



# Group Life Claim

### Instructions to Beneficiary

(Use this form for both member and dependent claims.)

**If you have any questions completing this claim form,  
call Principal Life Insurance Company 1-800-245-1522.**

**(1) Complete Part II and Part III of the form.**

The following information may help you.

**More than one beneficiary** – If more than one beneficiary is named, each beneficiary needs to complete a claim form.

**Member's estate as beneficiary; minor/incompetent beneficiary; predeceased beneficiary** – If the life benefit is determined to be due and payable to any of these beneficiaries, there may be additional information required in order to release the benefit. A company representative will contact you to request information when appropriate.

**Additional information** – Principal Life reserves the right to require and obtain such statements, authorizations and other information as it deems necessary to determine what benefits are payable on any claim.

**(2) Attach a certified copy of the deceased member's (dependent's) death certificate.** If the death occurred outside the United States, attach a copy of document entitled "Death of an American Citizen Abroad" from the U.S. Embassy.

**(3) If Accidental Death benefits are being claimed the following information may be needed.** Please provide any of these documents you may already have:

- Incident Report
- Autopsy/toxicology reports
- Newspaper clippings
- Investigating police department and contact name & phone number
- If member's death occurs more than 100 miles from permanent place of residence and costs are incurred for preparation and transportation of the body, please enclose a copy of the associated expenses
- The policy may provide additional accidental death benefits if the member has "Qualified Students". A "Qualified Student" is a dependent child who is, at the time of death, a full-time student at an accredited post-secondary school or a 12th grade student if he/she enrolls in an accredited post-secondary school within 12 months of death. If there is a "Qualified Student" please call the 800# listed above to determine if additional benefits are applicable and to obtain the necessary form to apply for this benefit. (This benefit is not approved in some states.)

**(4) Return the completed form and death certificate to the group planholder.**

### Instructions to Group Planholder

**(1) Complete Part I of this form accurately and completely to avoid any delays in payment of the benefits.**

NOTE - If more than one beneficiary is named, you must provide a form to each beneficiary for completion of Part II and Part III of the form. You need not complete Part I on all the forms. If possible, please submit all claim forms at the same time.

**(2) Return the completed form(s) and any other information you may have, such as:**

(a) enrollment forms, (b) change of beneficiary forms, (c) assignments, (d) settlement instructions to:

Principal Life Insurance Company  
Des Moines, Iowa 50392-0002



Administered by  
**Principal Life Insurance Company**  
 Des Moines, Iowa 50392-0002  
 Toll free nationwide 1-800-245-1522  
 Toll free FAX 1-800-255-6609

**| Life Claim Information**

**Part I: Information about the Group Planholder**

Member's name			Member's I.D.	
If dependent death, name			Relationship to member	
Member's job title	Member's classification in policy	Salary	Effective date of salary	
Effective date of member's coverage	Date member began employment	Number of hours worked per week	Date member was last actively at work	
Reason member ceased active work:				
death	retired	illness or injury	terminated	other (explain) _____
Were premiums paid through date of death?    yes    no				
If dependent claim, was member working at the time of death?    yes    no    If no, what was date last worked? _____				
Did the member name more than one beneficiary?    yes    no    If yes, are all claim forms attached?    yes    no				
Amount of benefit claimed	Accidental death benefit claimed?		Amount of accidental death benefit.	
\$ _____	yes    no		\$ _____	
Employer name		Policy number	Unit/division number	
Signature of planholder		Title	Date	
▶				
If we have questions, your phone number is _____			FAX number _____	

**Part II: Information about the Deceased and Beneficiary**

Deceased's name				
Address - street		City	State	
ZIP	Date of birth	Date of death	Social security number	
Are you making claim to any accidental death benefit provided by the policy?    yes    no				
If yes, please send us any newspaper articles, accident reports, or other documentation that would provide us with information about the death.				
Was member (dependent) insured under any other policies with other companies?    yes    no				
If yes, give name of company and amount of insurance:				
Did member (dependent) have other coverage with Principal Life?    GUL    Individual    Pension    Group				
Your name (beneficiary)			Date of birth	
Your address - street		City	State	
ZIP	Your phone number - home	Your phone number - work		
You are making claim to:				
all of the proceeds on the deceased's claim.				
only the portion due me as one of the beneficiaries of the member.				
Your relationship to member:    spouse    child    other (explain) _____				

**Part III: Settlement Information:**

**Interest Draft Account** - This account is like a checking account which earns interest. You can write personal drafts in the amount of \$500 or more. Your money earns interest until your draft clears and is fully guaranteed by Principal Life. You name a beneficiary to any benefits remaining in the account in the event of your death. You also have the right to transfer funds to other options or purchase other products available from Principal Financial Group. You will receive shortly a packet of information regarding the Interest Draft Account. Included in this packet will be a Beneficiary Designation Form.

**Request for Taxpayer's Social Security Number or Tax Identification and Certification:**

If the social security number or tax identification number of the beneficiary is not supplied, the beneficiary may be subject to federal and state tax withholding. I have provided the appropriate social security or tax identification number below:

The benefits are being claimed by me as a beneficiary. My social security number is \_\_\_\_\_

The benefits are being claimed by the legal guardian of a minor/incompetent person's estate.

The minor/incompetent person's social security number is \_\_\_\_\_

The benefits are being claimed by a trustee of a trust or a personal representative of an estate.

The tax identification number for the trust or estate is \_\_\_\_\_

The information provided by me on this claim form is true and complete to the best of my knowledge. Under penalty of perjury I certify that the social security number or tax identification number supplied on this form is true, correct, and complete.

Date \_\_\_\_\_ Signature of beneficiary \_\_\_\_\_

(Please make sure you sign form as your name appears on your social security card.)

**Certification of Foreign Status (For Foreign Entities Only)**

Under penalties of perjury, I certify that for interest payments, I am not a U.S. citizen or resident (or I am filing for a foreign corporation, partnership, estate, or trust).

U.S. taxpayer identification number (if any) \_\_\_\_\_ Country of citizenship \_\_\_\_\_

SSN ITIN EIN \_\_\_\_\_

Permanent address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Notice Requirements**

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.

**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.

**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.

**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.

**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.