



Account & Unit Number _____

Employee Information

Your Name (Last, First, MI), Social Security Number, Mailing Address (Street, City, State, ZIP), Date Employed Full-Time, Birth Date, Location, Hrs Wrkd Per Wk, Job Occupation/Class, Gender (Male/Female), and Spouse/Child eligibility questions.

Benefit Options

Coverage table for Employee, Spouse, and Children with options for Dental, Elect, and Decline.

Important! If declining any coverage for yourself or any dependent, give reason. Covered under: Spouse's Group Coverage, Individual Insurance, Other

Eligible Dependent Information (Complete if you have elected benefits for your spouse and/or children.)

Form for Spouse's Name, Birth Date, Social Security Number, and Name(s) of Child(ren) with Birth Date, Social Security Number, and Gender options.

* If you checked Foster Child, do you provide principal support and does the child(ren) live with you at least 50% of the time? Yes No

Employee Signature (Read and sign below.)

I understand and agree with the following statements: My dependents are not eligible for any coverage for which I am not covered. My dependents, including step and foster children and those over the maximum age, are eligible for coverage based on plan provisions. If I decline dental coverage, I and/or my dependents may enroll at a later date. However, enrolling late will affect the level of dental benefits. Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud. If the group policy requires that I make contributions, I authorize my employer to deduct them from my pay. I declare that the information I have completed on this enrollment form is complete and true. I understand an agent or broker cannot guarantee coverage, revise rates, benefits, or provisions without written approval from Principal Life. Your Signature X Date Signed

Instructions

After this form is completed and signed, make two copies and send the original to Principal Life Insurance Company: One for the employer One for the employee