



Mailing Address: Des Moines, IA 50392-0002

Principal Life Insurance Company | Group Term Life Insurance Portability Application

Account number _____

A. Employee & Dependent (if applicable) Information

I hereby apply for portability of my group term life insurance coverage issued by Principal Life Insurance Company in accordance with the provisions of the group policy.

Employee name (last, first, middle initial) _____ Sex male female
Street address _____ Phone number _____
City _____ State _____ ZIP code _____

Beneficiary _____ Relationship to insured _____

Name	Social security number	Date of birth	Relationship	Amount of coverage
			Self	\$
				\$
				\$
				\$

NOTE: Standalone child(ren) coverage is not available.

- My first premium payment must accompany this application and future premiums are to be paid each month.
- I hereby certify that the above information is true and complete to the best of my knowledge and belief. I understand my coverage can be ported as long as I:
 - do not meet the definition of actively at work which includes a reduction in work hours from full time to part time;
 - am less than 75 years of age;
 - am not currently on premium waiver due to disability;
 - am not receiving accelerated benefits;
 - am not exercising individual purchase rights.
- I understand ported coverage amounts can be increased with proof of good health. Coverage can also be decreased or cancelled at any time. Coverage changes due to family status are also allowed and proof of good health will apply according to the portability policy provisions. Coverage ends as specified in the portability policy or at the time premiums are no longer being paid. I do have conversion rights. If I am re-hired, I can no longer be considered eligible to continue this ported coverage.

Employee signature _____ Date signed _____

B. Employer to Complete this Section

Employer name _____

Was the above named employee on disability or receiving accelerated benefits when coverage ended? yes no

Amount of coverage upon termination

Employee \$ _____ Dependent \$ _____ Dependent children \$ _____

Date last worked _____ Date coverage ended _____ Annual salary \$ _____

Notice Requirements

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

CALIFORNIA FRAUD

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. Fraud or misrepresentation may be grounds for nonrenewal or termination under the terms of the group policy.

COLORADO FRAUD

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 FRAUD

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.

FLORIDA FRAUD

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY FRAUD

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 FRAUD

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.

NEW MEXICO FRAUD

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.

PENNSYLVANIA FRAUD

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.

TENNESSEE FRAUD

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 FRAUD

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.