



Mailing Address:
Des Moines, IA 50392-0002

**Principal Life
Insurance Company**

**Field Underwriting
Questionnaire**

Employer name _____

To evaluate known risks and to proactively address concerns with employees who may not be covered because of the Actively at Work provision in the contract, the following information is needed.

These questions are to be answered by the employer/broker to the best of his/her knowledge about the group.

1. Are any eligible employees not actively at work due to a physical or mental condition? If yes, please provide details.

2. Do any employees have a heart condition, back condition or cancer, or have any employees been treated for these conditions in the last 12 months?

Signature and Date

Title