

DI/OE/BLP routine requirements

The proposed insured’s state of residence, age, benefit amount, and application type (TeleApp or traditional handwritten Part B) determines the medical requirements.

A paramedical exam, physical measurements, home office blood profile (HOBP), Urine-HIV test, home office urine specimen, and/or EKG are required for disability income and overhead expense if the monthly benefit exceeds the limits stated in the table. Use an authorized paramedical company. For all medical exams and studies, the monthly benefit includes the total DI (Disability Benefit and SIS), OE (including any Business Loan Protection [BLP] rider benefit) coverage issued and applied for with all companies within six months of the application date and all in-force coverage with The Principal issued on a non-medical basis within the last five years.

Note: The following benefit amounts do not impact the monthly benefit amount when determining routine medical underwriting requirements.

- Catastrophic Disability Benefit (CDB)
- DI Retirement Security (DIRS) - if written as a stand-alone policy (No other coverage applied for or in force with Principal Life)

Medical requirements of Disability Income (DI) and Multi-Life DI

MONTHLY AMOUNT	AGES 18-50		AGES 51+	
	TeleApp	Traditional	TeleApp	Traditional
Up to \$3,000 – Single-Life				
Up to \$5,000 – Multi-Life				
\$3,001 to \$7,500 – Single-Life				
\$5,001 to \$7,500 – Multi-Life				
\$7,501 to \$10,000 – Single- and Multi-Life				
\$10,000+ – Single- and Multi-Life				

Medical requirements for Overhead Expense/Business Loan Protection rider

MONTHLY AMOUNT	AGES 18-50		AGES 51+	
	TeleApp	Traditional	TeleApp	Traditional
Up to \$7,500				
\$7,501 to \$10,000				
\$10,001+				

- No routine medical requirements needed*
- Blood profile, urinalysis, physical measurements
- Blood profile, urinalysis, Paramed exam
- Blood profile, urinalysis, physical measurements, EKG
- Blood profile, urinalysis, Paramed exam, EKG

* If application is written in Maine, a Urine/HIV test is required.

DBO/KPR routine requirements

For Disability Buy-Out (DBO) or Key Person Replacement (KPR) coverage, a paramedical exam, physical measurements, home office blood profile (HOBP), Urine-HIV test, home office urine specimen and/or EKG are required if the maximum aggregate benefit exceeds the limits stated in the table. This includes coverage issued and applied for with all companies within six months of the application date and all in-force coverage with Principal Life issued on a non-medical basis within the last five years. If the applicant is applying for both Disability Buy-Out and Key Person, the total of the two maximum aggregate benefit amounts will be used to determine the medical requirements. The maximum aggregate benefit is determined as follows:

Disability Buy-Out

- For the Monthly Payment Method, the maximum aggregate benefit is the monthly benefit amount multiplied by the benefit factor (24, 36 or 60). For example, a \$4,000/month benefit multiplied by 24 times benefit factor equals a maximum aggregate benefit of \$96,000.
- For the Lump-Sum Payment Method, the maximum aggregate benefit equals the lump-sum payment amount. For example, a \$1,000,000 lump-sum benefit equals a maximum aggregate benefit of \$1,000,000.
- For the Combination Payment Method, the maximum aggregate benefit equals the lump-sum amount plus the monthly benefit amount multiplied by the benefit factor (24, 36 or 60). For example, a monthly payment aggregate of \$96,000 plus a lump-sum aggregate of \$1,000,000 equals a maximum aggregate of \$1,096,000.

Key Person Replacement

- For the Lump-Sum Payment Method, the maximum benefit equals the lump-sum payment amount. For example, a \$500,000 lump-sum benefit equals a maximum benefit of \$500,000.
- For the Combination Lump-Sum plus monthly payout, the maximum benefit equals the lump-sum amount plus the monthly benefit amount multiplied by the number of months of the payout. For example, on a policy that has a \$10,000 monthly payment amount with a 90-day elimination period and a \$400,000 lump-sum benefit with a 180-day elimination period, the maximum benefit amount would be \$430,000: \$10,000 times three months equals \$30,000 plus \$400,000 lump-sum equals \$430,000.

Medical requirements for Disability Buy-Out and Key Person Replacement

AMOUNT	AGE GROUP 18-50		AGES 51+	
	TeleApp	Traditional	TeleApp	Traditional
Up to \$50,000				
\$50,001 to \$100,000				
\$100,001 to \$200,000				
\$200,001 to \$360,000				
\$360,001 to \$500,000				
\$500,001+				

□ No routine medical requirements needed* ■ Blood profile, urinalysis, physical measurements ■ Blood profile, urinalysis, Paramed exam

▨ Blood profile, urinalysis, physical measurements, EKG ■ Blood profile, urinalysis, Paramed exam, EKG

* If application is written in Maine, a Urine/HIV test is required.

TeleApp non-medical limits

When using the TeleApp process, physical measurements can be used instead of a paramedical exam. When scheduling the TeleApp interview, you can request the TeleApp counselor to arrange your client's medical requirements. Please make sure the Teleapp counselor is aware of all DI coverage applied for with all companies within six months of the application date and all in-force coverage with Principal Life issued as non-medical within the last five years.

General medical requirements

Paramedical exam, physical measurements, blood profiles and urine specimens are acceptable for up to six months after the date of completion.

EKGs are acceptable for up to one year after the date of completion.

State required blood authorization forms should be completed at the time of application and must accompany the application. The correct form is based on the state where the blood is actually drawn.

Routine APS Guidelines

Medical records should be requested from the attending physician based on proposed insured's age, disability benefit (does not include Catastrophic Disability Benefit amount) requested, and recentness of the physician examination. This includes annual physicals, executive physicals or comprehensive physician exams. Routine office visits or follow-up visits do not pertain to these guidelines.

The following charts show when you should request an APS.

To Age 65, to age 67 or to age 70 benefit periods

AGES	OVER \$6,000/mo.	OVER \$10,000/mo.
18-34	6 months	1 year
35-44	1 year	2 years
45-50	2 years	3 years
51-64	Within 3 years, all benefit amounts	

2 or 5 year benefit periods

AGES	OVER \$6,000/mo.	OVER \$10,000/mo.
18-34	None	1 year
35-44	1 year	2 years
45-50	1 year	2 years
51-64	Within 3 years, all benefit amounts	

Overhead Expense/Business Loan Protection Rider*

AGES	OVER \$6,000/mo.	OVER \$10,000/mo.	OVER \$15,000/mo.
18-34	None	1 year	2 years
35-44	1 year	2 years	3 years
45-50	1 year	2 years	3 years
51-60	Within 3 years, all benefit amounts		

* Maximum issue age for BLP is 60.

Disability Buy-Out/Key Person Replacement*

AGES	OVER \$500,000	OVER \$1,000,000	OVER \$1,500,000
18-34	None	1 year	3 years
35-44	1 year	2 years	3 years
45-50	1 year	2 years	3 years
51-60	Within 3 years, all benefit amounts		

* Maximum issue age for KPR is 55.