



How to complete and submit a vision care claim:

1. Complete all information under Part A.
2. Read information for your state under Part D. (Not all states have additional statements.)
3. Sign and date to authorize release of information necessary to process your claim.
4. If you want benefits paid directly to the Physician or Optometrist, sign and date under the authorization in Part B.
5. If you want benefits paid directly to the Supplier, sign and date under the authorization in Part C.
6. Ask your Physician or Optometrist and Supplier to complete Part B and Part C of the claim form.
7. Attach itemized bills and receipts. An itemized statement shows what services and treatments were provided. A receipt showing the amount paid or bill showing the amount due is not sufficient for claim purposes.
8. Send the completed claim form and itemized bills by mail to:  
Principal life Insurance Company  
PO Box 10357  
Des Moines, IA 50306-0357  
-Or-  
Submit by fax at 866-301-1502

Part A (Completed by patient)

Plan information (from your ID card)

ID # \_\_\_\_\_ Account # \_\_\_\_\_

Your (the patient's) information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_

Relationship to employee:  Self  Spouse  Child

Are you covered by another vision care plan?  Yes  No If yes, provide:

Insurance company name \_\_\_\_\_

Group # \_\_\_\_\_

Name of person carrying the other insurance plan? \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee information (complete when the patient is not the employee)

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Employer information

Employer name \_\_\_\_\_  
Employer address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Claim information

Is this claim due to an illness or injury at work?  Yes  No  
Is this claim due to an auto accident?  Yes  No

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.

**Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.**

I authorize the release of any information necessary to process this claim.

Sign (patient or parent if minor)

Date

## Part B (Completed by Physician or Optometrist)

### Examining Physician or Optometrist's information

Physician's or Optometrist's name \_\_\_\_\_  
Physician's or Optometrist's address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physician's or Optometrist's phone number \_\_\_\_\_  
Federal ID # or Tax ID # \_\_\_\_\_

Complete or attach an itemized bill.

Date of service	Services provided	Charges
Total charges		\$
Amount paid		\$
Balance due		\$

I authorize payment of vision care benefits to the physician or optometrist that provided services.

Sign (patient or parent if minor)

Date

Sign (Physician or Optometrist)

Date

## Part C (Completed by Eyewear Supplier)

### Eyewear Supplier information

Supplier's name \_\_\_\_\_

Supplier's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supplier's phone number \_\_\_\_\_

Federal ID # or Tax ID # \_\_\_\_\_

Complete or attach an itemized bill.

Date of purchase	Eyewear provided	Charges
	Frames	
	Lenses <input type="checkbox"/> single vision <input type="checkbox"/> bifocal <input type="checkbox"/> trifocal <input type="checkbox"/> lenticular	
	Tint	
	Coating	
	Oversizing	
	Contacts	
	Disposable contacts <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of months supplied _____	
	Other	
Total charges		\$
Amount paid		\$
Balance due		\$

I authorize payment of vision care benefits to the supplier that dispensed frames, lenses, or contacts.

Sign (patient or parent if minor)

Date

Sign (supplier)

Date

## Part D

### Notice

If the policy was issued in or you live in one of these states, your state requires you're advised:

#### Arizona

For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

#### California

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

#### Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### District of Columbia

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

#### Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

#### Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### New Jersey

Any person who knowingly files a statement of a claim containing any false or misleading information is subject to criminal and civil penalties.

#### New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### Ohio

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 is guilty of insurance fraud.

### Oklahoma

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

### Virginia

Any person who, with the 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 have violated state law.

### Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.