GENESYS INDUSTRIAL CORPORATION

Voluntary-term life/AD&D - employee (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
$20,000	$2.90	$3.30	$4.50	$7.50	$12.70	$19.50	$29.90	$42.90	$73.50
$30,000	$4.35	$4.95	$6.75	$11.25	$19.05	$29.25	$44.85	$64.35	$110.25
$40,000	$5.80	$6.60	$9.00	$15.00	$25.40	$39.00	$59.80	$85.80	$147.00
$50,000	$7.25	$8.25	$11.25	$18.75	$31.75	$48.75	$74.75	$107.25	$183.75
$60,000	$8.70	$9.90	$13.50	$22.50	$38.10	$58.50	$89.70	$128.70	$220.50
$70,000	$10.15	$11.55	$15.75	$26.25	$44.45	$68.25	$104.65	$150.15	$257.25
$80,000	$11.60	$13.20	$18.00	$30.00	$50.80	$78.00	$119.60	$171.60	$294.00
$90,000	$13.05	$14.85	$20.25	$33.75	$57.15	$87.75	$134.55	$193.05	$330.75
$100,000	$14.50	$16.50	$22.50	$37.50	$63.50	$97.50	$149.50	$214.50	$367.50
$110,000	$15.95	$18.15	$24.75	$41.25	$69.85	$107.25	$164.45	$235.95	$404.25
$120,000	$17.40	$19.80	$27.00	$45.00	$76.20	$117.00	$179.40	$257.40	$441.00
$130,000	$18.85	$21.45	$29.25	$48.75	$82.55	$126.75	$194.35	$278.85	$477.75
$140,000	$20.30	$23.10	$31.50	$52.50	$88.90	$136.50	$209.30	$300.30	$514.50
$150,000	$21.75	$24.75	$33.75	$56.25	$95.25	$146.25	$224.25	$321.75	$551.25
$160,000	$23.20	$26.40	$36.00	$60.00	$101.60	$156.00	$239.20	$343.20	$588.00
$170,000	$24.65	$28.05	$38.25	$63.75	$107.95	$165.75	$254.15	$364.65	$624.75
$180,000	$26.10	$29.70	$40.50	$67.50	$114.30	$175.50	$269.10	$386.10	$661.50
$190,000	$27.55	$31.35	$42.75	$71.25	$120.65	$185.25	$284.05	$407.55	$698.25
$200,000	$29.00	$33.00	$45.00	$75.00	$127.00	$195.00	$299.00	$429.00	$735.00
$210,000	$30.45	$34.65	$47.25	$78.75	$133.35	$204.75	$313.95	$450.45	$771.75
$220,000	$31.90	$36.30	$49.50	$82.50	$139.70	$214.50	$328.90	$471.90	$808.50
$230,000	$33.35	$37.95	$51.75	$86.25	$146.05	$224.25	$343.85	$493.35	$845.25
$240,000	$34.80	$39.60	$54.00	$90.00	$152.40	$234.00	$358.80	$514.80	$882.00
$250,000	$36.25	$41.25	$56.25	$93.75	$158.75	$243.75	$373.75	$536.25	$918.75
$260,000	$37.70	$42.90	$58.50	$97.50	$165.10	$253.50	$388.70	$557.70	$955.50
$270,000	$39.15	$44.55	$60.75	$101.25	$171.45	$263.25	$403.65	$579.15	$992.25
$280,000	$40.60	$46.20	$63.00	$105.00	$177.80	$273.00	$418.60	$600.60	$1,029.00
$290,000	$42.05	$47.85	$65.25	$108.75	$184.15	$282.75	$433.55	$622.05	$1,065.75
$300,000	$43.50	$49.50	$67.50	$112.50	$190.50	$292.50	$448.50	$643.50	$1,102.50

Reduced benefit	70-74
$13,000	$74.95
$19,500	$112.42
$26,000	$149.89
$32,500	$187.37
$39,000	$224.84
$45,500	$262.31
$52,000	$299.78
$58,500	$337.26
$65,000	$374.73
$71,500	$412.20
$78,000	$449.67
$84,500	$487.15
$91,000	$524.62
$97,500	$562.09
$104,000	$599.56
$110,500	$637.04
$117,000	$674.51
$123,500	$711.98
$130,000	$749.45
$136,500	$786.93
$143,000	$824.40
$149,500	$861.87
$156,000	$899.34
$162,500	$936.82
$169,000	$974.29
$175,500	$1,011.76
$182,000	$1,049.23
$188,500	$1,086.71
$195,000	$1,124.18

