

GENESYS INDUSTRIAL CORPORATION

Voluntary-term life/AD&D - employee (non-smoker)

Estimated employee monthly premium amounts

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Reduced benefit	70-74	Reduced benefit	75 & over
\$20,000	\$1.90	\$2.10	\$2.70	\$4.30	\$6.90	\$10.30	\$16.50	\$24.50	\$44.30	\$13,000	\$47.91	\$9,000	\$33.17
\$30,000	\$2.85	\$3.15	\$4.05	\$6.45	\$10.35	\$15.45	\$24.75	\$36.75	\$66.45	\$19,500	\$71.86	\$13,500	\$49.75
\$40,000	\$3.80	\$4.20	\$5.40	\$8.60	\$13.80	\$20.60	\$33.00	\$49.00	\$88.60	\$26,000	\$95.81	\$18,000	\$66.33
\$50,000	\$4.75	\$5.25	\$6.75	\$10.75	\$17.25	\$25.75	\$41.25	\$61.25	\$110.75	\$32,500	\$119.77	\$22,500	\$82.92
\$60,000	\$5.70	\$6.30	\$8.10	\$12.90	\$20.70	\$30.90	\$49.50	\$73.50	\$132.90	\$39,000	\$143.72	\$27,000	\$99.50
\$70,000	\$6.65	\$7.35	\$9.45	\$15.05	\$24.15	\$36.05	\$57.75	\$85.75	\$155.05	\$45,500	\$167.67	\$31,500	\$116.08
\$80,000	\$7.60	\$8.40	\$10.80	\$17.20	\$27.60	\$41.20	\$66.00	\$98.00	\$177.20	\$52,000	\$191.62	\$36,000	\$132.66
\$90,000	\$8.55	\$9.45	\$12.15	\$19.35	\$31.05	\$46.35	\$74.25	\$110.25	\$199.35	\$58,500	\$215.58	\$40,500	\$149.25
\$100,000	\$9.50	\$10.50	\$13.50	\$21.50	\$34.50	\$51.50	\$82.50	\$122.50	\$221.50	\$65,000	\$239.53	\$45,000	\$165.83
\$110,000	\$10.45	\$11.55	\$14.85	\$23.65	\$37.95	\$56.65	\$90.75	\$134.75	\$243.65	\$71,500	\$263.48	\$49,500	\$182.41
\$120,000	\$11.40	\$12.60	\$16.20	\$25.80	\$41.40	\$61.80	\$99.00	\$147.00	\$265.80	\$78,000	\$287.43	\$54,000	\$198.99
\$130,000	\$12.35	\$13.65	\$17.55	\$27.95	\$44.85	\$66.95	\$107.25	\$159.25	\$287.95	\$84,500	\$311.39	\$58,500	\$215.58
\$140,000	\$13.30	\$14.70	\$18.90	\$30.10	\$48.30	\$72.10	\$115.50	\$171.50	\$310.10	\$91,000	\$335.34	\$63,000	\$232.16
\$150,000	\$14.25	\$15.75	\$20.25	\$32.25	\$51.75	\$77.25	\$123.75	\$183.75	\$332.25	\$97,500	\$359.29	\$67,500	\$248.74
\$160,000	\$15.20	\$16.80	\$21.60	\$34.40	\$55.20	\$82.40	\$132.00	\$196.00	\$354.40	\$104,000	\$383.24	\$72,000	\$265.32
\$170,000	\$16.15	\$17.85	\$22.95	\$36.55	\$58.65	\$87.55	\$140.25	\$208.25	\$376.55	\$110,500	\$407.20	\$76,500	\$281.91
\$180,000	\$17.10	\$18.90	\$24.30	\$38.70	\$62.10	\$92.70	\$148.50	\$220.50	\$398.70	\$117,000	\$431.15	\$81,000	\$298.49
\$190,000	\$18.05	\$19.95	\$25.65	\$40.85	\$65.55	\$97.85	\$156.75	\$232.75	\$420.85	\$123,500	\$455.10	\$85,500	\$315.07
\$200,000	\$19.00	\$21.00	\$27.00	\$43.00	\$69.00	\$103.00	\$165.00	\$245.00	\$443.00	\$130,000	\$479.05	\$90,000	\$331.65
\$210,000	\$19.95	\$22.05	\$28.35	\$45.15	\$72.45	\$108.15	\$173.25	\$257.25	\$465.15	\$136,500	\$503.01	\$94,500	\$348.24
\$220,000	\$20.90	\$23.10	\$29.70	\$47.30	\$75.90	\$113.30	\$181.50	\$269.50	\$487.30	\$143,000	\$526.96	\$99,000	\$364.82
\$230,000	\$21.85	\$24.15	\$31.05	\$49.45	\$79.35	\$118.45	\$189.75	\$281.75	\$509.45	\$149,500	\$550.91	\$103,500	\$381.40
\$240,000	\$22.80	\$25.20	\$32.40	\$51.60	\$82.80	\$123.60	\$198.00	\$294.00	\$531.60	\$156,000	\$574.86	\$108,000	\$397.98
\$250,000	\$23.75	\$26.25	\$33.75	\$53.75	\$86.25	\$128.75	\$206.25	\$306.25	\$553.75	\$162,500	\$598.82	\$112,500	\$414.57
\$260,000	\$24.70	\$27.30	\$35.10	\$55.90	\$89.70	\$133.90	\$214.50	\$318.50	\$575.90	\$169,000	\$622.77	\$117,000	\$431.15
\$270,000	\$25.65	\$28.35	\$36.45	\$58.05	\$93.15	\$139.05	\$222.75	\$330.75	\$598.05	\$175,500	\$646.72	\$121,500	\$447.73
\$280,000	\$26.60	\$29.40	\$37.80	\$60.20	\$96.60	\$144.20	\$231.00	\$343.00	\$620.20	\$182,000	\$670.67	\$126,000	\$464.31
\$290,000	\$27.55	\$30.45	\$39.15	\$62.35	\$100.05	\$149.35	\$239.25	\$355.25	\$642.35	\$188,500	\$694.63	\$130,500	\$480.90
\$300,000	\$28.50	\$31.50	\$40.50	\$64.50	\$103.50	\$154.50	\$247.50	\$367.50	\$664.50	\$195,000	\$718.58	\$135,000	\$497.48

