

Voluntary Life

You may purchase Voluntary Life insurance with Principal Life Insurance Company. Your contributions will depend on your age and the amount of coverage you elect. **Special Open Enrollment Provision** – employees that are past their original new hire eligibility date can get \$10,000 Guaranteed Issue (GI) if they did not originally enroll. Or an additional \$10,000 without providing health information if they are already enrolled in Voluntary Life coverage. Spouses may also be eligible for an increase as the employee benefit amount increases.

	Benefit	Minimum	Guaranteed Issue*	Maximum	Benefit Reduction
You	Select benefit in increments of \$10,000	\$10,000	If you are under 70: \$200,00. If you're 70 or older: \$10,000	\$500,000	35% reduction at age 65, additional 15% reduction at age 70
Your spouse	Select benefit in increments of \$5,000. Can't exceed 50% of employee benefit	\$5,000	If your spouse is under 70: \$200,00. If your spouse is 70 or older: \$10,000	\$200,000	35% reduction at age 65, additional 15% reduction at age 70
Your child(ren)	Options – 15+ Days \$2,500; \$5,000; \$7,500; \$10,000 (To 14 days \$1,000)				

* Guaranteed Issue (GI) – amount you may buy without providing health information. Over GI requires health information
New Hires must enroll within 31 days of being eligible to avoid providing health information.

Employee and Spouse Rates expressed in this grid are on a monthly basis as per \$1,000.

Age Range	Current Rate
Employee & Spouse	
0 - 29	\$0.070
30 - 34	\$0.080
35 - 39	\$0.100
40 - 44	\$0.140
45 - 49	\$0.230
50 - 54	\$0.420
55 - 59	\$0.630
60 - 64	\$1.220
65 - 69	\$1.910
70 & over	\$3.530

Voluntary Term Child Insurance Rates are Per Family Per Month based on Amount of Coverage

\$2,500 is \$.50; \$5,000 is \$1.00; \$7,500 is \$1.50 and \$10,000 is \$2.00

TPS Medical Holdings LLC

Voluntary-term life - employee

Estimated employee bi-weekly premium amounts
End of the rate guarantee period: 12/31/2022

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$380,000	\$12.28	\$14.03	\$17.54	\$24.55	\$40.34	\$73.66	\$110.49	\$213.97	\$247,000	\$217.74	\$190,000	\$309.55
\$390,000	\$12.60	\$14.40	\$18.00	\$25.20	\$41.40	\$75.60	\$113.40	\$219.60	\$253,500	\$223.47	\$195,000	\$317.70
\$400,000	\$12.92	\$14.77	\$18.46	\$25.85	\$42.46	\$77.54	\$116.31	\$225.23	\$260,000	\$229.20	\$200,000	\$325.85
\$410,000	\$13.25	\$15.14	\$18.92	\$26.49	\$43.52	\$79.48	\$119.22	\$230.86	\$266,500	\$234.93	\$205,000	\$333.99
\$420,000	\$13.57	\$15.51	\$19.38	\$27.14	\$44.58	\$81.42	\$122.12	\$236.49	\$273,000	\$240.66	\$210,000	\$342.14
\$430,000	\$13.89	\$15.88	\$19.85	\$27.78	\$45.65	\$83.35	\$125.03	\$242.12	\$279,500	\$246.39	\$215,000	\$350.28
\$440,000	\$14.22	\$16.25	\$20.31	\$28.43	\$46.71	\$85.29	\$127.94	\$247.75	\$286,000	\$252.12	\$220,000	\$358.43
\$450,000	\$14.54	\$16.62	\$20.77	\$29.08	\$47.77	\$87.23	\$130.85	\$253.38	\$292,500	\$257.85	\$225,000	\$366.58
\$460,000	\$14.86	\$16.98	\$21.23	\$29.72	\$48.83	\$89.17	\$133.75	\$259.02	\$299,000	\$263.58	\$230,000	\$374.72
\$470,000	\$15.18	\$17.35	\$21.69	\$30.37	\$49.89	\$91.11	\$136.66	\$264.65	\$305,500	\$269.31	\$235,000	\$382.87
\$480,000	\$15.51	\$17.72	\$22.15	\$31.02	\$50.95	\$93.05	\$139.57	\$270.28	\$312,000	\$275.04	\$240,000	\$391.02
\$490,000	\$15.83	\$18.09	\$22.62	\$31.66	\$52.02	\$94.98	\$142.48	\$275.91	\$318,500	\$280.77	\$245,000	\$399.16
\$500,000	\$16.15	\$18.46	\$23.08	\$32.31	\$53.08	\$96.92	\$145.38	\$281.54	\$325,000	\$286.50	\$250,000	\$407.31

