

Mr.Help Mate AI Assignment output screenshots

Query 1

```
[30] # Read the user query

query = input()

What are the default benefits and provisions of the Group Policy?
```

Top 3 Results from the Search Layer

Return the top 3 results from semantic search

```
top_3_semantic = results_df.sort_values(by='Distances')
top_3_semantic[:3]
```

index	IDs	Documents	Distances	Metadata	Reranked_scores
0	13	PART II - POLICY ADMINISTRATION Section A - Contract Article 1 - Entire Contract This Group Policy, the current Certificate, the attached Policyholder application, and any Member applications make up the entire contract. The Principal is obligated only as provided in this Group Policy and is not bound by any trust or plan to which it is not a signatory party. Article 2 - Policy Changes Insurance under this Group Policy runs annually to the Policy Anniversary, unless sooner terminated. No agent, employee, or person other than an officer of The Principal has authority to change this Group Policy, and, to be effective, all such changes must be in Writing and Signed by an officer of The Principal. The Principal reserves the right to change this Group Policy as follows: a. Any or all provisions of this Group Policy may be amended or changed at any time, including retroactive changes, to the extent necessary to meet the requirements of any law or any regulation issued by any governmental agency to which this Group Policy is subject. b. Any or all provisions of this Group Policy may be amended or changed at any time when The Principal determines that such amendment is required for consistent application of policy provisions. c. By Written agreement between The Principal and the Policyholder, this Group Policy may be amended or changed at any time as to any of its provisions. Any change to this Group Policy, including, but not limited to, those in regard to coverage, benefits, and participation privileges, may be made without the consent of any Member or Dependent. Payment of premium beyond the effective date of the change constitutes the Policyholder's consent to the change. Article 3 - Policyholder Eligibility Requirements To be an eligible group and to remain an eligible group, the Policyholder must: This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6003 Section A - Contract, Page 4	0.8645805669065934	{'Page_No.': 'Page 16', 'Policy_Name': 'Principal-Sample-Life-Insurance-Policy'}	-0.05854335054755211
1	16	The Principal has complete discretion to construe or interpret the provisions of this group insurance policy, to determine eligibility for benefits, and to determine the type and extent of benefits, if any, to be provided. The decisions of The Principal in such matters shall be controlling, binding and final as between The Principal and persons covered by this Group Policy, subject to the Claims Procedures in PART IV, Section D, Article 11 - Electronic Transactions Any transaction relating to this Group Policy may be conducted by electronic means if performance of the transaction is consistent with applicable state and federal law. Any notice required by the provisions of this Group Policy given by electronic means will have the same force and effect as notice given in writing. This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6003 Section A - Contract, Page 4	0.8843736629630043	{'Page_No.': 'Page 19', 'Policy_Name': 'Principal-Sample-Life-Insurance-Policy'}	2.248037815093994
2	14	a. be actively engaged in business for profit within the meaning of the Internal Revenue Code, or be established as a legitimate nonprofit corporation within the meaning of the Internal Revenue Code; and b. make at least the level of premium contributions required for insurance on its eligible Members. The Policyholder must: (1) contribute at least 50% of the required premium for all Members (including disabled Members, if any); and c. if the Member is to contribute part of the premium, maintain the following participation percentages with respect to eligible employees and Dependents, excluding those for whom Proof of Good Health is not satisfactory to The Principal: (1) Employees: - at least 75% of all eligible employees must enroll; (2) Dependents: - maintain a Dependent participation of at least 75% of eligible Dependents; and d. if the Member is to contribute no part of the premium, 100% of eligible employees and Dependents must enroll. Article 4 - Policy Incontestability In the absence of fraud, after this Group Policy has been in force two years, The Principal may not contest its validity except for nonpayment of premium. Article 5 - Individual Incontestability All statements made by any individual insured under this Group Policy will be representations and not warranties. In the absence of fraud, these statements may not be used to contest an insured person's insurance unless: a. the insured person's insurance has been in force for less than two years during the insured's lifetime; and b. the statement is in Written form Signed by the insured person; and This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6003 Section A - Contract, Page 2	0.9797317111338214	{'Page_No.': 'Page 17', 'Policy_Name': 'Principal-Sample-Life-Insurance-Policy'}	-9.00451946258545

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Top 3 Results from the Search Layer after Reranking