Reduced benefit	75 & over
$9,000	$51.89
$13,500	$77.83
$18,000	$103.77
$22,500	$129.72
$27,000	$155.66
$31,500	$181.60
$36,000	$207.54
$40,500	$233.49
$45,000	$259.43
$49,500	$285.37
$54,000	$311.31
$58,500	$337.26
$63,000	$363.20
$67,500	$389.14
$72,000	$415.08
$76,500	$441.03
$81,000	$466.97
$85,500	$492.91
$90,000	$518.85
$94,500	$544.80
$99,000	$570.74
$103,500	$596.68
$108,000	$622.62
$112,500	$648.57
$117,000	$674.51
$121,500	$700.45
$126,000	$726.39
$130,500	$752.34
$135,000	$778.28

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.

Principal®

GENESYS INDUSTRIAL CORPORATION

Voluntary-term life/AD&D - spouse (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	$0.73	$0.83	$1.13	$1.88	$3.18	$4.88	$7.48	$10.73	$18.38	**$3,250**	$18.73	**$2,250**	$12.97
$10,000	$1.45	$1.65	$2.25	$3.75	$6.35	$9.75	$14.95	$21.45	$36.75	**$6,500**	$37.48	**$4,500**	$25.95
$15,000	$2.18	$2.48	$3.38	$5.63	$9.53	$14.63	$22.43	$32.18	$55.13	**$9,750**	$56.21	**$6,750**	$38.92
$20,000	$2.90	$3.30	$4.50	$7.50	$12.70	$19.50	$29.90	$42.90	$73.50	**$13,000**	$74.95	**$9,000**	$51.89
$25,000	$3.63	$4.13	$5.63	$9.38	$15.88	$24.38	$37.38	$53.63	$91.88	**$16,250**	$93.68	**$11,250**	$64.85
$30,000	$4.35	$4.95	$6.75	$11.25	$19.05	$29.25	$44.85	$64.35	$110.25	**$19,500**	$112.42	**$13,500**	$77.83
$35,000	$5.08	$5.78	$7.88	$13.13	$22.23	$34.13	$52.33	$75.08	$128.63	**$22,750**	$131.16	**$15,750**	$90.80
$40,000	$5.80	$6.60	$9.00	$15.00	$25.40	$39.00	$59.80	$85.80	$147.00	**$26,000**	$149.89	**$18,000**	$103.77
$45,000	$6.53	$7.43	$10.13	$16.88	$28.58	$43.88	$67.28	$96.53	$165.38	**$29,250**	$168.62	**$20,250**	$116.74
$50,000	$7.25	$8.25	$11.25	$18.75	$31.75	$48.75	$74.75	$107.25	$183.75	**$32,500**	$187.37	**$22,500**	$129.72
$55,000	$7.98	$9.08	$12.38	$20.63	$34.93	$53.63	$82.23	$117.98	$202.13	**$35,750**	$206.10	**$24,750**	$142.69
$60,000	$8.70	$9.90	$13.50	$22.50	$38.10	$58.50	$89.70	$128.70	$220.50	**$39,000**	$224.84	**$27,000**	$155.66
$65,000	$9.43	$10.73	$14.63	$24.38	$41.28	$63.38	$97.18	$139.43	$238.88	**$42,250**	$243.57	**$29,250**	$168.62
$70,000	$10.15	$11.55	$15.75	$26.25	$44.45	$68.25	$104.65	$150.15	$257.25	**$45,500**	$262.31	**$31,500**	$181.60
$75,000	$10.88	$12.38	$16.88	$28.13	$47.63	$73.13	$112.13	$160.88	$275.63	**$48,750**	$281.05	**$33,750**	$194.57
$80,000	$11.60	$13.20	$18.00	$30.00	$50.80	$78.00	$119.60	$171.60	$294.00	**$52,000**	$299.78	**$36,000**	$207.54
$85,000	$12.33	$14.03	$19.13	$31.88	$53.98	$82.88	$127.08	$182.33	$312.38	**$55,250**	$318.51	**$38,250**	$220.51
$90,000	$13.05	$14.85	$20.25	$33.75	$57.15	$87.75	$134.55	$193.05	$330.75	**$58,500**	$337.26	**$40,500**	$233.49
$95,000	$13.78	$15.68	$21.38	$35.63	$60.33	$92.63	$142.03	$203.78	$349.13	**$61,750**	$355.99	**$42,750**	$246.46
$100,000	$14.50	$16.50	$22.50	$37.50	$63.50	$97.50	$149.50	$214.50	$367.50	**$65,000**	$374.73	**$45,000**	$259.43

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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