



Policyholder: State of Idaho

All Members

Group Voluntary Term Life Coverage

Effective Date: 7/1/2021

This summary of group voluntary term life coverage from Principal Life Insurance Company supplements any materials presented by your employer. You'll receive a benefit booklet with details about your coverage. Value-added services are not part of the contract.

Information To Know

Guaranteed Coverage: The maximum amount of coverage available during your initial enrollment period with no medical information required.

Eligible Members: Officers or employees of state agencies, departments, or institutions, including state officials, elected officials, or employees of other governmental entities which have contracted with the State of Idaho for life coverage who are working 20 hours or more per week and are not classified as a seasonal employee or a part-time temporary employee.

Eligible dependents include your spouse (if not also enrolled as an employee) if not hospital or home confined and provided they do not elect benefits as an employee, and children.

Special eligibility requirements may exist for step, adopted, legal age or other child relationships. Additional information may be necessary to determine child eligibility. Additional eligibility requirements may apply.

Your Benefits at a Glance	
Your Coverage	Available in either 100%, 200% or 300% of your annual salary. <i>(Salary is rounded to the next higher \$1000 before calculation of benefit)</i> Minimum: Greater of 100% of salary or \$20,000 Maximum: Lesser of 300% of salary or \$500,000
Spouse Coverage	Available in \$10,000 increments. Minimum: \$10,000 Maximum: 100% of employee coverage, not more than \$50,000
Child Coverage	For eligible children 0 days (live birth) of age or older, you may elect coverage in the amount of \$10,000. Child benefits cannot exceed 100% of employee's coverage.
Portability	You may continue coverage for yourself and your covered dependents until age 70 if you cease to qualify as a member. The employee or spouse must enroll within 60 days from the date they cease to qualify as a member. Refer to your benefit booklet for maximum age requirements.
Age Reductions	25% reduction of coverage at age 70, with an additional 25% reduction at age 75. Age reductions apply to the benefit amount after proof of good health.
Coverage During Disability	N/a
Accelerated Benefit	If you are terminally ill you can receive up to 75%, not to exceed \$250,000, of your life coverage benefit in a lump sum as long as: <ul style="list-style-type: none"> Your life expectancy is 12 months or less (as diagnosed by a physician). Your death benefit is at least \$20,000. When you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in your premium. Member Life Insurance and Dependent Life Insurance will be provided without premium charge until the earlier of the date of your death or the date you reach age 70.
Coverage Outside United States	Benefits will not be paid if you or your dependents are outside the United States for certain reasons for more than six months. Any member or dependent who is on full-time active duty with the Idaho Army or Idaho Air National Guard will continue to be insured if they are outside the United States while on active duty.
Benefit Exclusion	Benefits are not paid for employees and dependents who commit suicide within the first 24 months of coverage (prior group voluntary life coverage applies towards the 24 month time period).

Termination

Your coverage doesn't terminate as long as you are an active employee paying premiums and your employer continues to sponsor the program. Coverage may be terminated with 31 days notice for a false or fraudulent claim.

Individual Purchase Rights

In termination situations, you, your spouse and your children may convert coverage to individual life coverage. Upon coverage termination your employer is required to inform you of your individual purchase rights to convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation.

Note: Principal Life Insurance Company underwrites this coverage. Because the material is a summary of your group voluntary term life coverage, it does not state all contract provisions, restrictions of coverage, benefits by conditions or limitations, or provisions required by state or federal law. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group contract or policy determines all rights, benefits, exclusions and limitations of the coverage described here.

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