



Individual Disability Income insurance

Employee benefits information form

Identify employee benefit opportunities

Basic information

Company name: _____

Business entity: C-Corp S-Corp Partnership LLC LLP

Nature of business: _____

Number of employees in company: _____

Number of employees eligible for benefit offering: _____

States where employees are located: _____

Disability coverage

Group long-term disability (LTD) coverage? No Yes

Contributions: Employer-paid Employee-paid

Renewal date: _____

Percentage or specified amount: _____

Maximum monthly benefit (if applicable): _____

Elimination period: _____

Benefit period: _____

Group short-term disability (STD) coverage? No Yes

Contributions: Employer-paid Employee-paid

Renewal date: _____

Percentage or specified amount: _____

Maximum monthly benefit (if applicable): _____

Elimination period: _____

Benefit period: _____

Individual disability insurance coverage? No Yes

Contributions: Employer-paid Employee-paid

Maximum monthly benefit (if applicable): _____

Elimination period: _____

Benefit period: _____

Other coverage in your offering

Dental coverage? No Yes

Contributions: Employer-paid Employee-paid

Renewal date: _____

Vision coverage? No Yes

Contributions: Employer-paid Employee-paid

Renewal date: _____

Life coverage? No Yes

Contributions: Employer-paid Employee-paid

Renewal date: _____

Accident coverage? No Yes

Contributions: Employer-paid Employee-paid

Renewal date: _____

Cancer coverage? No Yes

Contributions: Employer-paid Employee-paid

Renewal date: _____

Critical illness* coverage? No Yes

Contributions: Employer-paid Employee-paid

Renewal date: _____

Hospital confinement coverage? No Yes

Contributions: Employer-paid Employee-paid

Renewal date: _____

Specific event coverage? No Yes

Contributions: Employer-paid Employee-paid

Renewal date: _____

* Specified disease in New York

Enrollment

How are benefit enrollments typically conducted (check all that apply)?

Group meeting

Via an intranet or internet site

One-on-one meetings

Other (please explain)

How do you typically communicate your benefits offering to employees? (check all that apply)?

E-mail

Posters

Intranet/Internet site

Marketing materials

Other (please explain)

Financial professional contact information

principal.com

Insurance products issued by Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392.

Insurance has exclusions and limitations. For costs and coverage details, contact your Principal representative. Critical illness insurance provides limited benefits.

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