Return the top 3 results after reranking

```
top_3_rerank = results_df.sort_values(by='Reranked_scores', ascending=False)
top_3_rerank[:3]
```

index	IDs	Documents	Distances	Metadata	Reranked_scores
1	16	The Principal has complete discretion to construe or interpret the provisions of this group insurance policy, to determine eligibility for benefits, and to determine the type and extent of benefits, if any, to be provided. The decisions of The Principal in such matters shall be controlling, binding and final as between The Principal and persons covered by this Group Policy, subject to the Claims Procedures in PART IV, Section D, Article 11 - Electronic Transactions Any transaction relating to this Group Policy may be conducted by electronic means if performance of the transaction is consistent with applicable state and federal law. Any notice required by the provisions of this Group Policy given by electronic means will have the same force and effect as notice given in writing. This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6003 Section A - Contract, Page 4	0.8843736629630043	{'Page_No.': 'Page 19', 'Policy_Name': 'Principal-Sample-Life-Insurance-Policy'}	2.248037815093994
0	13	PART II - POLICY ADMINISTRATION Section A - Contract Article 1 - Entire Contract This Group Policy, the current Certificate, the attached Policyholder application, and any Member applications make up the entire contract. The Principal is obligated only as provided in this Group Policy and is not bound by any trust or plan to which it is not a signatory party. Article 2 - Policy Changes Insurance under this Group Policy runs annually to the Policy Anniversary, unless sooner terminated. No agent, employee, or person other than an officer of The Principal has authority to change this Group Policy, and, to be effective, all such changes must be in Writing and Signed by an officer of The Principal. The Principal reserves the right to change this Group Policy as follows: a. Any or all provisions of this Group Policy may be amended or changed at any time, including retroactive changes, to the extent necessary to meet the requirements of any law or any regulation issued by any governmental agency to which this Group Policy is subject. b. Any or all provisions of this Group Policy may be amended or changed at any time when The Principal determines that such amendment is required for consistent application of policy provisions. c. By Written agreement between The Principal and the Policyholder, this Group Policy may be amended or changed at any time as to any of its provisions. Any change to this Group Policy, including, but not limited to, those in regard to coverage, benefits, and participation privileges, may be made without the consent of any Member or Dependent. Payment of premium beyond the effective date of the change constitutes the Policyholder's consent to the change. Article 3 - Policyholder Eligibility Requirements To be an eligible group and to remain an eligible group, the Policyholder must: This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6003 Section A - Contract, Page 4	0.8645805669065934	{'Page_No.': 'Page 16', 'Policy_Name': 'Principal-Sample-Life-Insurance-Policy'}	-0.05854335054755211
5	1	POLICY RIDER GROUP INSURANCE POLICY NO. 8555 COVERAGE, LIFE EMPLOYER, RHODE ISLAND JOHN DOE Effective on the later of the Date of Issue of this Group Policy or March 1, 2005, the following will apply to your Policy: From time to time The Principal may offer or provide certain employer groups who apply for coverage with The Principal a Financial Services Hotline and Grief Support Services or any other value added service for the employees of that employer group. In addition, The Principal may arrange for third party service providers (i.e., optometrists, health clubs), to provide discounted goods and services to those employer groups who apply for coverage with The Principal or who become insureds/enrollees of The Principal. While The Principal has arranged these goods, services and/or third party provider discounts, the third party service providers are liable to the applicants/insureds/enrollees for the provision of such goods and/or services. The Principal is not responsible for the provision of such goods and/or services nor is it liable for the failure of the provision of the same. Further, The Principal is not liable to the applicants/insureds/enrollees for the negligent provision of such goods and/or services by the third party service providers. EXCEPT AS SPECIFICALLY DESCRIBED IN THIS RIDER, ALL OTHER BENEFITS AND PROVISIONS WILL BE AS DESCRIBED IN THE GROUP POLICY. PRINCIPAL LIFE INSURANCE COMPANY DES MOINES, IOWA 50392-0001 GC 806 VAL	1.0518578004625423	{'Page_No.': 'Page 3', 'Policy_Name': 'Principal-Sample-Life-Insurance-Policy'}	-0.9663511514663696

