## Principal Life Insurance Company Group Census Enrollment Form

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Always submit census information via a secure source to protect confidential customer information.

	SOCIAL			DATE	DATE OF	HRS.		CURRENT	CLASS / UNIT /	EMPLOYER		EE / DEPENDENT	DEPENDENT	DEPENDENT	DEP.	Cobra	SMOKER?
EMPLOYEE NAME	SECURITY	GENDER	HOME ADDRESS	OF	HIRE	PER	JOB TITLE	SALARY &	DIVISION	ZIP CODES	PPO ELECTED	COVERAGES ELECTION	NAME	STATUS	DATE(S)	Elected	(Y/N)
	NUMBER			BIRTH		WEEK		MODE	DIVISION				INAIVIE		OF BIRTH	(Y/N)	(T/N)
Always required	Always required		Required for ALL Dental and VTL	Always	Always required (mm/dd/yyyy)	Always	Required for	Required if	Required if coverage	Required for	Required for medical &	Required for all coverages for which each employee / dependent is enrolling. If waving,		2-tier, 3-tier required for dental only. 4-tier required for medical /			Required if
		required	enrollments	required	(mm/dd/yyyy)	required	STD, LTD	benefit based	/ eligibility varies by these parameters	medical, dental, STD, LTD if	dental if there are	which each employee /		dental only. 4-tier			smoker/non-
								on percent of salary.	these parameters	STD, LTD if	multiple locations on the plan.	dependent is enrolling. If waving,		required for medical /			smoker rates
								salary.		multiple locations	the plan.	please state reason.		dental only.			are sold.
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