

Policyholder: Denison Independent School District



Group voluntary dental insurance
Benefit summary

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	\$0	\$0	100%	100%
Basic	\$50	\$50	80%	80%
Major	\$50	\$50	50%	50%
Orthodontia	\$0	\$0	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your deductibles that are in-network for basic and major services are combined. Your deductibles that are out-of-network for basic and major services are combined.			
Combined maximum	Maximums for basic and major procedures are combined. In-network calendar year maximums are \$3,000 per person or non-network calendar year maximums are \$3,000 per person.			
Orthodontia lifetime maximum	\$1,000 PPO in-network maximum / \$1,000 PPO out-of-network maximum			
Preventive passport	Included			
Plan type	Unscheduled			

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
 - If you're on 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'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

Preventive

Routine exams	Once per six months
Routine cleanings	Once per six months
Bitewing X-rays	Once per calendar year
Fluoride	Once per six months (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14; once per tooth each 36 months

Basic

Full mouth X-rays	Once every 60 months
Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to Routine cleaning frequency limit
Fillings	Replacement fillings every 24 months
Composite (tooth colored) fillings	Covered on posterior teeth
Oral surgery	Simple
Harmful habit appliance	Covered only for dependent children under age 14

Major

Oral surgery	Complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex Endodontics	Root canal therapy for molar teeth
Non-surgical periodontics	Once per quadrant per 24 months (including scaling and root planing)
Periodontal surgical procedures	Once per quadrant per 36 months
Crowns	Each 84 months per tooth if tooth cannot be replaced by a filling
Core buildup	Each 84 months
Bridges	84 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)

Orthodontia

Coverage For your dependent children. Bands that are placed on a dependent child's teeth before age 19 may be covered.

Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 90 th percentile of the usual and customary charges.
Preventive passport	Benefits paid for preventive services will not be applied to your annual benefit maximum
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth –The initial placement of bridges, partials, and dentures to replace teeth missing before this coverage starts won't be covered. If this policy replaces coverage with another carrier, continuous coverage under the prior plan may be applied to the missing tooth provision requirement. This doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information.

What are the restrictions of my coverage?

Orthodontia

If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:

- 1) The lifetime maximum under any prior group coverage has not been exceeded,
- 2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and
- 3) Ortho treatment has been continued while insured under this policy.

Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.

You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.

There are additional limitations to your coverage. A complete list is included in your booklet.



principal.com

This is a summary of dental 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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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392



Denison Independent School District

DENTAL RATES

Employee SEMI-MONTHLY PREMIUM amounts

End of rate guarantee period: 8/31/2025

COVERAGE	COST
Employee Only	\$17.95
Employee & Spouse	\$35.74
Employee & Child(ren)	\$38.14
Employee & Family	\$54.10

Policyholder: Denison Independent School District



Group voluntary vision Benefit summary for all members

Effective date: 09/01/2021

What's available to me?

Vision insurance is offered through Principal[®] and VSP[®] Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

VSP choice network	
Exams	Every 12 months, one exam is covered in full after \$10 copay
Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to \$130 every 24 months; 20% off amount over allowance ¹	\$25 copay <ul style="list-style-type: none">• Single lenses• Lined bifocal lenses• Lined trifocal lenses• Lenticular lenses• Polycarbonate lenses for dependent children under age 18
Lens enhancements	Standard progressive lenses covered once every 12 months with a \$0 copay ¹ Most other popular lens enhancements are covered after a copay, saving our members an average of 30% ¹
Elective contacts	Covered up to \$130 every 12 months. Contact lenses can be chosen instead of glasses.
Contact fitting and evaluation	Up to \$60 copay
Necessary contacts	Covered in full after \$25 copay every 12 months

¹This can vary based on state laws and provider location Savings may not apply at participating retail chains.

Who can buy coverage?

- You can buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
 - If you're on 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.
 - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco[®], Walmart[®], and Sam's Club[®]. The frame allowance at these locations is \$70 which is equivalent to a \$130 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
 - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage
- Call 800-877-7195.

Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID. Or call 800-877-7195.

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Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to \$45	Once every 12 months
Single lenses	Up to \$30	One pair every 12 months
Lined bifocal lenses	Up to \$50	One pair every 12 months
Lined trifocal lenses	Up to \$65	One pair every 12 months
Lenticular lenses	Up to \$100	One pair every 12 months
Frames	Up to \$70	One set every 24 months
Elective contacts	Up to \$105	Contacts are instead of frames and lenses
Necessary contacts	Up to \$210	Contacts are instead of frames and lenses

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
 - Non-prescription glasses
 - Medical or surgical treatment of the eyes
 - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.

