

# Life – Customer Completed Part B Routine Requirements (New York Only)

Amount	Age – Requirements are based on proposed insured's <b>actual age</b> when the application is signed.							
	0-17	18-30	31-40	41-49	50-54	55-60	61-69	70-90
<b>\$5,000 to \$49,999</b>	Non-Med	Non-Med	Non-Med	Non-Med	Urine Px. Meas.	Urine Px. Meas.	Blood/Urine Px. Meas.	Blood/Urine Px. Meas.
<b>\$50,000 to \$250,000</b>	Non-Med	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine Px. Meas. H.O. MVR	Blood/Urine Px. Meas. APS H.O. MVR
<b>\$250,001 to \$500,000</b>	Non-Med	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine Px. Meas. H.O. MVR	Blood/Urine Px. Meas. ECG APS H.O. MVR
<b>\$500,001 to \$1,000,000</b>	Non-Med	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine^ Px. Meas.^ H.O. MVR	Blood/Urine Px. Meas. ECG H.O. MVR	Blood/Urine Px. Meas. ECG APS H.O. MVR
<b>\$1,000,001 to \$2,500,000</b>	Non-Med APS Biz FN\$2M	Blood/Urine^ Px. Meas.^ Biz FN \$2M H.O.MVR	Blood/Urine^ Px. Meas.^ Biz FN \$2M H.O.MVR	Blood/Urine^ Px. Meas.^ Biz FN \$2M H.O.MVR	Blood/Urine^ Px. Meas.^ Biz FN \$2M H.O. MVR	Blood/Urine^ Px. Meas.^ APS^ Biz FN \$2M H.O. MVR	Blood/Urine Px. Meas. ECG APS Biz FN \$2M H.O. MVR	Blood/Urine Px. Meas. ECG APS Biz FN \$2M FN Supp \$2M H.O. MVR
<b>\$2,500,001 to \$3,000,000</b>	Non-Med APS Biz FN	Blood/Urine^ Px. Meas.^ APS^ Biz FN H.O. MVR	Blood/Urine^ Px. Meas.^ APS^ Biz FN H.O. MVR	Blood/Urine Px. Meas. APS Biz FN H.O. MVR	Blood/Urine Px. Meas. APS Biz FN H.O. MVR	Blood/Urine Px. Meas. APS Biz FN H.O. MVR	Blood/Urine Px. Meas. ECG APS Biz FN H.O. MVR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp H.O. MVR H.O. EIR
<b>\$3,000,001 to \$5,000,000</b>	Non-Med APS Biz FN FN Supp \$5M	Blood/Urine Px. Meas. APS Biz FN FN Supp \$5M H.O. MVR	Blood/Urine Px. Meas. APS Biz FN FN Supp \$5M H.O. MVR	Blood/Urine Px. Meas. APS Biz FN FN Supp \$5M H.O. MVR	Blood/Urine Px. Meas. APS Biz FN FN Supp \$5M H.O. MVR	Blood/Urine Px. Meas. APS Biz FN FN Supp \$5M H.O. MVR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp \$5M H.O. MVR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp H.O. MVR H.O. EIR
<b>\$5,000,001 to \$10,000,000</b>	APS Biz FN FN Supp H.O. EIR	Blood/Urine Px. Meas. APS Biz FN FN Supp H.O. MVR H.O. EIR	Blood/Urine Px. Meas. APS Biz FN FN Supp H.O. MVR H.O. EIR	Blood/Urine Px. Meas. APS Biz FN FN Supp H.O. MVR H.O. EIR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp H.O. MVR H.O. EIR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp H.O. MVR H.O. EIR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp H.O. MVR H.O. EIR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp Financials H.O. MVR H.O. EIR
<b>\$10,000,001 and up</b>	APS Biz FN FN Supp Financials H.O. EIR	Blood/Urine Px. Meas. APS Biz FN FN Supp Financials H.O. MVR H.O. EIR	Blood/Urine Px. Meas. APS Biz FN FN Supp Financials H.O. MVR H.O. EIR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp Financials H.O. MVR H.O. EIR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp Financials H.O. MVR H.O. EIR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp Financials H.O. MVR H.O. EIR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp Financials H.O. MVR H.O. EIR	Blood/Urine Px. Meas. ECG APS Biz FN FN Supp Financials H.O. MVR H.O. EIR

^ These studies are not required for applicants requesting Accelerated Underwriting. They may be requested for cause should Underwriting determine the applicant ineligible.

## Customer Completed Part B

Completed by the proposed insured online or by phone.

## Amount

For single-life products, add together face amounts issued and applied for with Principal® within the last 6 months to determine amount.

For survivorship products, medical and MVR requirements are based on half of the total face amount for each proposed insured. Electronic inspection reports and financial requirements are based on the total face amount applied for.

For any amount, the underwriter may request additional requirements for cause.

## Length of Studies

Physical measurements, blood profiles, and urine specimens are valid for 365 days from completion for ages 0-69, 180 days for ages 70 and above.

ECGs, financials, financial underwriting supplements, MVRs, and inspection reports are valid for 365 days.

Applications/Part Bs are valid for 180 days subject to underwriting review.

Underwriting may request updated requirements for cause.

## Legend

<b>APS</b>	Attending Physician Statement
<b>Biz FN</b>	Confidential Financial Statement required if purpose of insurance is business related
<b>Biz FN \$2M</b>	At \$2,000,000, Biz FN (Conf Fin Statement) required if purpose of insurance is business related
<b>Blood/Urine</b>	Blood and urine specimen
<b>ECG</b>	Electrocardiogram
<b>H.O. EIR</b>	Electronic Inspection Report ordered by the Home Office
<b>Financials</b>	3 <sup>rd</sup> Party Financial Documentation
<b>FN Supp</b>	Financial Underwriting Supplement if purpose of insurance is personal
<b>FN Supp \$2M</b>	At \$2,000,000, FN Supp required if purpose of insurance is personal
<b>FN Supp \$5M</b>	At \$5,000,000, FN Supp required if purpose of insurance is personal
<b>H.O. MVR</b>	Motor Vehicle Report ordered by the Home Office
<b>Non-Med</b>	No routine requirements needed
<b>Px. Meas.</b>	Physical Measurements (height, weight, blood pressure and pulse)
<b>Urine</b>	Urine Specimen

*Part B Request Form* (login required) or Toll-Free Number: 1-888-835-3277



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