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| Welcome! Thank you for entrusting Principal with the insurance needs of your client, ABC Company.  Below you will find the necessary documents for implementation of your new coverage(s) for a date effective date. We understand that your time is valuable and want to assure you that we are here to assist in making your transition to Principal a smooth and efficient process. Please review the attached documents along with the brief explanation of why we need them below. If you or the group have any questions or would like to set up a call to review the documents together, we are happy to do so at your convenience. My contact information is listed below.  **Please contact your sales representative *PRIOR TO* filling out the attached paperwork if you know of any eligible employees/dependents not actively at work or in a period of limited activity due to a physical or mental condition.**  **Please review the required EOI/Guarantee Requirements below.** | | | | |
| DOCUMENT TITLE | COMPLETED BY | REQUIRED? | DOCUMENT DESCRIPTION | ATTACHMENT |
| Master Application | Group /Agent | Yes | This is the official application for coverage with Principal and requires a signature by the group and signing agent. |  |
| Group Policy Installation Form | Group /Agent | Yes | This form is used to collect information to ensure the plan is customized to your needs. |  |
| Electronic Consent | Group | Yes | This form is consent to do business with us electronically (i.e., accepting electronic data on employees, making administrative changes via [www.principal.com](http://www.principal.com), etc.). |  |
| W2/FICA Service Agreement | Group | Optional | This form is for Principal to create W2 for any claim payments, free of charge. If the employer provides banking information, Principal will also submit the FICA taxes and obtain reimbursement via bank draft. |  |
| Field UW Questionnaire | Group | Yes  (groups 5-9 lives only) | This form is required for evidence of insurability for employer groups 5-9 lives. |  |
| Sold Proposal | Agent | No | Informational only to confirm proposal/version number, plan design & rates | **Insert Proposal** |
| **Enrollment Option 1**  Census Template | Group | Yes | The census enrollment spreadsheet is preferred for expedited implementation. | **Insert Census** |
| Beneficiary Designation Form | Employee | Yes | Beneficiary forms are required when enrolling in either group life or voluntary life insurance. This form can be kept on file either with Principal, the broker’s office or the group. |  |
| **Enrollment Option 2**  Employee Application | Employee | Yes | Enrollment forms are also acceptable in lieu of a census. | **Insert App** |
| UTMA Form | Employee | Yes when:  (group will keep on file) | UTMA is required when a minor is listed as a beneficiary for group life or voluntary life insurance. |  |
| Statement of Health Application | Employee | Yes when: | * + VTL/Group Life: Employee &/or spouse(dp) electing over the Guarantee Issue who is not grandfathered in with prior coverage. Please provide Prior Carrier Billings.   + Voluntary Disability: Employees who are not grandfathered in with prior coverage. Please provide Prior Carrier Billings.   + Each employee if group is enrolling 3-4 employees for Life or Disability   + Disability enrolling 3-9 lives with a 10k max (6k GI)   **Employee GI:**  **Spouse/DP GI:** |  |
| Employee Handout Information | N/A | N/A | **Employee handouts**   * Benefits Summary * Vol Life Rate Grid * Vol Disability Rate Sheets   **Employee Value Add Flyers**   * VSP Discount Flyer * Principal Mobile App Flyer * Group Life – Will Prep * Group Life – Travel Assist * Disability – Core EAP | **Insert Summary**  **Insert Grids**    **Insert Mobile App** |