Texas Department of Insurance Notice
Preferred Provider Benefit Plan

You have the right to an adequate network of preferred providers (also known as "network providers"). If you believe that the VSP network is inadequate, you may file a complaint with the Texas Department of Insurance.

You have the right, in most cases, to obtain estimates in advance:

- from out-of-network providers of what they will charge for their services; and
- from VSP of what it will pay for the services.

You may obtain a current directory of VSP preferred providers at the following website: <https://www.vsp.com/> or by calling 1-800- 877-7195 for assistance in finding available preferred providers.

If you are treated by a provider that is not a preferred provider, you may be billed for anything not paid by VSP.

If the VSP directory information is materially inaccurate and you rely on it, you may be entitled to have an out-of-network claim paid at the in-network level of reimbursement and your out-of-network expenses counted toward your in-network copayment and maximum payment limit.



[principal.com](https://www.principal.com)

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Denison Independent School District

VISION RATES

Employee SEMI-MONTHLY PREMIUM amounts

End of rate guarantee period: 8/31/2025

COVERAGE	COST
Employee Only	\$3.44
Employee & Spouse	\$6.87
Employee & Child(ren)	\$7.56
Employee & Family	\$10.99

Policyholder: Denison Independent School District



Group voluntary term life insurance Benefit summary for all members

Effective date: 09/01/2021

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

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	\$20,000	If you're under 70: the lesser of \$200,000, 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	\$500,000	35% reduction at age 70 with an additional 20% reduction at age 75
Your spouse³	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70: the lesser of \$40,000, 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	\$200,000	35% reduction at age 70 with an additional 20% reduction at age 75
Your child(ren)³	Options ⁴ : • \$5,000, or • \$10,000				

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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 50% 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.
 - 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.
 - 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.

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
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%

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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%

Occupational coverage For your covered spouse, benefits will not be paid for an injury arising from or during employment for wage or profit.

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.



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Denison Independent School District