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Final Generated Answer from the Generation Layer

```
[84] # Generate the response - for Query 1

response = generate_response(query, top_3_RAG_q1)
print("Query 1: ", query, "\n", response)
# Print the response
print("\n", join(response))

Query 1:
what are the default benefits and provisions of the Group Policy?

The default benefits and provisions of the Group Policy are as follows:

| Benefit/Provision | Details |
|-----|-----|
| Discretionary Authority | The Principal has complete discretion to consider and approve or deny claims. |
| Policy Administration | Section A of the policy document outlines the policy administration details. |
| Policy Rider | A policy rider related to group insurance Policy number 8555 is mentioned. |

Citations:
1. Policy Name: Principal Group Policy
Page Number: Page 19
2. Policy Name: Principal Group Policy
Page Number: Page 16
3. Policy Name: Principal Group Policy
Page Number: Page 3
```

Query 2

✓
3s

[36] # Read the user query

query2 = input()

↻

what does it mean by 'the later of the Date of Issue'?

Top 3 Results from the Search Layer

Return the top 3 results from semantic search

top_3_semantic_q2 = results.df2.sort_values(by='Distances')
top_3_semantic_q2[:3]

1 to 3 of 3 entries

Filter

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index	IDs	Documents	Distances	Metadatas	Reranked_scores
0	26	Insurance for which Proof of Good Health is required (see e. below) will be in force on the later of: (1) the date insurance would have been effective if Proof of Good Health had not been required; or (2) the date Proof of Good Health is approved by The Principal. c. Effective Date for Initial Noncontributory Insurance When Proof of Good Health is not Required Unless Proof of Good Health is required (see b. above and e. below), insurance for which the Member contributes no part of premium will be in force on the date the Member is eligible. d. Effective Date for Initial Contributory Insurance When Proof of Good Health is not Required if a Member is to contribute a part of premium, insurance must be requested in a form provided by The Principal. Unless Proof of Good Health is required (see i. above and e. below), the requested insurance will be in force on: (1) the date the Member is eligible, if the request is made on or before that date; or (2) the date of the Member's request, if the request is made within 31 days after the date the Member is eligible. If the request is made more than 31 days after the date the Member is eligible, Proof of Good Health will be required before insurance can be in force (see b. above and e. below). e. Proof of Good Health Requirements The type and form of required Proof of Good Health will be determined by The Principal. A Member must submit Proof of Good Health: (1) If insurance for which a Member contributes a part of premium is requested more than 31 days after the date the Member is eligible including any insurance the Member refuses and later requests. (2) If insurance is requested under this Group Policy by a Member that was eligible under the Prior Policy, but elected to waive coverage under the Prior Policy. (3) If a Member has failed to provide required Proof of Good Health or has been refused insurance under this Group Policy at any prior time. (4) If a Member elects to terminate insurance and, more than 31 days later, requests to be insured again. (5) If, on the date a Member becomes eligible, fewer than five Members are insured. This policy has been updated effective January 1, 2014 PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS GC 6007 Section B - Effective Dates, Page 2	1.2009951403797319	(Page_No.: 'Page 29', Policy_Name': 'Principal-Sample-Life-Insurance-Policy')	-3.987046003341675
1	24	If a Member's Dependent is employed and is covered under group term life coverage or coverages provided by the Dependent's employer, the date such coverage terminates because the Dependent is no longer eligible under his/her employer's coverage will be considered the date the Member first acquires that Dependent (and any other Dependent who was also covered under such group coverage or coverages). This policy has been updated effective January 1, 2014 PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS GC 6008 Section A - Eligibility, Page 2	1.259136200431565	(Page_No.: 'Page 27', Policy_Name': 'Principal-Sample-Life-Insurance-Policy')	-8.987309455871582
2	18	b. on any date the definition of Member or Dependent is changed; and c. on any date the Policyholder's business, as specified on the Policyholder application, is changed; and d. on any date that a schedule of insurance or class of insured Members is changed; and e. on any premium due date, if the Policyholder has been receiving a multiple policy discount rate and the Policyholder drops below the minimum number of coverages to receive such discount rate; and f. on any date the premium contribution required of Members is changed; and g. with respect to Member Life Insurance, on any Policy Anniversary, if the average age, average Scheduled Benefit amount, or the male/female distribution for then insured Members has changed since the last Policy Anniversary; and h. on any Policy Anniversary, if the volume of insurance for then insured Members has increased or decreased by more than 25% since the last Policy Anniversary. If the Policyholder has other group insurance with The Principal, and if the Policyholder agrees to participate in the electronic services program of The Principal and, at a later date elects to withdraw from participation, such withdrawal may result in certain administrative fees being charged to the Policyholder. Article 4 - Premium Amount The amount of premium to be paid on each due date will be determined in these ways: a. Member Life Insurance The total volume of insurance in force will be divided by 1,000. The result will then be multiplied by the premium rate then in effect. b. Member Accidental Death and Dismemberment Insurance The total volume of insurance in force will be divided by 1,000. The result will then be multiplied by the premium rate then in effect. c. Dependent Life Insurance This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6004 Section B - Premiums, Page 2	1.3327256977834594	(Page_No.: 'Page 21', Policy_Name': 'Principal-Sample-Life-Insurance-Policy')	-6.4716081019262095

