



Mailing Address: Des Moines, IA 50392-0002

Principal Life Insurance Company

Employee Enrollment & Waiver - MI

Company name | Division level | Account number/unit number

Employee Information

Your name (last) (first) (mi) Social security number
Mailing address (street) Birth date (month/day/year) male female
(city) (state) (ZIP code) Do you have an eligible spouse or child? yes no
Date employed full-time (month/day/year) Hrs worked per week Job occupation/class Location
Salary yr wk hr mo bi-wkly What is your payroll mode? mthly bi-mnthly wkly bi-wkly
Employer ZIP Employer county

Benefit Options (You can only elect those coverages offered by your employer.)

Table with columns: Coverage, Employee, Spouse, Children. Rows include Medical, Dental, Vision, Short Term Disability, Long Term Disability, Group Term Life, Supplemental Term Life, Voluntary Term Life, and questions about nicotine products.

Beneficiary Designation (Complete if life coverages are elected.)

Full name | Relationship

If two or more beneficiaries are named, proceeds shall be paid in equal shares to the surviving beneficiaries, unless specified otherwise. If no beneficiary has been named, any proceeds will be payable as provided by the group policy.

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

Spouse's name Birth date male female Social security number
Name(s) of child(ren) Birth date male female Social security number foster child*

*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

If your child is over the maximum age and handicapped, see your employer for the necessary form.

Important - Complete Page 1, Page 2, and Page 3.

Health Information Questions (Read the Notice of Information Practices prior to answering.)

To avoid delays, answer all questions fully and accurately for everyone electing coverage. You do not have to reveal genetic test results. Include full details for "yes" answers. If not enough space, attach additional paper.

Employee's height ____ ft. ____ in. weight ____ lbs. Spouse's height ____ ft. ____ in. weight ____ lbs.

1. yes no Is anyone planning or scheduled for hospitalization, surgery, medical treatment, therapy, counseling, medical tests or examinations or taking any medicine or is anyone pregnant (due date _____ complications _____)?

2. yes no In the past 5 years, has anyone had surgery, been hospitalized or consulted with a doctor, had blood or other diagnostic tests (other than for HIV antibody), or been advised to receive medical treatment OR been diagnosed or received treatment for any of the following conditions or disorders? (Check ALL that apply.) If a condition is not noted, please list it.

- | | | | |
|--|-------------------|---|------------------------------------|
| Cancer | Alcohol/Drug Use | Arthritis/Bone/Joint/Muscle | Skin/Eye/Ear/Nose/Throat |
| Tumor | Liver/Hepatitis | Allergy/Asthma/Respiratory | Kidney/Bladder/Urinary |
| Infertility | Heart/Circulatory | Digestive/Intestinal/Eating | Stroke/Neurological/Nervous System |
| Endocrine | Mental/Nervous | High Blood Pressure – last reading and date _____ / _____ | |
| Diabetes – last HbA1c reading and date _____ / _____ | | Other _____ | |
| Acquired Immune Deficiency Syndrome (AIDS)/Infection with HIV (Human Immunodeficiency Virus)/Other Immune Disorder | | | |

Name	Date diagnosed/treated	Duration of illness or condition
Diagnosis of illness or condition	Type of treatment/names of all medications	
Any current symptoms or problems		
Names and addresses of doctors, hospitals or other providers		

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Federal Regulations require an employee to receive the following notices for medical coverage offered in the state of Michigan.

Preexisting Condition Exclusion

Preexisting Conditions Exclusions apply to individuals covered on the policy issue date of a new group whose prior coverage was 12 months or less; and late enrollees.

A preexisting condition is a condition present before your enrollment date in any new health plan. If you or your dependents received, or were recommended to receive medical advice, diagnosis, care, or treatment for a condition (physical or mental), in the last six months, the preexisting exclusion will apply. This preexisting exclusion period is 6 months and will exclude benefits for any treatment or services during the preexisting condition period.

Late enrollees may not enroll until the next annual open enrollment period at which time the preexisting condition exclusion period will apply. The preexisting exclusion will not apply to newborns or children under the age of 18 whom are adopted or placed for adoption if coverage is requested within 31 days of birth, adoption or placement for adoption; or pregnancy.

The preexisting exclusion period may be reduced by the number of days you and/or your dependents were covered under a prior health plan. You and/or your dependents have the right to demonstrate previous coverage by requesting a certificate of coverage from your prior health plan. If necessary, Principal Life will assist in obtaining a certificate. Once the amount of prior creditable coverage has been determined, you will receive a notice stating the length of any preexisting condition exclusion period that applies to you and/or your dependents.

Special Enrollment Rights

If you and/or your dependents decline coverage because you have other health insurance, you may enroll within 31 days following the loss of other insurance. Loss of coverage includes:

- COBRA or state continuation coverage exhausted
- reduction in work hours or termination of employment
- employer contributions have terminated
- death, divorce or legal separation

If you and/or your dependents have declined coverage, you may enroll within 31 days if there is a change in your family status. This includes:

- marriage
- birth of child
- adoption or placement for adoption

If you and/or your dependents do not enroll within 31 days, you will be considered a late enrollee and are subject to the Preexisting Condition Exclusion rules.

If you are already enrolled for coverage, and your dependents have declined coverages, your dependent child may enroll if coverage is requested within 31 days, of a court or administrative order to provide health coverage (and dental, if applicable).

Please keep this notice for your records.

Notice of Information Practices *(To be read before completing the Health Information Section.)*

In order to properly underwrite, we must collect information. We will do this by having you complete the Health Information Section. In addition, we may contact sources besides yourself for personal data about any proposed insured, including spouse, employer, medical professionals or institutions, and insurance companies to which you may have applied for insurance in the past. The personal data may include age, medical history, job, income, habits and other personal characteristic information.

We will keep your data confidential. Only employees performing business transactions regarding your coverage will see your data. In certain circumstances, we may provide data to governmental agencies, attending physicians, insurance organizations without identification, and the employer, if applicable, for the purpose of reporting claims experience or conducting audits.

You or your dependents, if applicable, have certain rights in connection with this request for coverage. Those rights are:

- to find out what personal information is contained in Principal Life files (medical information may be disclosed only to your attending physician).
- to correct or amend information in Principal Life files.

Upon written request, Principal Life will furnish to you (or your dependent) information concerning:

- the nature and scope of personal data in our records;
- the types of disclosures which may be made; and
- rights of access to the information collected and how such information may be corrected or amended.

We will respond to such written request within 30 days from the date of receipt.

For further information about your file or rights, you may contact Group Operations, Medical Underwriting, Principal Life Insurance Company, Des Moines, IA 50392-0432.

Please keep this notice for your records.