Voluntary-term life/AD&D - employee

Estimated employee semi-monthly premium amounts
End of the rate guarantee period: 08/31/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$20,000	\$1.04	\$1.30	\$1.30	\$1.56	\$2.08	\$3.64	\$6.50	\$9.36	\$13.00	\$12.52
\$30,000	\$1.57	\$1.96	\$1.96	\$2.35	\$3.13	\$5.47	\$9.76	\$14.05	\$19,500	\$18.78
\$40,000	\$2.08	\$2.60	\$2.60	\$3.12	\$4.16	\$7.28	\$13.00	\$18.72	\$26,000	\$25.04
\$50,000	\$2.61	\$3.26	\$3.26	\$3.91	\$5.21	\$9.11	\$16.26	\$23.41	\$32,500	\$31.29
\$60,000	\$3.12	\$3.90	\$3.90	\$4.68	\$6.24	\$10.92	\$19.50	\$28.08	\$39,000	\$37.56
\$70,000	\$3.65	\$4.56	\$4.56	\$5.47	\$7.29	\$12.75	\$22.76	\$32.77	\$45,500	\$43.82
\$80,000	\$4.16	\$5.20	\$5.20	\$6.24	\$8.32	\$14.56	\$26.00	\$37.44	\$52,000	\$50.07
\$90,000	\$4.69	\$5.86	\$5.86	\$7.03	\$9.37	\$16.39	\$29.26	\$42.13	\$58,500	\$56.33
\$100,000	\$5.20	\$6.50	\$6.50	\$7.80	\$10.40	\$18.20	\$32.50	\$46.80	\$65,000	\$62.60
\$110,000	\$5.73	\$7.16	\$7.16	\$8.59	\$11.45	\$20.03	\$35.76	\$51.49	\$71,500	\$68.85
\$120,000	\$6.24	\$7.80	\$7.80	\$9.36	\$12.48	\$21.84	\$39.00	\$56.16	\$78,000	\$75.11
\$130,000	\$6.77	\$8.46	\$8.46	\$10.15	\$13.53	\$23.67	\$42.26	\$60.85	\$84,500	\$81.38
\$140,000	\$7.28	\$9.10	\$9.10	\$10.92	\$14.56	\$25.48	\$45.50	\$65.52	\$91,000	\$87.63
\$150,000	\$7.81	\$9.76	\$9.76	\$11.71	\$15.61	\$27.31	\$48.76	\$70.21	\$97,500	\$93.89
\$160,000	\$8.32	\$10.40	\$10.40	\$12.48	\$16.64	\$29.12	\$52.00	\$74.88	\$104,000	\$100.15
\$170,000	\$8.85	\$11.06	\$11.06	\$13.27	\$17.69	\$30.95	\$55.26	\$79.57	\$110,500	\$106.41
\$180,000	\$9.36	\$11.70	\$11.70	\$14.04	\$18.72	\$32.76	\$58.50	\$84.24	\$117,000	\$112.67
\$190,000	\$9.89	\$12.36	\$12.36	\$14.83	\$19.77	\$34.59	\$61.76	\$88.93	\$123,500	\$118.93
\$200,000	\$10.40	\$13.00	\$13.00	\$15.60	\$20.80	\$36.40	\$65.00	\$93.60	\$130,000	\$125.20
\$210,000	\$10.93	\$13.66	\$13.66	\$16.39	\$21.85	\$38.23	\$68.26	\$98.29	\$136,500	\$131.45
\$220,000	\$11.44	\$14.30	\$14.30	\$17.16	\$22.88	\$40.04	\$71.50	\$102.96	\$143,000	\$137.71
\$230,000	\$11.97	\$14.96	\$14.96	\$17.95	\$23.93	\$41.87	\$74.76	\$107.65	\$149,500	\$143.97
\$240,000	\$12.48	\$15.60	\$15.60	\$18.72	\$24.96	\$43.68	\$78.00	\$112.32	\$156,000	\$150.23
\$250,000	\$13.01	\$16.26	\$16.26	\$19.51	\$26.01	\$45.51	\$81.26	\$117.01	\$162,500	\$156.49
\$260,000	\$13.52	\$16.90	\$16.90	\$20.28	\$27.04	\$47.32	\$84.50	\$121.68	\$169,000	\$162.75
\$270,000	\$14.05	\$17.56	\$17.56	\$21.07	\$28.09	\$49.15	\$87.76	\$126.37	\$175,500	\$169.00
\$280,000	\$14.56	\$18.20	\$18.20	\$21.84	\$29.12	\$50.96	\$91.00	\$131.04	\$182,000	\$175.27
\$290,000	\$15.09	\$18.86	\$18.86	\$22.63	\$30.17	\$52.79	\$94.26	\$135.73	\$188,500	\$181.53
\$300,000	\$15.60	\$19.50	\$19.50	\$23.40	\$31.20	\$54.60	\$97.50	\$140.40	\$195,000	\$187.78
\$310,000	\$16.13	\$20.16	\$20.16	\$24.19	\$32.25	\$56.43	\$100.76	\$145.09	\$201,500	\$194.05
\$320,000	\$16.64	\$20.80	\$20.80	\$24.96	\$33.28	\$58.24	\$104.00	\$149.76	\$208,000	\$200.31
\$330,000	\$17.17	\$21.46	\$21.46	\$25.75	\$34.33	\$60.07	\$107.26	\$154.45	\$214,500	\$206.56
\$340,000	\$17.68	\$22.10	\$22.10	\$26.52	\$35.36	\$61.88	\$110.50	\$159.12	\$221,000	\$212.82
\$350,000	\$18.21	\$22.76	\$22.76	\$27.31	\$36.41	\$63.71	\$113.76	\$163.81	\$227,500	\$219.09
\$360,000	\$18.72	\$23.40	\$23.40	\$28.08	\$37.44	\$65.52	\$117.00	\$168.48	\$234,000	\$225.34
\$370,000	\$19.25	\$24.06	\$24.06	\$28.87	\$38.49	\$67.35	\$120.26	\$173.17	\$240,500	\$231.60
\$380,000	\$19.76	\$24.70	\$24.70	\$29.64	\$39.52	\$69.16	\$123.50	\$177.84	\$247,000	\$237.86

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Denison Independent School District