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.

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® representative.

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TPS Medical Holdings LLC

Voluntary-term life - spouse

Estimated spouse bi-weekly premium amounts
End of the rate guarantee period: 12/31/2022

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$5,000	\$0.16	\$0.18	\$0.23	\$0.32	\$0.53	\$0.97	\$1.45	\$2.82	\$2.87	\$4.07
\$10,000	\$0.32	\$0.37	\$0.46	\$0.65	\$1.06	\$1.94	\$2.91	\$5.63	\$5.73	\$8.15
\$15,000	\$0.48	\$0.55	\$0.69	\$0.97	\$1.59	\$2.91	\$4.36	\$8.45	\$8.60	\$12.22
\$20,000	\$0.65	\$0.74	\$0.92	\$1.29	\$2.12	\$3.88	\$5.82	\$11.26	\$11.46	\$16.29
\$25,000	\$0.81	\$0.92	\$1.15	\$1.62	\$2.65	\$4.85	\$7.27	\$14.08	\$14.33	\$20.37
\$30,000	\$0.97	\$1.11	\$1.38	\$1.94	\$3.18	\$5.82	\$8.72	\$16.89	\$17.19	\$24.44
\$35,000	\$1.13	\$1.29	\$1.62	\$2.26	\$3.72	\$6.78	\$10.18	\$19.71	\$20.06	\$28.51
\$40,000	\$1.29	\$1.48	\$1.85	\$2.58	\$4.25	\$7.75	\$11.63	\$22.52	\$22.92	\$32.58
\$45,000	\$1.45	\$1.66	\$2.08	\$2.91	\$4.78	\$8.72	\$13.08	\$25.34	\$25.79	\$36.66
\$50,000	\$1.62	\$1.85	\$2.31	\$3.23	\$5.31	\$9.69	\$14.54	\$28.15	\$28.65	\$40.73
\$55,000	\$1.78	\$2.03	\$2.54	\$3.55	\$5.84	\$10.66	\$15.99	\$30.97	\$31.52	\$44.80
\$60,000	\$1.94	\$2.22	\$2.77	\$3.88	\$6.37	\$11.63	\$17.45	\$33.78	\$34.38	\$48.88
\$65,000	\$2.10	\$2.40	\$3.00	\$4.20	\$6.90	\$12.60	\$18.90	\$36.60	\$37.25	\$52.95
\$70,000	\$2.26	\$2.58	\$3.23	\$4.52	\$7.43	\$13.57	\$20.35	\$39.42	\$40.11	\$57.02
\$75,000	\$2.42	\$2.77	\$3.46	\$4.85	\$7.96	\$14.54	\$21.81	\$42.23	\$42.98	\$61.10
\$80,000	\$2.58	\$2.95	\$3.69	\$5.17	\$8.49	\$15.51	\$23.26	\$45.05	\$45.84	\$65.17
\$85,000	\$2.75	\$3.14	\$3.92	\$5.49	\$9.02	\$16.48	\$24.72	\$47.86	\$48.71	\$69.24
\$90,000	\$2.91	\$3.32	\$4.15	\$5.82	\$9.55	\$17.45	\$26.17	\$50.68	\$51.57	\$73.32
\$95,000	\$3.07	\$3.51	\$4.38	\$6.14	\$10.08	\$18.42	\$27.62	\$53.49	\$54.44	\$77.39
\$100,000	\$3.23	\$3.69	\$4.62	\$6.46	\$10.62	\$19.38	\$29.08	\$56.31	\$57.30	\$81.46
\$105,000	\$3.39	\$3.88	\$4.85	\$6.78	\$11.15	\$20.35	\$30.53	\$59.12	\$60.17	\$85.53
\$110,000	\$3.55	\$4.06	\$5.08	\$7.11	\$11.68	\$21.32	\$31.98	\$61.94	\$63.03	\$89.61