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Top 3 Results from the Search Layer after Reranking

Return the top 3 results after reranking

top_3_rerank_q2 = results.df2.sort_values(by='Reranked_scores', ascending=False)
top_3_rerank_q2[:3]

1 to 3 of 3 entries

Filter

🔍

index	IDs	Documents	Distances	Metadatas	Reranked_scores
0	26	Insurance for which Proof of Good Health is required (see e. below) will be in force on the later of: (1) the date insurance would have been effective if Proof of Good Health had not been required; or (2) the date Proof of Good Health is approved by The Principal. c. Effective Date for Initial Noncontributory Insurance When Proof of Good Health is not Required Unless Proof of Good Health is required (see b. above and e. below), insurance for which the Member contributes no part of premium will be in force on the date the Member is eligible. d. Effective Date for Initial Contributory Insurance When Proof of Good Health is not Required if a Member is to contribute a part of premium, insurance must be requested in a form provided by The Principal. Unless Proof of Good Health is required (see i. above and e. below), the requested insurance will be in force on: (1) the date the Member is eligible, if the request is made on or before that date; or (2) the date of the Member's request, if the request is made within 31 days after the date the Member is eligible. If the request is made more than 31 days after the date the Member is eligible, Proof of Good Health will be required before insurance can be in force (see b. above and e. below). e. Proof of Good Health Requirements The type and form of required Proof of Good Health will be determined by The Principal. A Member must submit Proof of Good Health: (1) If insurance for which a Member contributes a part of premium is requested more than 31 days after the date the Member is eligible including any insurance the Member refuses and later requests. (2) If insurance is requested under this Group Policy by a Member that was eligible under the Prior Policy, but elected to waive coverage under the Prior Policy. (3) If a Member has failed to provide required Proof of Good Health or has been refused insurance under this Group Policy at any prior time. (4) If a Member elects to terminate insurance and, more than 31 days later, requests to be insured again. (5) If, on the date a Member becomes eligible, fewer than five Members are insured. This policy has been updated effective January 1, 2014 PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS GC 6007 Section B - Effective Dates, Page 2	1.2009951403797319	(Page_No.: 'Page 29', Policy_Name': 'Principal-Sample-Life-Insurance-Policy')	-3.987046003341675
1	27	(6) If, on the date a Member becomes eligible for any increased or additional Scheduled Benefit amount, fewer than five Members are insured. (7) To make effective any Scheduled Benefit amounts for the Member that are, initially or through later increases, in excess of: - \$10,000 for Members who are under age 65; and - \$10,000 for Members who are age 65 or over but under age 70; and - \$10,000 for Members who are age 70 or over. "If a Member is insured under this Group Policy on its Date of Issue and this insurance replaces insurance in force on the day immediately before the Date of Issue, the lesser of the amount shown above or the amount for which the Member was insured under the replaced insurance." f. Effective Date for Benefit Changes Due to Change in Insurance Class (1) A change in the Member's Scheduled Benefit amount because of a change in the Member's insurance class for which Proof of Good Health is not required (see e. above) will normally be effective on the date of change. However, if the Member is not Actively at Work on the date a Scheduled Benefit change would otherwise be effective, the Scheduled Benefit change will not be in force until the date the Member returns to Active Work. Any decrease in Scheduled Benefit amounts due to a change in a Member's insurance class will be effective on the date of the change, whether or not the Member is Actively at Work. Any termination of Scheduled Benefit amounts due to a change in the Member's insurance class will be effective on the date of the change, whether or not the Member is Actively at Work. (2) A change in a Member's Scheduled Benefit amount because of a change in the Member's insurance class for which Proof of Good Health is required (see e. above) will be effective on the later of: - the date the change would have been effective if Proof of Good Health had not been required; or - the date Proof of Good Health is approved by The Principal. g. Effective Date for Benefit Changes Due to Change by Policy Amendment (1) A change in the Member's Scheduled Benefit amount because of a change in the Schedule of Insurance (as described in PART IV, Section A) by amendment to this Group Policy for which Proof of Good Health is not required (see e. above) will be effective on the date of change. However, if the Member is not Actively at Work on the date an increase in the Scheduled Benefit would otherwise be effective, the Scheduled Benefit change will be effective on the date of change. However, if the Member is not Actively at Work on the date an increase in the Scheduled Benefit would otherwise be effective, the Scheduled