Voluntary-term life/AD&D - employee

Estimated employee semi-monthly premium amounts
End of the rate guarantee period: 08/31/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$390,000	\$20.29	\$25.36	\$25.36	\$30.43	\$40.57	\$70.99	\$126.76	\$182.53	\$253,500	\$244.12
\$400,000	\$20.80	\$26.00	\$26.00	\$31.20	\$41.60	\$72.80	\$130.00	\$187.20	\$260,000	\$250.38
\$410,000	\$21.33	\$26.66	\$26.66	\$31.99	\$42.65	\$74.63	\$133.26	\$191.89	\$266,500	\$256.64
\$420,000	\$21.84	\$27.30	\$27.30	\$32.76	\$43.68	\$76.44	\$136.50	\$196.56	\$273,000	\$262.90
\$430,000	\$22.37	\$27.96	\$27.96	\$33.55	\$44.73	\$78.27	\$139.76	\$201.25	\$279,500	\$269.16
\$440,000	\$22.88	\$28.60	\$28.60	\$34.32	\$45.76	\$80.08	\$143.00	\$205.92	\$286,000	\$275.42
\$450,000	\$23.41	\$29.26	\$29.26	\$35.11	\$46.81	\$81.91	\$146.26	\$210.61	\$292,500	\$281.67
\$460,000	\$23.92	\$29.90	\$29.90	\$35.88	\$47.84	\$83.72	\$149.50	\$215.28	\$299,000	\$287.94
\$470,000	\$24.45	\$30.56	\$30.56	\$36.67	\$48.89	\$85.55	\$152.76	\$219.97	\$305,500	\$294.20
\$480,000	\$24.96	\$31.20	\$31.20	\$37.44	\$49.92	\$87.36	\$156.00	\$224.64	\$312,000	\$300.45
\$490,000	\$25.49	\$31.86	\$31.86	\$38.23	\$50.97	\$89.19	\$159.26	\$229.33	\$318,500	\$306.71
\$500,000	\$26.00	\$32.50	\$32.50	\$39.00	\$52.00	\$91.00	\$162.50	\$234.00	\$325,000	\$312.98

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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Denison Independent School District

