



Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Group Voluntary
Term Life Insurance
Employer Application

Please use black ink.

1. Employer Information

Company's legal name _____

Type of business/SIC _____ Employer Tax I.D. number _____

Main office street address _____

City _____ State _____ ZIP code _____

Contact name _____ Phone number _____

2. Coverage

Coverage elected:

- Life insurance (Member, spouse, children) Accelerated Benefits (Member)
- Accidental Death and
Dismemberment insurance (Member, spouse)

3. Eligibility (If more space is needed, please attach a separate signed and dated sheet.)

1. Definition of employees eligible for coverage (All classes of employees designated in this section are eligible, unless they are excluded in No. 2 below.)

All employees working at least _____ hours per week

Other employees eligible (please describe): _____

Total number of eligible employees _____

2. Temporary and seasonal employees are not eligible (except where required by law).

Other class(es) not eligible _____

Total number of employees not eligible _____ .

3. List the name and location (city and state) of all branch units and divisions to be included:

4. List the name and location (city and state) of all branch units and divisions to be excluded:

5. The waiting period for initial enrollment is: _____

6. The waiting period for any person who becomes an employee after the initial enrollment is: _____

4. Prior Carrier Information

1. Does this policy replace another group life insurance policy? no yes If yes, policy number _____
If yes, please provide the name of the carrier of the other policy and the date the other policy terminated or will terminate.
Carrier name _____ Date policy terminated _____
2. Are there any employees who are not currently Actively at Work or spouses of employees who are currently in a Period of Limited Activity? no yes
If yes, please provide a list of the names of said persons.
3. Please indicate if the following options are available under the prior policy.
Waiver of premium due to total disability
Conversion to an individual policy

5. ERISA

The Employee Retirement Income Security Act of 1974 (ERISA) requires that each employee benefit plan designate a "Named Fiduciary" who shall have authority to control and manage the operation and administration of the plan. For the purposes of ERISA, the employer shall be the Plan Administrator. Principal Life Insurance Company may not be designated as Named Fiduciary or Plan Administrator.

If the Named Fiduciary is other than the employer, the following information must be provided:

▶ NAMED FIDUCIARY

▶ _____
NAMED FIDUCIARY SIGNATURE and TITLE

DATE

6. Effective Date

It is requested that the insurance applied for here be effective on _____ subject to approval by Principal Life home office.

It is Agreed that the insurance applied for shall not become effective unless: (a) this application and any attached page(s) are received, accepted and approved by Principal Life at its home office in Des Moines, IA; and (b) the number of Members insured meets or exceeds the minimum number of lives required by law.

Acceptance by the employer of any policy or policies issued with this application shall constitute approval of any corrections, additions, or changes specified in the space "**For Principal Life Use Only**" or as otherwise indicated on this application. (This statement does not apply to applications taken in the state of Pennsylvania or West Virginia.)

It is further agreed that the provisions and conditions described on any attached page(s) are part of this application the same as if described on this application.

Note: Your agent or broker cannot change or waive any provision of this application, the policy or policies without the written approval of an officer of Principal Life.

I acknowledge I have received and reviewed descriptive material regarding Group Voluntary Term Life insurance.

▶ _____
EMPLOYER SIGNATURE and OFFICER TITLE

DATE

▶ _____
AGENT of RECORD

DATE

For Principal Life Use Only

Return to Principal Life Insurance Company for processing.