Benefit change will be effective on the date of change. However, if the Member is not Actively at Work on the date a Scheduled Benefit change would otherwise be effective, the Scheduled Benefit change will not be in force until the date the Member returns to Active Work. When the Member returns to Active Work, the Scheduled Benefit increase will then be in force for the Member. Any decrease in Scheduled Benefit amounts due to a change by amendment to this Group Policy will be effective on the date of change, whether or not the Member is Actively at Work. (2) A change in the Member's Scheduled Benefit amount because of a change in the Schedule of Insurance (as described in PART IV, Section A) by amendment to this Group Policy for which Proof of Good Health is required (see e. above) will be effective on the later of: - the date the change would have been effective if Proof of Good Health had not been required; or - the date Proof of Good Health is approved by The Principal. h. Effective Date for Benefit Changes Due to Changes Requested by the Member (1) A change in a Member's Scheduled Benefit amount because of a request by the Member for which Proof of Good Health is not required (see e. above) will normally be effective on the date of the request. However, if the Member is not Actively at Work on the date a Scheduled Benefit change would otherwise be effective, the Scheduled Benefit change will not be in force until the date the Member returns to Active Work. Any decrease in Scheduled Benefit amounts due to a request by the Member will be effective on the date of the change, whether or not the Member is Actively at Work. (2) A change in the Member's Scheduled Benefit amount because of a request by the Member for which Proof of Good Health is required (see e. above) will be effective on the later of: - the date the change would have been effective if Proof of Good Health had not been required; or - the date Proof of Good Health is approved by The Principal. i. Effective Date for Benefit Changes Due to Change in the Member's Family Status A Member may request an increase in Scheduled Benefit amount, a decrease in Scheduled Benefits, or the addition of Scheduled Benefits for which he or she was not previously insured if a change in the Member's family status as described below has occurred, provided a request for such increase, decrease, or addition is made in Writing within 31 days after the date of the change in family status. This policy has been updated effective January 1, 2014 PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS GC 6007 Section B - Effective Dates, Page 4	1.4094432402166561	(Page_No.: 'Page 30', Policy_Name': 'Principal-Sample-Life-Insurance-Policy')	-4.0929075302124
2	28	Scheduled Benefit in force for the Member before the change will continue to apply to the Member until the day of return to Active Work. When the Member returns to Active Work, the Scheduled Benefit increase will then be in force for the Member. Any decrease in Scheduled Benefit amounts due to a change by amendment to this Group Policy will be effective on the date of change, whether or not the Member is Actively at Work. (2) A change in the Member's Scheduled Benefit amount because of a change in the Schedule of Insurance (as described in PART IV, Section A) by amendment to this Group Policy for which Proof of Good Health is required (see e. above) will be effective on the later of: - the date the change would have been effective if Proof of Good Health had not been required; or - the date Proof of Good Health is approved by The Principal. h. Effective Date for Benefit Changes Due to Changes Requested by the Member (1) A change in a Member's Scheduled Benefit amount because of a request by the Member for which Proof of Good Health is not required (see e. above) will normally be effective on the date of the request. However, if the Member is not Actively at Work on the date a Scheduled Benefit change would otherwise be effective, the Scheduled Benefit change will not be in force until the date the Member returns to Active Work. Any decrease in Scheduled Benefit amounts due to a request by the Member will be effective on the date of the change, whether or not the Member is Actively at Work. (2) A change in the Member's Scheduled Benefit amount because of a request by the Member for which Proof of Good Health is required (see e. above) will be effective on the later of: - the date the change would have been effective if Proof of Good Health had not been required; or - the date Proof of Good Health is approved by The Principal. i. Effective Date for Benefit Changes Due to Change in the Member's Family Status A Member may request an increase in Scheduled Benefit amount, a decrease in Scheduled Benefits, or the addition of Scheduled Benefits for which he or she was not previously insured if a change in the Member's family status as described below has occurred, provided a request for such increase, decrease, or addition is made in Writing within 31 days after the date of the change in family status. This policy has been updated effective January 1, 2014 PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS GC 6007 Section B - Effective Dates, Page 4	1.34908659905004	(Page_No.: 'Page 31', Policy_Name': 'Principal-Sample-Life-Insurance-Policy')	-6.41485818054199