Voluntary-term life/AD&D - spouse

Estimated spouse semi-monthly premium amounts

End of the rate guarantee period: 08/31/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$5,000	\$0.26	\$0.33	\$0.33	\$0.39	\$0.52	\$0.91	\$1.63	\$2.34	\$2.58	\$3.13
\$10,000	\$0.53	\$0.66	\$0.66	\$0.79	\$1.05	\$1.83	\$3.26	\$4.69	\$5.15	\$6.26
\$15,000	\$0.78	\$0.97	\$0.97	\$1.17	\$1.56	\$2.73	\$4.87	\$7.02	\$7.73	\$9.39
\$20,000	\$1.04	\$1.30	\$1.30	\$1.56	\$2.08	\$3.64	\$6.50	\$9.36	\$10.31	\$12.52
\$25,000	\$1.30	\$1.63	\$1.63	\$1.95	\$2.60	\$4.55	\$8.13	\$11.70	\$12.88	\$15.65
\$30,000	\$1.57	\$1.96	\$1.96	\$2.35	\$3.13	\$5.47	\$9.76	\$14.05	\$15.47	\$18.78
\$35,000	\$1.82	\$2.27	\$2.27	\$2.73	\$3.64	\$6.37	\$11.37	\$16.38	\$18.04	\$21.91
\$40,000	\$2.08	\$2.60	\$2.60	\$3.12	\$4.16	\$7.28	\$13.00	\$18.72	\$20.62	\$25.04
\$45,000	\$2.34	\$2.93	\$2.93	\$3.51	\$4.68	\$8.19	\$14.63	\$21.06	\$23.20	\$28.17
\$50,000	\$2.61	\$3.26	\$3.26	\$3.91	\$5.21	\$9.11	\$16.26	\$23.41	\$25.77	\$31.29
\$55,000	\$2.86	\$3.57	\$3.57	\$4.29	\$5.72	\$10.01	\$17.87	\$25.74	\$28.35	\$34.43
\$60,000	\$3.12	\$3.90	\$3.90	\$4.68	\$6.24	\$10.92	\$19.50	\$28.08	\$30.93	\$37.56
\$65,000	\$3.38	\$4.23	\$4.23	\$5.07	\$6.76	\$11.83	\$21.13	\$30.42	\$33.50	\$40.69
\$70,000	\$3.65	\$4.56	\$4.56	\$5.47	\$7.29	\$12.75	\$22.76	\$32.77	\$36.08	\$43.82
\$75,000	\$3.90	\$4.87	\$4.87	\$5.85	\$7.80	\$13.65	\$24.37	\$35.10	\$38.66	\$46.95
\$80,000	\$4.16	\$5.20	\$5.20	\$6.24	\$8.32	\$14.56	\$26.00	\$37.44	\$41.23	\$50.07
\$85,000	\$4.42	\$5.53	\$5.53	\$6.63	\$8.84	\$15.47	\$27.63	\$39.78	\$43.81	\$53.20
\$90,000	\$4.69	\$5.86	\$5.86	\$7.03	\$9.37	\$16.39	\$29.26	\$42.13	\$46.39	\$56.33
\$95,000	\$4.94	\$6.17	\$6.17	\$7.41	\$9.88	\$17.29	\$30.87	\$44.46	\$48.97	\$59.47
\$100,000	\$5.20	\$6.50	\$6.50	\$7.80	\$10.40	\$18.20	\$32.50	\$46.80	\$51.55	\$62.60
\$105,000	\$5.46	\$6.83	\$6.83	\$8.19	\$10.92	\$19.11	\$34.13	\$49.14	\$54.12	\$65.73
\$110,000	\$5.73	\$7.16	\$7.16	\$8.59	\$11.45	\$20.03	\$35.76	\$51.49	\$56.70	\$68.85
\$115,000	\$5.98	\$7.47	\$7.47	\$8.97	\$11.96	\$20.93	\$37.37	\$53.82	\$59.28	\$71.98
\$120,000	\$6.24	\$7.80	\$7.80	\$9.36	\$12.48	\$21.84	\$39.00	\$56.16	\$61.85	\$75.11
\$125,000	\$6.50	\$8.13	\$8.13	\$9.75	\$13.00	\$22.75	\$40.63	\$58.50	\$64.43	\$78.24
\$130,000	\$6.77	\$8.46	\$8.46	\$10.15	\$13.53	\$23.67	\$42.26	\$60.85	\$67.01	\$81.38
\$135,000	\$7.02	\$8.77	\$8.77	\$10.53	\$14.04	\$24.57	\$43.87	\$63.18	\$69.58	\$84.51
\$140,000	\$7.28	\$9.10	\$9.10	\$10.92	\$14.56	\$25.48	\$45.50	\$65.52	\$72.16	\$87.63
\$145,000	\$7.54	\$9.43	\$9.43	\$11.31	\$15.08	\$26.39	\$47.13	\$67.86	\$74.74	\$90.76
\$150,000	\$7.81	\$9.76	\$9.76	\$11.71	\$15.61	\$27.31	\$48.76	\$70.21	\$77.32	\$93.89
\$155,000	\$8.06	\$10.07	\$10.07	\$12.09	\$16.12	\$28.21	\$50.37	\$72.54	\$79.90	\$97.02
\$160,000	\$8.32	\$10.40	\$10.40	\$12.48	\$16.64	\$29.12	\$52.00	\$74.88	\$82.47	\$100.15
\$165,000	\$8.58	\$10.73	\$10.73	\$12.87	\$17.16	\$30.03	\$53.63	\$77.22	\$85.05	\$103.29
\$170,000	\$8.85	\$11.06	\$11.06	\$13.27	\$17.69	\$30.95	\$55.26	\$79.57	\$87.63	\$106.41
\$175,000	\$9.10	\$11.37	\$11.37	\$13.65	\$18.20	\$31.85	\$56.87	\$81.90	\$90.20	\$109.54
\$180,000	\$9.36	\$11.70	\$11.70	\$14.04	\$18.72	\$32.76	\$58.50	\$84.24	\$92.78	\$112.67
\$185,000	\$9.62	\$12.03	\$12.03	\$14.43	\$19.24	\$33.67	\$60.13	\$86.58	\$95.36	\$115.80

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Denison Independent School District Voluntary-term life/AD&D - spouse

Estimated spouse semi-monthly premium amounts
End of the rate guarantee period: 08/31/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$190,000	\$9.89	\$12.36	\$12.36	\$14.83	\$19.77	\$34.59	\$61.76	\$88.93	\$123,500	\$118.93
\$195,000	\$10.14	\$12.67	\$12.67	\$15.21	\$20.28	\$35.49	\$63.37	\$91.26	\$126,750	\$122.06
\$200,000	\$10.40	\$13.00	\$13.00	\$15.60	\$20.80	\$36.40	\$65.00	\$93.60	\$130,000	\$125.20

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

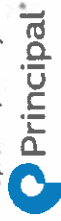
Child(ren) premium amounts (per family) --Child(ren) are covered until age 26

\$10,000 \$1.00
\$5,000 \$0.50

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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Mailing Address
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Employee Enrollment
& Waiver-TX