\$115,000	\$3.72	\$4.25	\$5.31	\$7.43	\$12.21	\$22.29	\$33.44	\$64.75	\$65.90	\$93.68
\$120,000	\$3.88	\$4.43	\$5.54	\$7.75	\$12.74	\$23.26	\$34.89	\$67.57	\$68.76	\$97.75
\$125,000	\$4.04	\$4.62	\$5.77	\$8.08	\$13.27	\$24.23	\$36.35	\$70.38	\$71.63	\$101.83
\$130,000	\$4.20	\$4.80	\$6.00	\$8.40	\$13.80	\$25.20	\$37.80	\$73.20	\$74.49	\$105.90
\$135,000	\$4.36	\$4.98	\$6.23	\$8.72	\$14.33	\$26.17	\$39.25	\$76.02	\$77.36	\$109.97
\$140,000	\$4.52	\$5.17	\$6.46	\$9.05	\$14.86	\$27.14	\$40.71	\$78.83	\$80.22	\$114.05
\$145,000	\$4.68	\$5.35	\$6.69	\$9.37	\$15.39	\$28.11	\$42.16	\$81.65	\$83.09	\$118.12
\$150,000	\$4.85	\$5.54	\$6.92	\$9.69	\$15.92	\$29.08	\$43.62	\$84.46	\$85.95	\$122.19
\$155,000	\$5.01	\$5.72	\$7.15	\$10.02	\$16.45	\$30.05	\$45.07	\$87.28	\$88.82	\$126.27
\$160,000	\$5.17	\$5.91	\$7.38	\$10.34	\$16.98	\$31.02	\$46.52	\$90.09	\$91.68	\$130.34
\$165,000	\$5.33	\$6.09	\$7.62	\$10.66	\$17.52	\$31.98	\$47.98	\$92.91	\$94.55	\$134.41
\$170,000	\$5.49	\$6.28	\$7.85	\$10.98	\$18.05	\$32.95	\$49.43	\$95.72	\$97.41	\$138.48
\$175,000	\$5.65	\$6.46	\$8.08	\$11.31	\$18.58	\$33.92	\$50.88	\$98.54	\$100.28	\$142.56
\$180,000	\$5.82	\$6.65	\$8.31	\$11.63	\$19.11	\$34.89	\$52.34	\$101.35	\$103.14	\$146.63
\$185,000	\$5.98	\$6.83	\$8.54	\$11.95	\$19.64	\$35.86	\$53.79	\$104.17	\$106.01	\$150.70

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TPS Medical Holdings LLC

Voluntary-term life - spouse

Estimated spouse bi-weekly premium amounts
End of the rate guarantee period: 12/31/2022

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	70 & over
\$190,000	\$6.14	\$7.02	\$8.77	\$12.28	\$20.17	\$36.83	\$55.25	\$106.98	\$123,500	\$108.87	\$154.78
\$195,000	\$6.30	\$7.20	\$9.00	\$12.60	\$20.70	\$37.80	\$56.70	\$109.80	\$126,750	\$111.74	\$158.85
\$200,000	\$6.46	\$7.38	\$9.23	\$12.92	\$21.23	\$38.77	\$58.15	\$112.62	\$130,000	\$114.60	\$162.92

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) --Child(ren) are covered until age 26

\$2,500	\$0.23
\$5,000	\$0.46
\$7,500	\$0.69
\$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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