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Final Generated Answer from the Generation Layer

[180] # Generate the response - For Query 2

response = generate_response(query2, top_3_RAG_q2)

print("Query 2: ", "vm", query2, "vm")

Print the response
print("vm", json(response))

Query 2:
what does it mean by 'the later of the Date of Issue'?

The phrase "the later of the date of issue" typically refers to a specific date related to the issuance of the insurance policy. It means that when referencing dates within the policy, the later of the dates mentioned in the document related to the date of issue should be considered.

To locate more detailed information on the usage and context of "the later of the date of issue", you can refer to the following sections in the insurance documents provided:

1. "Insurance for which Proof of Good Health is Re..."
This document may contain information regarding the specific conditions and clauses related to the date of issue mentioned in the policy.

2. "If, on the date a Member becomes eligible..."
This section may provide details on how the Date of Issue is determined and used within the policy terms and conditions.

3. "Scheduled Benefit in Force for the Member Before..."
This section might outline scenarios where the concept of the later of the date of issue is applicable and its implications on coverage or benefits.

These sections can help you gain a clearer understanding of the phrase within the context of the insurance policies.

For more detailed and specific information, you may refer to the provided policy names and page numbers as citations:

1. Policy Name: Principle Policy
- Page Number: Page 29

2. Policy Name: Principle Policy
- Page Number: Page 30

3. Policy Name: Principle Policy
- Page Number: Page 31

Query 3

✓
3s

[41] # Read the user query

query3 = input()

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What happens if a third-party service provider fails to provide the promised goods and services?

Top 3 Results from the Search Layer

Return the top 3 results from semantic search

top_3_semantic_q3 = results.df3.sort_values(by='Distances')
top_3_semantic_q3[:3]

index IDs		Documents	Distances	1 to 3 of 3 entries	Filter	Metadatas	Reranked_scores
0	1	POLICY RIDER GROUP INSURANCE POLICY NO: S655 COVERAGE: Life EMPLOYER: RHODE ISLAND JOHN DOE Effective on the later of the Date of Issue of this Group Policy or March 1, 2005, the following will apply to your Policy: From time to time The Principal may offer or provide certain employer groups who apply for coverage with The Principal a Financial Services Hotline and Grief Support Services or any other value added service for the employees of that employer group. In addition, The Principal may arrange for third party service providers (i.e., optometrists, health clubs), to provide discounted goods and services to those employer groups who apply for coverage with The Principal or who become insureds/enrollees of The Principal. While The Principal has arranged these goods, services and/or third party provider discounts, the third party service providers are liable to the applicants/insureds/enrollees for the provision of such goods and/or services. The Principal is not responsible for the provision of such goods and/or services nor is it liable for the failure of the provision of the same. Further, The Principal is not liable to the applicants/insureds/enrollees for the negligent provision of such goods and/or services by the third party service providers. EXCEPT AS SPECIFICALLY DESCRIBED IN THIS RIDER, ALL OTHER BENEFITS AND PROVISIONS WILL BE AS DESCRIBED IN THE GROUP POLICY. PRINCIPAL LIFE INSURANCE COMPANY DES MOINES, IOWA 50392-0001 GC 806 VAL	1.0673100861906508	(Page No.: 'Page 3', 'Policy Name': 'Principal-Sample-Life-Insurance-Policy')		-0.47256162762641907	
1	21	The Principal may terminate the Policyholder's coverage on any premium due date if the Policyholder relocates to a state where this Group Policy is not marketed, by giving the Policyholder 31 days advance notice in Writing. Article 4 - Policyholder Responsibility to Members If this Group Policy terminates for any reason, the Policyholder must: a. notify each Member of the effective date of the termination; and b. refund or otherwise account to each Member all contributions received or withheld from Members for premiums not actually paid to The Principal. This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6005 Section C - Policy Termination, Page 2	1.369204527845022	(Page No.: 'Page 24', 'Policy Name': 'Principal-Sample-Life-Insurance-Policy')		-10.964420318603516	
2	20	Section C - Policy Termination Article 1 - Failure to Pay Premium This Group Policy will terminate at the end of the Grace Period if total premium due has not been received by The Principal before the end of the Grace Period. Failure by the Policyholder to pay the premium within the Grace Period will be deemed notice by the Policyholder to The Principal to discontinue this Group Policy at the end of the Grace Period. Article 2 - Termination Rights of the Policyholder The Policyholder may terminate this Group Policy effective on the day before any premium due date by giving Written notice to The Principal prior to that premium due date. The Policyholder's issuance of a stop-payment order for any amounts used to pay premiums for the Policyholder's coverage will be considered Written notice from the Policyholder. Article 3 - Termination Rights of The Principal The Principal may nonrenew or terminate this Group Policy by giving the Policyholder 31 days advance notice in Writing, if the Policyholder: a. ceases to be actively engaged in business for profit within the meaning of the Internal Revenue Code, or be established as a legitimate nonprofit corporation within the meaning of the Internal Revenue Code; or b. fails to maintain the participation percentages requirements of PART II, Section A with respect to eligible employees, excluding those for whom Proof of Good Health is not satisfactory to The Principal; or c. fails to maintain three or more insured employees under this Group Policy; or d. fails to pay premium in accordance with the requirements of PART II, Section B; or e. has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact under the terms of this Group Policy; or f. does not promptly provide The Principal with information that is reasonably required; or g. fails to perform any of its obligations that relate to this Group Policy. This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6005 Section C - Policy Termination, Page 1	1.3825930769841714	(Page No.: 'Page 23', 'Policy Name': 'Principal-Sample-Life-Insurance-Policy')		-8.449891090393066	

