

Offer of Optional Benefits

As required by Indiana law, Principal Life Insurance Company (The Principal®) will hereby offer optional coverage for non-experimental, surgical treatment of morbid obesity by a health care provider. Morbid obesity must have persisted for at least 5 years and for which non-surgical treatment that is supervised by a physician has been unsuccessful for at least 18 consecutive months. The optional benefits are described below and are available for an additional premium cost.

“Morbid Obesity” means:

1. A weight of at least 2 times the ideal weight for frame, age, height and gender as specified in the 1983 Metropolitan Life Insurance Table;
2. A body mass index of at least 35 kilograms per meter squared with comorbidity or coexisting medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes; or
3. A body mass index of at least 40 kilograms per meter squared without comorbidity.

Benefits will be payable the same as any other Treatment or Service.



Optional Benefits Election form:

As required by Indiana law, we hereby offer optional coverage for morbid obesity. The optional benefit is described on the attached form and is available for an additional premium cost.

Optional benefits You may accept or reject these optional benefits.

- If you accept the optional benefits, your group medical insurance will include benefits for non-experimental, surgical treatment of morbid obesity as described on the attachment and your rates will include the additional premium for the benefit.
 - If you reject the optional benefits, your group medical insurance will exclude benefits for non-experimental, surgical treatment of morbid obesity as described on the attachment.
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**To be Completed
By the Firm/
Policyholder**

I have read and understand the offer of the optional benefits for non-experimental, surgical treatment of morbid obesity.

The optional benefits are hereby:

_____ Rejected I prefer not to accept the optional benefits.

_____ Accepted I understand that accepting the optional benefit requires additional premium cost as outlined above.

(Firm/Policyholder name)

(Signature of person making election)

(Name (please print))

(Title)

(Date signed)

