

Forestadent USA Inc

Voluntary-term life/AD&D

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 11/30/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Reduced benefit	70 & over
\$10,000	\$0.51	\$0.60	\$0.74	\$1.01	\$1.48	\$2.31	\$3.55	\$4.94	\$8.08	\$5,000	\$4.83
\$20,000	\$1.01	\$1.19	\$1.47	\$2.02	\$2.95	\$4.61	\$7.10	\$9.87	\$16.14	\$10,000	\$9.68
\$30,000	\$1.52	\$1.79	\$2.22	\$3.03	\$4.43	\$6.92	\$10.65	\$14.82	\$24.22	\$15,000	\$14.51
\$40,000	\$2.03	\$2.38	\$2.95	\$4.04	\$5.90	\$9.23	\$14.19	\$19.75	\$32.28	\$20,000	\$19.35
\$50,000	\$2.54	\$2.98	\$3.69	\$5.05	\$7.38	\$11.54	\$17.75	\$24.69	\$40.36	\$25,000	\$24.19
\$60,000	\$3.05	\$3.58	\$4.43	\$6.07	\$8.86	\$13.85	\$21.30	\$29.63	\$48.44	\$30,000	\$29.02
\$70,000	\$3.55	\$4.16	\$5.17	\$7.07	\$10.34	\$16.15	\$24.84	\$34.57	\$56.50	\$35,000	\$33.86
\$80,000	\$4.06	\$4.76	\$5.91	\$8.09	\$11.82	\$18.46	\$28.39	\$39.51	\$64.58	\$40,000	\$38.69
\$90,000	\$4.57	\$5.36	\$6.65	\$9.10	\$13.30	\$20.77	\$31.95	\$44.45	\$72.66	\$45,000	\$43.53
\$100,000	\$5.08	\$5.95	\$7.38	\$10.11	\$14.77	\$23.08	\$35.49	\$49.38	\$80.72	\$50,000	\$48.37
\$110,000	\$5.59	\$6.55	\$8.13	\$11.12	\$16.25	\$25.39	\$39.04	\$54.33	\$88.80	\$55,000	\$53.20
\$120,000	\$6.09	\$7.14	\$8.86	\$12.13	\$17.72	\$27.69	\$42.59	\$59.26	\$96.86	\$60,000	\$58.05
\$130,000	\$6.60	\$7.74	\$9.60	\$13.14	\$19.20	\$30.00	\$46.14	\$64.20	\$104.94	\$65,000	\$62.88
\$140,000	\$7.11	\$8.34	\$10.34	\$14.15	\$20.68	\$32.31	\$49.69	\$69.14	\$113.02	\$70,000	\$67.71
\$150,000	\$7.61	\$8.93	\$11.07	\$15.16	\$22.15	\$34.61	\$53.24	\$74.07	\$121.08	\$75,000	\$72.56
\$160,000	\$8.12	\$9.53	\$11.82	\$16.17	\$23.63	\$36.92	\$56.79	\$79.02	\$129.16	\$80,000	\$77.39
\$170,000	\$8.63	\$10.12	\$12.55	\$17.18	\$25.10	\$39.23	\$60.33	\$83.95	\$137.22	\$85,000	\$82.23
\$180,000	\$9.14	\$10.72	\$13.29	\$18.19	\$26.58	\$41.54	\$63.89	\$88.89	\$145.30	\$90,000	\$87.07
\$190,000	\$9.65	\$11.32	\$14.03	\$19.21	\$28.06	\$43.85	\$67.44	\$93.83	\$153.38	\$95,000	\$91.90
\$200,000	\$10.15	\$11.90	\$14.77	\$20.21	\$29.54	\$46.15	\$70.98	\$98.77	\$161.44	\$100,000	\$96.74
\$210,000	\$10.66	\$12.50	\$15.51	\$21.23	\$31.02	\$48.46	\$74.53	\$103.71	\$169.52	\$105,000	\$101.57
\$220,000	\$11.17	\$13.10	\$16.25	\$22.24	\$32.50	\$50.77	\$78.09	\$108.65	\$177.60	\$110,000	\$106.41
\$230,000	\$11.68	\$13.69	\$16.98	\$23.25	\$33.97	\$53.08	\$81.63	\$113.58	\$185.66	\$115,000	\$111.25
\$240,000	\$12.19	\$14.29	\$17.73	\$24.26	\$35.45	\$55.39	\$85.18	\$118.53	\$193.74	\$120,000	\$116.08
\$250,000	\$12.69	\$14.88	\$18.46	\$25.27	\$36.92	\$57.69	\$88.73	\$123.46	\$201.80	\$125,000	\$120.93
\$260,000	\$13.20	\$15.48	\$19.20	\$26.28	\$38.40	\$60.00	\$92.28	\$128.40	\$209.88	\$130,000	\$125.76
\$270,000	\$13.71	\$16.08	\$19.94	\$27.29	\$39.88	\$62.31	\$95.83	\$133.34	\$217.96	\$135,000	\$130.59
\$280,000	\$14.21	\$16.67	\$20.67	\$28.30	\$41.35	\$64.61	\$99.38	\$138.27	\$226.02	\$140,000	\$135.44

