

To: **GROUP NAME**

From: **Robert Rogers- Sr. Sales Rep.-Principal Financial Group®**

RE: **GROUP LIFE/LTD INSURANCE ENROLLMENT**

Thank you for the opportunity to provide you the attached proposal. We look forward to hearing from you once you have an opportunity to review it.

To evaluate the prospective risk and to proactively address any actively at work issues, we'd like to know the following information on this group:

1. Have any employees missed – or do they plan to miss – 10 or more continuous days? If yes, please explain.
2. Has an employee or dependent been diagnosed with cancer, diabetes, stroke, heart disease, multiple sclerosis, back condition, mental or nervous disorder, or other debilitating or life-threatening condition? If yes, please provide the date of diagnosis, treatment and prognosis.

Please contact our office if you have any questions about this quote. Thank you for your interest in our group employee benefits!

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* Please provide us with the name and title of the contact person at the company.**

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March 4, 2002

Group Contact Name  
1Anywhere Street  
New York, NY 10010

**Re: GROUP NAME**

Dear Group:

Thank you for the opportunity to provide you a proposal. We look forward to hearing from you once you have an opportunity to review it.

Enclosed please find the following enrollment material that must be completed to enroll your group for [Life, AD &D, LTD, STD](#) benefits with Principal Financial Group®:

1. Application (and the attached addendum) for Group Insurance to be completed and signed. This form also requires your broker's signature by the employer's.

Review your premium rates, which should be available to you from your broker/consultant.

Use the enclosed enrollment form to sign up for [Life, AD &D, LTD, STD](#) insurance from The Principal. **Fill it out completely with the employees' information-and we'll do the rest!**

Enrollment forms to be completed by each employee. Enrollment cards obtain vital information that is necessary in order for us to process the case:

2. All enrollment cards must include:
  - χ Social Security Number (for members and dependents)
  - χ Name (Last, First, Middle Initial)
  - χ Gender
  - χ Salary Mode (i.e. hourly, biweekly, monthly, annual)
  - χ Date of Employment (use MMDDYY Format) if an initial waiting period applies
  - χ Beneficiary Information
  - χ Occupation or job title
  - χ Date card was completed
  - Signature

3. **Please include a binder check equal to the first month's premium, kindly made payable to Principal Financial Group®.**
4. **Please provide a copy of the prior carrier bill. Prior Carrier Bill-  
Must be from month immediately prior to the effective date.**

To evaluate the prospective risk and to proactively address any actively at work issues, we'd like to know the following information on this group (5,6,7) (fill out attached form):

5. **Are there any employees not actively at work?**
6. **Have any employees missed 10 or more consecutive days of work?**
7. **Have any employees been diagnosed with a terminally ill disease?**
8. What is the name and title of the contact person at the company?
9. Please provide a copy of your Life/Health License, social security number, date of birth, and home address. (BROKER)
10. Will commissions be paid to the firm or you? If payable to the firm, please include a copy of the firm's license and EIN#. (BROKER)

**PLEASE NOTE: CROSS-OUTS ARE NOT ACCEPTABLE. ANY TYPE OF ALTERATION RESULTS IN THE ENROLLMENT FORM BEING RETURNED TO YOU.**

Should you have any questions or concerns, please do not hesitate to contact me. Thank you for your interest in our group employee benefits!

Sincerely,

Robert Rogers  
Senior Sales Rep.  
Group Non-Medical Benefits

Enclosure