

# Long Falls Paperboard LLC - Salary Members

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

Estimated employee bi-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 & over
\$10,000	\$0.58	\$0.61	\$0.81	\$1.16	\$1.81	\$2.76	\$4.10	\$6.21	\$6,500	\$6.43	\$5,000	\$8.09
\$20,000	\$1.14	\$1.22	\$1.61	\$2.32	\$3.62	\$5.51	\$8.20	\$12.41	\$13,000	\$12.88	\$10,000	\$16.18
\$30,000	\$1.72	\$1.83	\$2.41	\$3.48	\$5.43	\$8.27	\$12.30	\$18.63	\$19,500	\$19.31	\$15,000	\$24.26
\$40,000	\$2.29	\$2.44	\$3.21	\$4.63	\$7.24	\$11.02	\$16.39	\$24.83	\$26,000	\$25.76	\$20,000	\$32.35
\$50,000	\$2.86	\$3.05	\$4.02	\$5.80	\$9.05	\$13.78	\$20.50	\$31.04	\$32,500	\$32.19	\$25,000	\$40.44
\$60,000	\$3.43	\$3.65	\$4.82	\$6.95	\$10.85	\$16.53	\$24.59	\$37.24	\$39,000	\$38.62	\$30,000	\$48.53
\$70,000	\$4.01	\$4.27	\$5.62	\$8.11	\$12.67	\$19.29	\$28.69	\$43.46	\$45,500	\$45.07	\$35,000	\$56.62
\$80,000	\$4.58	\$4.87	\$6.42	\$9.26	\$14.47	\$22.04	\$32.78	\$49.66	\$52,000	\$51.50	\$40,000	\$64.71
\$90,000	\$5.15	\$5.48	\$7.23	\$10.43	\$16.28	\$24.80	\$36.89	\$55.87	\$58,500	\$57.95	\$45,000	\$72.80
\$100,000	\$5.72	\$6.09	\$8.03	\$11.58	\$18.09	\$27.55	\$40.98	\$62.07	\$65,000	\$64.38	\$50,000	\$80.89
\$110,000	\$6.30	\$6.70	\$8.83	\$12.74	\$19.90	\$30.31	\$45.08	\$68.29	\$71,500	\$70.81	\$55,000	\$88.97
\$120,000	\$6.86	\$7.31	\$9.63	\$13.90	\$21.71	\$33.06	\$49.18	\$74.49	\$78,000	\$77.26	\$60,000	\$97.06
\$130,000	\$7.44	\$7.92	\$10.44	\$15.06	\$23.52	\$35.82	\$53.28	\$80.70	\$84,500	\$83.69	\$65,000	\$105.15
\$140,000	\$8.02	\$8.53	\$11.25	\$16.22	\$25.33	\$38.58	\$57.38	\$86.91	\$91,000	\$90.14	\$70,000	\$113.24
\$150,000	\$8.58	\$9.14	\$12.05	\$17.38	\$27.14	\$41.33	\$61.48	\$93.11	\$97,500	\$96.57	\$75,000	\$121.33
\$160,000	\$9.16	\$9.75	\$12.85	\$18.54	\$28.95	\$44.09	\$65.58	\$99.33	\$104,000	\$103.00	\$80,000	\$129.41
\$170,000	\$9.73	\$10.36	\$13.65	\$19.69	\$30.76	\$46.84	\$69.67	\$105.53	\$110,500	\$109.45	\$85,000	\$137.50
\$180,000	\$10.30	\$10.97	\$14.46	\$20.86	\$32.57	\$49.60	\$73.78	\$111.74	\$117,000	\$115.88	\$90,000	\$145.59
\$190,000	\$10.87	\$11.57	\$15.26	\$22.01	\$34.37	\$52.35	\$77.87	\$117.94	\$123,500	\$122.33	\$95,000	\$153.68
\$200,000	\$11.45	\$12.19	\$16.06	\$23.17	\$36.19	\$55.11	\$81.97	\$124.16	\$130,000	\$128.76	\$100,000	\$161.77
\$210,000	\$12.02	\$12.79	\$16.86	\$24.32	\$37.99	\$57.86	\$86.06	\$130.36	\$136,500	\$135.19	\$105,000	\$169.86
\$220,000	\$12.59	\$13.40	\$17.67	\$25.49	\$39.80	\$60.62	\$90.17	\$136.57	\$143,000	\$141.64	\$110,000	\$177.95
\$230,000	\$13.16	\$14.01	\$18.47	\$26.64	\$41.61	\$63.37	\$94.26	\$142.77	\$149,500	\$148.07	\$115,000	\$186.04
\$240,000	\$13.74	\$14.62	\$19.27	\$27.80	\$43.42	\$66.13	\$98.36	\$148.99	\$156,000	\$154.52	\$120,000	\$194.12
\$250,000	\$14.30	\$15.23	\$20.07	\$28.96	\$45.23	\$68.88	\$102.46	\$155.19	\$162,500	\$160.95	\$125,000	\$202.21
\$260,000	\$14.88	\$15.84	\$20.88	\$30.12	\$47.04	\$71.64	\$106.56	\$161.40	\$169,000	\$167.38	\$130,000	\$210.30
\$270,000	\$15.46	\$16.45	\$21.69	\$31.28	\$48.85	\$74.40	\$110.66	\$167.61	\$175,500	\$173.83	\$135,000	\$218.39
\$280,000	\$16.02	\$17.06	\$22.49	\$32.44	\$50.66	\$77.15	\$114.76	\$173.81	\$182,000	\$180.26	\$140,000	\$226.48
\$290,000	\$16.60	\$17.67	\$23.29	\$33.60	\$52.47	\$79.91	\$118.86	\$180.03	\$188,500	\$186.71	\$145,000	\$234.56
\$300,000	\$17.17	\$18.28	\$24.09	\$34.75	\$54.28	\$82.66	\$122.95	\$186.23	\$195,000	\$193.14	\$150,000	\$242.65

