## Long Falls Paperboard LLC - Hourly Members

## Voluntary-term life/AD&D - employee

Estimated employee weekly premium amounts End of the rate guarantee period: 09/30/2024

Benefit	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
amount \$10,000	\$0.29	\$0.31	\$0.40	\$0.58	\$0.91	\$1.38	\$2.05	\$3.11	\$6,500	\$3.22	\$5,000	\$4.04
\$20,000	\$0.58	\$0.61	\$0.40	\$0.38 \$1.16	\$1.81	\$2.76	\$4.10	\$6.21	\$13,000	\$6.43	\$10,000	\$8.09
\$20,000 \$30,000	\$0.86	\$0.01 \$0.91	\$0.81	\$1.73	\$1.01	\$4.13	\$4.10 \$6.14	\$9.31	\$19,500	\$0.43 \$9.66	\$15,000	\$12.13
\$40,000	\$1.14	\$1.22	\$1.61	\$2.32	\$3.62	\$5.51	\$8.20	\$12.41	\$26,000	\$12.88	\$20,000	\$16.18
\$40,000 \$50,000	\$1.43	\$1.52	\$2.01	\$2.90	\$3.02 \$4.52	\$6.89	\$10.25	\$15.52	\$32,500	\$16.10	\$25,000	\$20.22
\$60,000 \$60,000	\$1.72	\$1.83	\$2.01	\$3.48	\$5.43	\$8.27	\$12.30	\$18.63	\$39,000	\$19.31	\$25,000	\$20.22
\$70,000 \$70,000	\$2.00	\$2.13	\$2.41	\$4.05	\$6.33	\$9.64	\$14.34	\$21.72	\$45,500	\$22.53	\$35,000	\$28.31
\$80,000	\$2.29	\$2.44	\$3.21	\$4.63	\$7.24	\$11.02	\$16.39	\$24.83	\$52,000	\$25.76	\$40,000	\$32.35
\$90,000 \$90,000	\$2.58	\$2.74	\$3.61	\$5.21	\$8.14	\$12.40	\$18.44	\$27.94	\$58,500	\$28.97	\$45,000	\$36.39
\$100,000	\$2.86	\$3.05	\$4.02	\$5.80	\$9.05	\$13.78	\$20.50	\$31.04	\$65,000	\$32.19	\$50,000	\$40.44
\$100,000 \$110,000	\$3.14	\$3.05 \$3.35	\$4.02 \$4.41	\$6.37	\$9.05	\$15.15	\$20.50 \$22.54	\$31.04 \$34.14	\$71,500	\$35.41	\$55,000	\$44.48
\$120,000	\$3.43	\$3.65	\$4.82	\$6.95	\$10.85	\$16.53	\$24.59	\$37.24	\$78,000	\$38.62	\$60,000	\$48.53
\$120,000 \$130,000	\$3.72	\$3.96	\$5.22	\$7.53	\$11.76	\$17.91	\$26.64	\$40.35	\$84,500	\$30.02 \$41.85	\$65,000	\$52.58
\$130,000	\$4.01	\$4.27	\$5.62	\$8.11	\$12.67	\$19.29	\$28.69	\$43.46	\$91,000	\$45.07	\$70,000	\$56.62
\$140,000 \$150,000	\$4.30	\$4.57	\$6.03	\$8.69	\$13.57	\$20.67	\$30.74	\$46.56	\$97,500	\$48.29	\$75,000	\$60.67
\$160,000 \$160,000	\$4.58	\$4.87	\$6.42	\$9.26	\$14.47	\$22.04	\$32.78	\$49.66	\$104,000	\$51.50	\$80,000	\$64.71
\$170,000	\$4.86	\$4.87 \$5.18	\$6.83	\$9.20 \$9.85	\$14.47	\$22.04 \$23.42	\$34.84	\$49.00 \$52.76	\$110,500	\$51.50 \$54.72	\$85,000	\$68.76
\$180,000	\$5.15	\$5.48	\$0.83 \$7.23	\$10.43	\$16.28	\$24.80	\$36.89	\$55.87	\$117,000	\$57.95	\$90,000	\$72.80
\$190,000	\$5.44	\$5.79	\$7.63	\$11.01	\$17.19	\$26.18	\$38.94	\$58.98	\$123,500	\$61.16	\$95,000	\$76.84
\$200,000	\$5.72	\$6.09	\$8.03	\$11.58	\$18.09	\$27.55	\$40.98	\$62.07	\$130,000	\$64.38	\$100,000	\$80.89
\$200,000 \$210,000	\$6.01	\$6.40	\$8.43	\$12.16	\$19.00	\$28.93	\$43.03	\$65.18	\$136,500	\$67.60	\$105,000	\$84.93
\$210,000 \$220,000	\$6.30	\$6.70	\$8.83	\$12.74	\$19.00	\$30.31	\$45.08	\$68.29	\$143,000	\$70.81	\$110,000	\$88.97
\$230,000	\$6.58	\$7.01	\$9.24	\$13.33	\$20.81	\$31.69	\$47.14	\$71.39	\$149,500	\$74.04	\$115,000	\$93.02
\$240,000	\$6.86	\$7.31	\$9.63	\$13.90	\$21.71	\$33.06	\$49.18	\$74.49	\$156,000	\$77.26	\$120,000	\$97.06
\$250,000	\$7.15	\$7.61	\$9.03 \$10.04	\$14.48	\$22.61	\$34.44	\$51.23	\$77.59	\$162,500	\$80.48	\$125,000	\$101.11
\$260,000	\$7.44	\$7.92	\$10.44	\$15.06	\$23.52	\$35.82	\$53.28	\$80.70	\$169,000	\$83.69	\$130,000	\$105.15
\$270,000 \$270,000	\$7.73	\$7.92 \$8.23	\$10.44	\$15.64	\$23.52 \$24.43	\$35.82	\$55.33	\$83.81	\$175,500	\$86.91	\$135,000	\$109.19
\$270,000 \$280,000	\$8.02	φο.23 \$8.53	\$10.84 \$11.25	\$15.64 \$16.22	\$24.43 \$25.33	\$37.20	\$57.38	\$86.91	\$182,000	\$00.91 \$90.14	\$140,000	\$113.24
\$290,000 \$290,000	\$8.30	\$8.83	\$11.64	\$16.79	\$26.23	\$39.95	\$59.42	\$90.01	\$188,500	\$90.14	\$145,000	\$117.28
\$290,000 \$300,000	\$8.58	φο.ος \$9.14	\$11.04 \$12.05	\$17.38	\$20.23 \$27.14	\$39.95 \$41.33	\$59.42 \$61.48	\$90.01	\$195,000	\$93.35 \$96.57	\$150,000	\$121.33
φ <b>300,000</b>	φ0.00	φ9.14	φ12.05	φ17.30	φ <b>∠</b> /.14	φ <del>4</del> 1.33	φ01.40	φ93.11	φ19 <b>3,000</b>	\$90.57	φ150,000	φ121.33

