeal request. If the appeal cannot be processed within the 45-day period because the Principal did not receive the requested additional information, The Principal is permitted a 45-day extension for the review. Written notification will be sent to the claimant regarding the extension. After exhaustion of the formal appeal process, the claimant may request an additional appeal. However, this appeal is voluntary and does not need to be filed before asserting rights to legal action.

For purposes of this section, "claimant" means Member.

Article 6 - Report of Payments from Other Income Sources

When asked, a Member must give The Principal:

- a. a report of all payments from Other Income Sources; and
- b. proof of application for all such income for which the Member and the Member's Dependents are eligible; and
- c. proof that any application for such income has been rejected.

Article 7 - Lump Sum Payments from Other Income Sources

If any income from Other Income Sources is payable in a lump sum, (except as described below) the lump sum will be deemed to be paid in weekly amounts prorated over the time stated. If no such time is stated, the lump sum will be prorated weekly over the expected life span of the Member. The Principal will determine the expected life span.

Lump Sum Payments under:

- a. a retirement plan will be deemed to be paid in the weekly amount which:
 - (1) is provided by the standard annuity option under the plan as identified by the Policyholder or a Participating Employer; or
 - (2) is prorated under a standard annuity table over the expected life span of the Member (if the plan does not have a standard annuity option);
- b. a Workers' Compensation Act or other similar law (which includes benefits paid under an award or a settlement) will be deemed to be paid weekly:
 - (1) at the rate stated in the award or settlement; or
 - (2) at the rate paid prior to the lump sum (if no rate is stated in the award or settlement);
or
 - (3) at the maximum rate set by the law (if no rate is stated and the Member did not receive a periodic award).

Article 8 - Social Security Estimates

Until exact amounts are known, The Principal may estimate the Social Security benefits for which a Member and his or her Dependents are eligible and may include those estimates in the Member's Other Income Sources.

If it is reasonable that the Member would be entitled to disability benefits under the Federal Social Security Act, The Principal will require that the Member:

- a. apply for disability benefits within ten days after receipt of Written notice from The Principal requesting the Member to apply for such benefits; and
- b. give satisfactory proof within 30 days after receipt of Written notice from The Principal that the Member has applied for these benefits within the ten-day period; and
- c. request reconsideration of the application for Social Security benefits if the original application is denied, and appeal any denial of reconsideration if an appeal appears reasonable.

Article 9 - Workers' Compensation and Other Disability Coverage Estimates

Until exact amounts are known, The Principal may estimate the Workers' Compensation benefits and other disability coverage that provides benefits for loss of time from work that are attributable to employer contributions in whole or in part or makes payroll deductions for which a Member is eligible and may include those estimates in the Member's Other Income Sources.

If it is reasonable that the Member would be entitled to benefits under a Workers' Compensation Act or a similar law and other disability coverage, The Principal will require that the Member:

- a. apply for benefits within ten days after receipt of Written notice from The Principal requesting the Member to apply for such benefits; and
- b. give satisfactory proof within 30 days after receipt of Written notice from The Principal that the Member has applied for these benefits within the ten-day period.

Article 10 - Payments for Less Than a Full Week

The Benefit payable for each day of any part of a Benefit Payment Period that is less than a full week will be the weekly benefit divided by seven.

Article 11 - Right to Recover Overpayments

If an overpayment of benefits occurs under this Group Policy, The Principal will have the option to:

- a. reduce or withhold any future benefits The Principal determines to be due, including the Minimum Weekly Benefit; or
- b. recover the overpayment directly from the Member; or
- c. take any other legal action.

Article 12 - Facility of Payment

Benefits under this Group Policy will be payable at the end of each week of a Benefit Payment Period, provided complete and proper Proof of Disability has been received by The Principal. The Principal will have the option to issue Benefits Payable in a lump sum amount.

Any unpaid balance that remains after a Benefit Payment Period ceases will be immediately payable.

The Principal will normally pay benefits directly to the Member. However, in the special instances listed below, payment will be as indicated. All payments so made will discharge The Principal to the full extent of those payments.

- a. If payment amounts remain due upon a Member's death, those amounts may, at the option of The Principal's, be paid to the Member's spouse or domestic partner, child, parent, or estate.
- b. If The Principal believes a person is not legally able to give a valid receipt for a benefit payment, and no guardian has been appointed, The Principal may pay whoever has assumed the care and support of the person.

Article 13 - Examinations and Evaluations

The Principal has the right to require a Member to undergo medical evaluations, functional capacity evaluations, vocational evaluations, and/or psychiatric evaluations during the course of a claim. The examinations or evaluations will be performed by a Physician or evaluator The Principal chooses as appropriate for the condition and will be conducted at the time, place and frequency The Principal reasonably requires. The Principal will pay for these examinations and evaluations and will choose the Physician or evaluator to perform them. Failure to attend a medical examination or cooperate with the Physician may be cause for suspension or denial of

the Member's benefits. Failure to attend an evaluation or to cooperate with the evaluator may also be cause for suspension or denial of the Member's benefits. If the Member fails to attend an examination or an evaluation, any charges incurred for not attending an appointment as scheduled may be his or her responsibility.

Article 14 - Legal Action

Legal action to recover benefits under this Group Policy may not be started earlier than 90 days after required Proof of Disability has been filed and before the appeal procedures have been exhausted. Further, no legal action may be started later than three years after that proof is required to be filed.

Article 15 - Time Limits

Any time limits listed in this section will be adjusted as required by law.

POLICY NOTICE

KEEP THIS NOTICE WITH THE POLICYHOLDER'S INSURANCE PAPERS

PROBLEMS WITH THE POLICYHOLDER'S INSURANCE? If the Policyholder is having problems with its insurance company or agent, it should not hesitate to contact the insurance company or agent to resolve its problem.

**Principal Life Insurance Company
Attn: Group Benefits Division
711 High Street
Des Moines, Iowa 50392-0002**

**For Disability claim-related inquiries:
Attn: Group Claim - Disability Info Line Services
Telephone 1-800-245-1522**

**For administration-related inquiries:
Attn: Group Call Center
Telephone: 1-800-843-1371**

The Policyholder can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. The Policyholder can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103

All calls or correspondence should identify the group account number, the complete name and address of the person, and the nature of the inquiry. All relevant information should be included so that prompt action can be taken to resolve the inquiry.

This Notice is for the Policyholder's information only and does not become a part or condition of this policy.

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Principal Life Insurance Company
Des Moines, Iowa 50392-0002