PLEASE USE BLACK INK
PLEASE ENTER DATES AS MM/DD/YYYY

Company name Denison Independent School District	Division level All Members	Account number/unit number
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Employee Information

Name		Social security number	
Mailing address (street)		Birth date	male female
(city)	(state)	(ZIP code)	
Date employed full-time	Hours worked per week	Job occupation/class	Location
Email address		Phone number	

Do you have an eligible spouse or domestic partner or child(ren)?
 yes no

Salary amount (for owners, include business income)	Salary mode <input type="checkbox"/> yearly <input type="checkbox"/> weekly <input type="checkbox"/> hourly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly
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Payroll mode <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	Employer ZIP code 75020	Employer county GRAYSON
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Eligible Dependent Information (Complete if you are electing benefits for your spouse or domestic partner or children)

Dependent name	Birth date	Gender	Social security number	Relationship
		male female		Spouse domestic partner
		male female		Child foster child* disabled child**
		male female		Child foster child* disabled child**
		male female		Child foster child* disabled child**
		male female		Child foster child* disabled child**

*If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?
 yes no

**When your child, who is developmentally or physically disabled, reaches/exceeds the maximum age, an Application to Continue Disabled Child form must be completed and reviewed to determine eligibility.

Is your spouse or domestic partner employed by this company?
 yes no

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
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NOTE: Employee coverage must be elected to elect any dependent coverage. If your dental coverage includes Pediatric Dental Essential Benefits, please refer to GP61845 for information about free language services that may be available to you.

Dental	Plan	Design Description: Vol Dental PPO - High Plan					
		<input type="checkbox"/> Elect	<input type="checkbox"/> Decline	<input type="checkbox"/> Elect	<input type="checkbox"/> Decline	<input type="checkbox"/> Elect	<input type="checkbox"/> Decline

In the past 12 months, have you, the applicant, had continuous group orthodontia coverage (for yourself and/or your dependents) with a prior carrier? yes no

Vision	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Voluntary Term Life (VTL) Benefit Amount:	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ Cannot exceed 50% of the employee election	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____

*NOTE: Domestic Partners can only be added if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60480).

Voluntary Term Life Beneficiary Designation (Complete if covered for voluntary term life coverage.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. Additional beneficiaries can be added as an attachment.

Primary Beneficiaries:

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

Contingent Beneficiaries:

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

The right to make future changes is reserved by the employee. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to Principal Life.

If you have designated a minor child(ren) as your beneficiary, you must complete the Uniform Transfers to Minors Act form (GP55229).

Declining Coverage

Important! If declining any coverage for yourself or any dependent, give reason. Covered under:

- spouse's or domestic partner's group coverage
- individual insurance
- other coverage offered by my employer
- other _____

Employee Agreement (Read and sign)

I understand and agree with the following statements:

- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age, are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse dental or vision coverage, I and my dependents may enroll later but this will affect the level of benefits.
- If I refuse coverage, I cannot enroll after retirement.
- If I refuse life, disability, or critical illness coverage, I may apply later but I must show proof of good health and coverage will be subject to approval by Principal Life Insurance Company.
- If the group policy does not require my contribution, I cannot decline coverage unless the policy indicates otherwise.
- If the group policy requires my contribution, I authorize my employer to deduct from my pay.
- I represent all information on this form and attachments is complete and true to the best of my knowledge. They are part of this request for coverage. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years' coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- Explanation of Benefits reflecting claims payments for myself and my dependents will be sent to my home address. I also understand collection of social security numbers for myself and/or my dependents will be used by Principal Life only as allowed by law.
- I authorize Principal Life to release data as required by law. If signed in connection with an application, reinstatement or a change in benefits, this form will be valid two years from the date below. I may revoke authorization for information not yet obtained. I understand data obtained will be used by Principal Life for claims administration and determining eligibility for life, disability, and critical illness. Information will not be used for any purposes prohibited by law.
- I understand that as the employee, the insurance I and my dependents have applied for will begin on the effective date of coverage provided I am at work on that date. If I am not actively at work on such date, subject to the terms of the group policy, coverage may not go into effect until after my return to work. Furthermore, I understand that no insurance may become effective for any member of my family while he/she is in a period of limited activity.

A copy of this form will be as valid as the original.

I declare that the information I have completed on this enrollment form is complete and true. I understand an agent or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life Insurance Company.

Your signature X _____ Date Signed _____

Instructions

After this form is completed and signed, make two copies and send the original to Principal Life Insurance Company:

- One for the employee
- One for the employer

