

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?

Be better prepared financially for accidents before they happen. This coverage pays an up-front, lump-sum benefit for injuries received from an accident. Specifically, it covers the injuries listed below at the benefit levels indicated if you're accidentally injured off the job or your spouse is injured off the job.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 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'll have to wait until the next open enrollment period.
- 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.

Which injuries are covered?

One benefit per injury type is payable per accident, unless noted.

Injury	Benefit	
Burn		
2nd degree up to 25% of body	\$500	
2nd degree over 25% of body	\$1,500	
3rd degree up to 25% of body	\$2,500	
3rd degree over 25% of body	\$5,000	
Coma	\$15,000	
Concussion	\$500	
Dental injury	\$500	
Dislocation ¹	Open reduction (surgical)	Closed reduction (non-surgical)
Hip	\$7,500	\$3,750
Knee	\$5,000	\$2,500
Ankle, collarbone, elbow, foot (excluding toes), hand (excluding fingers), lower jaw, shoulder, wrist	\$3,000	\$1,500
Eye injury with surgical repair	\$500	
Fracture ¹	Open reduction (surgical)	Closed reduction (non-surgical)
Hip, skull (depressed), thigh (femur)	\$10,000	\$5,000
Lower leg (fibula, tibia), pelvis, skull (non-depressed), vertebrae	\$5,000	\$2,500
Ankle, arm, collarbone, elbow, facial bones, foot (excluding toes), hand (excluding fingers), jaw, knee cap, shoulder blade, wrist	\$3,000	\$1,500
Sternum, vertebral processes	\$2,000	\$1,000
Rib, tailbone (coccyx)	\$1,000	\$500
Injuries not specifically listed	\$100	
Internal injury	\$1,500	
Knee cartilage injury with surgical repair	\$1,500	
Ruptured disc with surgical repair	\$1,500	
Tendon / ligament / rotator cuff injury with surgical repair ²	\$1,500	

¹ If you suffer multiple dislocations and/or fractures, your benefit will be up to 200% of the benefit amount for the dislocation/fracture with the highest benefit.

² Up to two benefits are payable per accident.

Once enrolled, you'll receive a booklet with more details regarding each of these injuries.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

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AD&D	
You	\$25,000
Your spouse	\$12,500
Your child(ren)	\$6,250
Loss	
Loss of life	100%
Loss of both hands or both feet or one hand and one foot	100%
Loss of one hand or one foot	50%
Loss of thumb and index finger on the same hand	25%
Common carrier - If you and/or your dependents die while a passenger on public or commercial transportation	additional 200%
Seat belt / airbag - If you and/or your dependents die in a car accident while wearing a seat belt or protected by an airbag	additional 25%
Loss of use / paralysis - If you and/or your dependents have total loss of movement in your hands, feet, arms, and/or legs for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia or hemiplegia	50%
Loss of use of both hands or both feet or one hand and one foot	50%
Loss of use of one arm, one leg, one hand, or one foot	25%
Loss of sight, speech and/or hearing - If you and/or your dependents have total loss of sight, speech and/or hearing for 12 consecutive months	
Loss of speech and hearing in both ears	100%
Loss of sight in both eyes	100%
Loss of speech or hearing in both ears	50%
Loss of sight in one eye	50%
Loss of hearing in one ear	25%

Additional benefits:

Wellness	If you or your covered dependent has a covered screening test performed, you each may receive a \$50 benefit, once per calendar year. Make sure to file your claim within a year of the date of service.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.

What are the limitations and exclusions of my coverage?

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Benefits will not be paid for an injury arising from or during employment for wage or profit. There are limitations and exclusions to your coverage. A complete list is included in your booklet.



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ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS.

This is a summary of accident 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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