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® represe

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Voluntary-term life/AD&D

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 11/30/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Reduced benefit	70 & over
\$290,000	\$14.72	\$17.27	\$21.42	\$29.31	\$42.83	\$66.92	\$102.93	\$143.22	\$234.10	\$145,000	\$140.27
\$300,000	\$15.23	\$17.86	\$22.15	\$30.32	\$44.30	\$69.23	\$106.47	\$148.15	\$242.16	\$150,000	\$145.11

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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Forestadent USA Inc

Voluntary-term life/AD&D

Estimated spouse bi-weekly premium amounts

End of the rate guarantee period: 11/30/2021

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Reduced benefit	70 & over
\$5,000	\$0.25	\$0.29	\$0.37	\$0.50	\$0.74	\$1.15	\$1.77	\$2.47	\$4.03	\$2,500	\$2.42
\$10,000	\$0.51	\$0.60	\$0.74	\$1.01	\$1.48	\$2.31	\$3.55	\$4.94	\$8.08	\$5,000	\$4.83
\$15,000	\$0.76	\$0.89	\$1.11	\$1.52	\$2.22	\$3.46	\$5.32	\$7.41	\$12.11	\$7,500	\$7.25
\$20,000	\$1.01	\$1.19	\$1.47	\$2.02	\$2.95	\$4.61	\$7.10	\$9.87	\$16.14	\$10,000	\$9.68
\$25,000	\$1.27	\$1.49	\$1.85	\$2.53	\$3.70	\$5.77	\$8.88	\$12.35	\$20.19	\$12,500	\$12.09
\$30,000	\$1.52	\$1.79	\$2.22	\$3.03	\$4.43	\$6.92	\$10.65	\$14.82	\$24.22	\$15,000	\$14.51
\$35,000	\$1.78	\$2.08	\$2.58	\$3.54	\$5.17	\$8.08	\$12.42	\$17.28	\$28.25	\$17,500	\$16.93
\$40,000	\$2.03	\$2.38	\$2.95	\$4.04	\$5.90	\$9.23	\$14.19	\$19.75	\$32.28	\$20,000	\$19.35
\$45,000	\$2.29	\$2.68	\$3.33	\$4.55	\$6.65	\$10.39	\$15.97	\$22.23	\$36.33	\$22,500	\$21.76
\$50,000	\$2.54	\$2.98	\$3.69	\$5.05	\$7.38	\$11.54	\$17.75	\$24.69	\$40.36	\$25,000	\$24.19
\$55,000	\$2.79	\$3.27	\$4.06	\$5.56	\$8.12	\$12.69	\$19.52	\$27.16	\$44.39	\$27,500	\$26.61
\$60,000	\$3.05	\$3.58	\$4.43	\$6.07	\$8.86	\$13.85	\$21.30	\$29.63	\$48.44	\$30,000	\$29.02
\$65,000	\$3.30	\$3.87	\$4.80	\$6.57	\$9.60	\$15.00	\$23.07	\$32.10	\$52.47	\$32,500	\$31.44
\$70,000	\$3.55	\$4.16	\$5.17	\$7.07	\$10.34	\$16.15	\$24.84	\$34.57	\$56.50	\$35,000	\$33.86
\$75,000	\$3.81	\$4.47	\$5.54	\$7.58	\$11.08	\$17.31	\$26.62	\$37.04	\$60.55	\$37,500	\$36.27
\$80,000	\$4.06	\$4.76	\$5.91	\$8.09	\$11.82	\$18.46	\$28.39	\$39.51	\$64.58	\$40,000	\$38.69
\$85,000	\$4.31	\$5.06	\$6.27	\$8.59	\$12.55	\$19.61	\$30.17	\$41.97	\$68.61	\$42,500	\$41.12
\$90,000	\$4.57	\$5.36	\$6.65	\$9.10	\$13.30	\$20.77	\$31.95	\$44.45	\$72.66	\$45,000	\$43.53
\$95,000	\$4.82	\$5.66	\$7.02	\$9.60	\$14.03	\$21.92	\$33.72	\$46.92	\$76.69	\$47,500	\$45.95
\$100,000	\$5.08	\$5.95	\$7.38	\$10.11	\$14.77	\$23.08	\$35.49	\$49.38	\$80.72	\$50,000	\$48.37

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child(ren) premium amounts (per family)

\$10,000 \$0.92

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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