Policyholder: TEAMCRAFT ROOFING, INC.



Group voluntary term life insurance Benefit summary for all members

Effective date: 10/01/2021

What's available to me?

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

| | Benefit | Minimum | Guaranteed issue ¹ | Maximum | Benefit reduction ² |
|------------------------------|--|----------|---|-----------|--|
| You | Select a benefit in increments of \$10,000 | \$10,000 | If you're under 70: the lesser of \$240,000, or the amount insured under the prior carrier If you're 70 or older: the lesser of \$10,000, or the amount insured under the prior carrier | \$240,000 | 35% reduction at age 70 with an additional 20% reduction at age 75 |
| Your spouse ³ | Select a benefit in increments of \$5,000 | \$5,000 | If your spouse is under 70: the lesser of \$50,000, or the amount insured under the prior carrier If your spouse is 70 or older: the lesser of \$10,000, or the amount insured under the prior carrier | \$50,000 | 35% reduction at age 70 with an additional 20% reduction at age 75 |
| Your child(ren) ³ | Options ⁴ : • \$10,000 | | | | |

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

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

³Amount of coverage may not exceed 100% of your benefit.

⁴Dependent children under 14 days old receive a \$1,000 benefit.

Who can buy coverage?

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

Additional eligibility requirements may apply.

Do I need to provide health information?

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

May I increase my benefit later?

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

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

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

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|--|--------------------------------|--|--|--|
| Loss | AD&D Benefit | | | |
| Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes | 100% | | | |
| Loss of one hand, or one foot, or sight of one eye | 50% | | | |
| Loss of thumb and index finger on the same hand | 25% | | | |
| Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag | \$10,000 | | | |
| Repatriation - If you die at least 100 miles from your home | Up to \$2,000 | | | |
| Education - If your children are enrolled in an accredited post-secondary school at the time of your death | \$3,000/year for up to 4 years | | | |
| Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis | | | | |
| Quadriplegia | 100% | | | |
| Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot. | 50% | | | |
| Loss of use of one arm, one leg, one hand or one foot | 25% | | | |

| Loss of speech and/or hearing - total loss for 12 consecutive months | | |
|--|------|--|
| Loss of speech and hearing in both ears | 100% | |
| Loss of speech or hearing in both ears | 50% | |
| Loss of hearing in one ear | 25% | |

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| Occupational coverage | For your covered spouse, benefits will not be paid for an injury or illness |
| | covered by a Workers' Compensation Act or similar law. |

Additional benefits:

| Accelerated death benefit | If you're terminally ill, you may be able to receive a portion of your life benefit. |
|-----------------------------------|---|
| Coverage during disability | If you're disabled, you may be able to continue your coverage and not pay premium. |
| Portability | If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents. |
| Conversion of terminated coverage | If you terminate employment, you may be able to convert coverage to an individual policy. |

What are the limitations and exclusions of my coverage?

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



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

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