Show 25 per page

Top 3 Results from the Search Layer after Reranking

Return the top 3 results after reranking

top_3_rerank_q3 = results.df3.sort_values(by='Reranked_scores', ascending=False)
top_3_rerank_q3[:3]

index IDs		Documents	Distances	1 to 3 of 3 entries	Filter	Metadatas	Reranked_scores
0	1	<p>POLICY RIDER GROUP INSURANCE POLICY NO: S655 COVERAGE: Life EMPLOYER: RHODE ISLAND JOHN DOE Effective on the later of the Date of Issue of this Group Policy or March 1, 2005, the following will apply to your Policy: From time to time The Principal may offer or provide certain employer groups who apply for coverage with The Principal a Financial Services Hotline and Grief Support Services or any other value added service for the employees of that employer group. In addition, The Principal may arrange for third party service providers (i.e., optometrists, health clubs), to provide discounted goods and services to those employer groups who apply for coverage with The Principal or who become insureds/enrollees of The Principal. While The Principal has arranged these goods, services and/or third party provider discounts, the third party service providers are liable to the applicants/insureds/enrollees for the provision of such goods and/or services. The Principal is not responsible for the provision of such goods and/or services nor is it liable for the failure of the provision of the same. Further, The Principal is not liable to the applicants/insureds/enrollees for the negligent provision of such goods and/or services by the third party service providers. EXCEPT AS SPECIFICALLY DESCRIBED IN THIS RIDER, ALL OTHER BENEFITS AND PROVISIONS WILL BE AS DESCRIBED IN THE GROUP POLICY. PRINCIPAL LIFE INSURANCE COMPANY DES MOINES, IOWA 50392-0001 GC 806 VAL</p>	1.0673100861906508	(Page No.: 'Page 3', 'Policy Name': 'Principal-Sample-Life-Insurance-Policy')		-0.47256162762641907	
2	20	<p>Section C - Policy Termination Article 1 - Failure to Pay Premium This Group Policy will terminate at the end of the Grace Period if total premium due has not been received by The Principal before the end of the Grace Period. Failure by the Policyholder to pay the premium within the Grace Period will be deemed notice by the Policyholder to The Principal to discontinue this Group Policy at the end of the Grace Period. Article 2 - Termination Rights of the Policyholder The Policyholder may terminate this Group Policy effective on the day before any premium due date by giving Written notice to The Principal prior to that premium due date. The Policyholder's issuance of a stop-payment order for any amounts used to pay premiums for the Policyholder's coverage will be considered Written notice from the Policyholder. Article 3 - Termination Rights of The Principal The Principal may nonrenew or terminate this Group Policy by giving the Policyholder 31 days advance notice in Writing, if the Policyholder: a. ceases to be actively engaged in business for profit within the meaning of the Internal Revenue Code, or be established as a legitimate nonprofit corporation within the meaning of the Internal Revenue Code; or b. fails to maintain the participation percentages requirements of PART II, Section A with respect to eligible employees, excluding those for whom Proof of Good Health is not satisfactory to The Principal; or c. fails to maintain three or more insured employees under this Group Policy; or d. fails to pay premium in accordance with the requirements of PART II, Section B; or e. has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact under the terms of this Group Policy; or f. does not promptly provide The Principal with information that is reasonably required; or g. fails to perform any of its obligations that relate to this Group Policy. This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6005 Section C - Policy Termination, Page 1</p>	1.3825930769841714	(Page No.: 'Page 23', 'Policy Name': 'Principal-Sample-Life-Insurance-Policy')		-8.449891090393066	
