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 (The Principal®)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 – The Principal 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 200 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.

(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

Principal® Financial Group

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

GROUP PLANHOLDER: Please detach and return to Principal Life Insurance Company

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 the 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? ☐ yes ☐ no	Amount of accidental death benefit $

Employer name	Policy number	Unit/Division number
Signature of planholder ▶	Title	Date

If we have questions, your phone number is ( ) fax #

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.

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 The Principal®? _____ 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 Insurance Company. 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)

☐ SSN ☐ ITIN ☐ EIN

Permanent address

Date	Signature
	►