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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GENESYS INDUSTRIAL CORPORATION

Voluntary-term life/AD&D - spouse (non-smoker)

Estimated spouse monthly premium amounts

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Reduced benefit	70-74	Reduced benefit	75 & over
\$5,000	\$0.48	\$0.53	\$0.68	\$1.08	\$1.73	\$2.58	\$4.13	\$6.13	\$11.08	\$3,250	\$11.97	\$2,250	\$8.29
\$10,000	\$0.95	\$1.05	\$1.35	\$2.15	\$3.45	\$5.15	\$8.25	\$12.25	\$22.15	\$6,500	\$23.96	\$4,500	\$16.59
\$15,000	\$1.43	\$1.58	\$2.03	\$3.23	\$5.18	\$7.73	\$12.38	\$18.38	\$33.23	\$9,750	\$35.93	\$6,750	\$24.88
\$20,000	\$1.90	\$2.10	\$2.70	\$4.30	\$6.90	\$10.30	\$16.50	\$24.50	\$44.30	\$13,000	\$47.91	\$9,000	\$33.17
\$25,000	\$2.38	\$2.63	\$3.38	\$5.38	\$8.63	\$12.88	\$20.63	\$30.63	\$55.38	\$16,250	\$59.88	\$11,250	\$41.45
\$30,000	\$2.85	\$3.15	\$4.05	\$6.45	\$10.35	\$15.45	\$24.75	\$36.75	\$66.45	\$19,500	\$71.86	\$13,500	\$49.75
\$35,000	\$3.33	\$3.68	\$4.73	\$7.53	\$12.08	\$18.03	\$28.88	\$42.88	\$77.53	\$22,750	\$83.84	\$15,750	\$58.04
\$40,000	\$3.80	\$4.20	\$5.40	\$8.60	\$13.80	\$20.60	\$33.00	\$49.00	\$88.60	\$26,000	\$95.81	\$18,000	\$66.33
\$45,000	\$4.28	\$4.73	\$6.08	\$9.68	\$15.53	\$23.18	\$37.13	\$55.13	\$99.68	\$29,250	\$107.78	\$20,250	\$74.62
\$50,000	\$4.75	\$5.25	\$6.75	\$10.75	\$17.25	\$25.75	\$41.25	\$61.25	\$110.75	\$32,500	\$119.77	\$22,500	\$82.92
\$55,000	\$5.23	\$5.78	\$7.43	\$11.83	\$18.98	\$28.33	\$45.38	\$67.38	\$121.83	\$35,750	\$131.74	\$24,750	\$91.21
\$60,000	\$5.70	\$6.30	\$8.10	\$12.90	\$20.70	\$30.90	\$49.50	\$73.50	\$132.90	\$39,000	\$143.72	\$27,000	\$99.50
\$65,000	\$6.18	\$6.83	\$8.78	\$13.98	\$22.43	\$33.48	\$53.63	\$79.63	\$143.98	\$42,250	\$155.69	\$29,250	\$107.78
\$70,000	\$6.65	\$7.35	\$9.45	\$15.05	\$24.15	\$36.05	\$57.75	\$85.75	\$155.05	\$45,500	\$167.67	\$31,500	\$116.08
\$75,000	\$7.13	\$7.88	\$10.13	\$16.13	\$25.88	\$38.63	\$61.88	\$91.88	\$166.13	\$48,750	\$179.65	\$33,750	\$124.37
\$80,000	\$7.60	\$8.40	\$10.80	\$17.20	\$27.60	\$41.20	\$66.00	\$98.00	\$177.20	\$52,000	\$191.62	\$36,000	\$132.66
\$85,000	\$8.08	\$8.93	\$11.48	\$18.28	\$29.33	\$43.78	\$70.13	\$104.13	\$188.28	\$55,250	\$203.59	\$38,250	\$140.95
\$90,000	\$8.55	\$9.45	\$12.15	\$19.35	\$31.05	\$46.35	\$74.25	\$110.25	\$199.35	\$58,500	\$215.58	\$40,500	\$149.25
\$95,000	\$9.03	\$9.98	\$12.83	\$20.43	\$32.78	\$48.93	\$78.38	\$116.38	\$210.43	\$61,750	\$227.55	\$42,750	\$157.54
\$100,000	\$9.50	\$10.50	\$13.50	\$21.50	\$34.50	\$51.50	\$82.50	\$122.50	\$221.50	\$65,000	\$239.53	\$45,000	\$165.83

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	\$0.50
\$10,000	\$2.00

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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