8	58	<p>Section D - Claim Procedures Article 1 - Notice of Claim Written notice must be sent to The Principal by or for a Member or Dependent who wishes to file claim for benefits under this Group Policy. This notice must be sent within 20 days after the date of the loss for which claim is being made. Failure to give notice within the time specified will not invalidate or reduce any claim if notice is given as soon as reasonably possible. Article 2 - Claim Forms The Principal, when it receives notice of claim, will provide appropriate claim forms for filing proof of loss. If the forms are not provided within 15 days after The Principal receives notice, the person will be considered to have complied with the requirements of this Group Policy upon submitting, within the time specified below for filing proof of loss, Written proof covering the occurrence, character, and extent of the loss. Article 3 - Proof of Loss Written proof of loss must be sent to The Principal within 90 days after the date of the loss. Proof required includes the date, nature, and extent of the loss. The Principal may request additional information to substantiate loss or require a signed unaltered authorization to obtain that information from the provider. Failure to comply with the request of The Principal could result in declination of the claim. For purposes of satisfying the claims processing timing requirements of the Employee Retirement Income Security Act (ERISA), receipt of claim will be considered to be met when the appropriate claim form is received by The Principal. Article 4 - Payment, Denial, and Review ERISA permits up to 45 days from receipt of claim for processing the claim. If a claim cannot be processed due to incomplete information, The Principal will send a Written explanation prior to the expiration of the 45 days. The claimant is then allowed up to 45 days to provide all additional information requested. The Principal is permitted two 30-day extensions for processing an incomplete claim. Written notification will be sent to the claimant regarding the extension. In actual practice, benefits under this Group Policy will be payable sooner, provided The Principal receives complete and proper proof of loss. Further, if a claim is not payable or cannot be processed, The Principal will submit a detailed explanation of the basis for its denial. This policy has been updated effective January 1, 2014 PART IV - BENEFITS GC 6018 Section D - Claim Procedures, Page 1</p>	1.498819787007377	(Page No.: 'Page 61', 'Policy Name': 'Principal-Sample-Life-Insurance-Policy')		-8.754424095153809	

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Final Generated Answer from the Generation Layer

```
# Generate the response - For Query 3
response3 = generate_response(query3, top_3_RAG_q3)

print("Query 3: ", query3, "\n")

# Print the response
print("\n".join(response3))

Query 3:
What happens if a third-party service provider fails to provide the promised goods and services?

When a third-party service provider fails to deliver the promised goods and services, you may be covered under certain circumstances according to the policy document. The consequences could vary based on the specifics outlined in your insurance policy. Typically, if the third-party
Below is a summary of the relevant sections from the insurance documents that provide information related to the query:

### Relevant Policy Information:
#### Policy Name: Principal Group Insurance Policy
#### Page Number: Page 23

#### Section C - Policy Termination
- "Article 1":
  - "Failure of Service Provider": In case a third-party service provider fails to deliver the promised goods and services, the policy may cover losses subject to the terms and conditions specified in the document.

In the event of a failure by a service provider, it is important to review your insurance policy in detail to understand the extent of coverage provided and the steps required to make a claim.

Please refer to the relevant section on "Policy Termination" in the Principal Group Insurance Policy document on "Page 23" for more detailed information on the coverage and procedures in such situations.

### Citations:
- Policy Name: "Principal Group Insurance Policy"
- Page Number: "Page 23"
```