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 - Salary Members

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

Estimated spouse bi-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 & over
<b>\$5,000</b>	\$0.29	\$0.31	\$0.40	\$0.58	\$0.91	\$1.38	\$2.05	\$3.11	<b>\$3,250</b>	\$3.22	<b>\$2,500</b>	\$4.04
<b>\$10,000</b>	\$0.58	\$0.61	\$0.81	\$1.16	\$1.81	\$2.76	\$4.10	\$6.21	<b>\$6,500</b>	\$6.43	<b>\$5,000</b>	\$8.09
<b>\$15,000</b>	\$0.86	\$0.91	\$1.20	\$1.73	\$2.71	\$4.13	\$6.14	\$9.31	<b>\$9,750</b>	\$9.66	<b>\$7,500</b>	\$12.13
<b>\$20,000</b>	\$1.14	\$1.22	\$1.61	\$2.32	\$3.62	\$5.51	\$8.20	\$12.41	<b>\$13,000</b>	\$12.88	<b>\$10,000</b>	\$16.18
<b>\$25,000</b>	\$1.43	\$1.52	\$2.01	\$2.90	\$4.52	\$6.89	\$10.25	\$15.52	<b>\$16,250</b>	\$16.10	<b>\$12,500</b>	\$20.22
<b>\$30,000</b>	\$1.72	\$1.83	\$2.41	\$3.48	\$5.43	\$8.27	\$12.30	\$18.63	<b>\$19,500</b>	\$19.31	<b>\$15,000</b>	\$24.26
<b>\$35,000</b>	\$2.00	\$2.13	\$2.81	\$4.05	\$6.33	\$9.64	\$14.34	\$21.72	<b>\$22,750</b>	\$22.53	<b>\$17,500</b>	\$28.31
<b>\$40,000</b>	\$2.29	\$2.44	\$3.21	\$4.63	\$7.24	\$11.02	\$16.39	\$24.83	<b>\$26,000</b>	\$25.76	<b>\$20,000</b>	\$32.35
<b>\$45,000</b>	\$2.58	\$2.74	\$3.61	\$5.21	\$8.14	\$12.40	\$18.44	\$27.94	<b>\$29,250</b>	\$28.97	<b>\$22,500</b>	\$36.39
<b>\$50,000</b>	\$2.86	\$3.05	\$4.02	\$5.80	\$9.05	\$13.78	\$20.50	\$31.04	<b>\$32,500</b>	\$32.19	<b>\$25,000</b>	\$40.44
<b>\$55,000</b>	\$3.14	\$3.35	\$4.41	\$6.37	\$9.95	\$15.15	\$22.54	\$34.14	<b>\$35,750</b>	\$35.41	<b>\$27,500</b>	\$44.48
<b>\$60,000</b>	\$3.43	\$3.65	\$4.82	\$6.95	\$10.85	\$16.53	\$24.59	\$37.24	<b>\$39,000</b>	\$38.62	<b>\$30,000</b>	\$48.53
<b>\$65,000</b>	\$3.72	\$3.96	\$5.22	\$7.53	\$11.76	\$17.91	\$26.64	\$40.35	<b>\$42,250</b>	\$41.85	<b>\$32,500</b>	\$52.58
<b>\$70,000</b>	\$4.01	\$4.27	\$5.62	\$8.11	\$12.67	\$19.29	\$28.69	\$43.46	<b>\$45,500</b>	\$45.07	<b>\$35,000</b>	\$56.62
<b>\$75,000</b>	\$4.30	\$4.57	\$6.03	\$8.69	\$13.57	\$20.67	\$30.74	\$46.56	<b>\$48,750</b>	\$48.29	<b>\$37,500</b>	\$60.67
<b>\$80,000</b>	\$4.58	\$4.87	\$6.42	\$9.26	\$14.47	\$22.04	\$32.78	\$49.66	<b>\$52,000</b>	\$51.50	<b>\$40,000</b>	\$64.71
<b>\$85,000</b>	\$4.86	\$5.18	\$6.83	\$9.85	\$15.38	\$23.42	\$34.84	\$52.76	<b>\$55,250</b>	\$54.72	<b>\$42,500</b>	\$68.76
<b>\$90,000</b>	\$5.15	\$5.48	\$7.23	\$10.43	\$16.28	\$24.80	\$36.89	\$55.87	<b>\$58,500</b>	\$57.95	<b>\$45,000</b>	\$72.80
<b>\$95,000</b>	\$5.44	\$5.79	\$7.63	\$11.01	\$17.19	\$26.18	\$38.94	\$58.98	<b>\$61,750</b>	\$61.16	<b>\$47,500</b>	\$76.84
<b>\$100,000</b>	\$5.72	\$6.09	\$8.03	\$11.58	\$18.09	\$27.55	\$40.98	\$62.07	<b>\$65,000</b>	\$64.38	<b>\$50,000</b>	\$80.89

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** \$0.46

**\$10,000** \$0.92

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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