



Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

*Addendum to Employer
Application
for Group Insurance*

PLEASE USE BLACK INK

To avoid processing delays, please make sure you answer all questions completely and accurately.

This form is for: new case amendment to add Life/Disability/Critical Illness Account number _____

Life/Disability/Critical Illness

If requesting life, disability or critical illness insurance, are there any employees not Actively at Work? yes no

If yes, please list employees not Actively at Work, reason not Actively at Work, their last day worked and expected return to work date.

Signatures

Employer (company name)

Signed by (must be an officer)

Officer's title

Date signed

X

Printed officer name