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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## Long Falls Paperboard LLC - Hourly Members

## Voluntary-term life/AD&D - spouse

Estimated spouse weekly premium amounts End of the rate guarantee period: 09/30/2024

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & ove
\$5,000	\$0.14	\$0.15	\$0.20	\$0.29	\$0.45	\$0.69	\$1.02	\$1.55	\$3,250	\$1.61	\$2,500	\$2.02
\$10,000	\$0.29	\$0.31	\$0.40	\$0.58	\$0.91	\$1.38	\$2.05	\$3.11	\$6,500	\$3.22	\$5,000	\$4.04
\$15,000	\$0.43	\$0.46	\$0.60	\$0.87	\$1.36	\$2.07	\$3.07	\$4.65	\$9,750	\$4.83	\$7,500	\$6.07
\$20,000	\$0.58	\$0.61	\$0.81	\$1.16	\$1.81	\$2.76	\$4.10	\$6.21	\$13,000	\$6.43	\$10,000	\$8.09
\$25,000	\$0.72	\$0.76	\$1.00	\$1.45	\$2.26	\$3.45	\$5.12	\$7.76	\$16,250	\$8.05	\$12,500	\$10.11
\$30,000	\$0.86	\$0.91	\$1.20	\$1.73	\$2.71	\$4.13	\$6.14	\$9.31	\$19,500	\$9.66	\$15,000	\$12.13
\$35,000	\$1.00	\$1.07	\$1.41	\$2.03	\$3.17	\$4.83	\$7.18	\$10.87	\$22,750	\$11.27	\$17,500	\$14.15
\$40,000	\$1.14	\$1.22	\$1.61	\$2.32	\$3.62	\$5.51	\$8.20	\$12.41	\$26,000	\$12.88	\$20,000	\$16.18
\$45,000	\$1.28	\$1.37	\$1.80	\$2.60	\$4.07	\$6.20	\$9.22	\$13.96	\$29,250	\$14.49	\$22,500	\$18.20
\$50,000	\$1.43	\$1.52	\$2.01	\$2.90	\$4.52	\$6.89	\$10.25	\$15.52	\$32,500	\$16.10	\$25,000	\$20.22
\$55,000	\$1.57	\$1.67	\$2.21	\$3.18	\$4.97	\$7.58	\$11.27	\$17.07	\$35,750	\$17.70	\$27,500	\$22.24
\$60,000	\$1.72	\$1.83	\$2.41	\$3.48	\$5.43	\$8.27	\$12.30	\$18.63	\$39,000	\$19.31	\$30,000	\$24.26
\$65,000	\$1.86	\$1.98	\$2.61	\$3.77	\$5.88	\$8.96	\$13.32	\$20.18	\$42,250	\$20.92	\$32,500	\$26.29
\$70,000	\$2.00	\$2.13	\$2.81	\$4.05	\$6.33	\$9.64	\$14.34	\$21.72	\$45,500	\$22.53	\$35,000	\$28.31
\$75,000	\$2.15	\$2.29	\$3.01	\$4.35	\$6.79	\$10.34	\$15.37	\$23.28	\$48,750	\$24.15	\$37,500	\$30.33
\$80,000	\$2.29	\$2.44	\$3.21	\$4.63	\$7.24	\$11.02	\$16.39	\$24.83	\$52,000	\$25.76	\$40,000	\$32.35
\$85,000	\$2.44	\$2.59	\$3.42	\$4.93	\$7.69	\$11.72	\$17.42	\$26.39	\$55,250	\$27.36	\$42,500	\$34.37
\$90,000	\$2.58	\$2.74	\$3.61	\$5.21	\$8.14	\$12.40	\$18.44	\$27.94	\$58,500	\$28.97	\$45,000	\$36.39
\$95,000	\$2.72	\$2.89	\$3.81	\$5.50	\$8.59	\$13.09	\$19.46	\$29.48	\$61,750	\$30.58	\$47,500	\$38.42
\$100,000	\$2.86	\$3.05	\$4.02	\$5.80	\$9.05	\$13.78	\$20.50	\$31.04	\$65,000	\$32.19	\$50,000	\$40.44

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

**\$5,000** \$0.23 **\$10,000** \$0.46

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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