Principal®

Principal National Life Insurance Company
Principal Life Insurance Company
P.O. Box 10431, Des Moines, IA 50306-0431
www.principal.com

Simplified Issue Underwriting Inquiry

For Assistance: 800-654-4278, ext. 55436

Date initiated: _____

Financial Professional name: _____

BGA/Career office name: _____

Employer name: _____

Nature of business: _____

State of incorporation (if incorporated): _____ Length of time in business (in years): _____

Business structure:
☐ C-Corp ☐ S-Corp ☐ Sole Proprietorship ☐ Partnership (or LLP)
☐ LLC (taxed as C-Corp) ☐ LLC (taxed as S-Corp) ☐ LLC (taxed as Partnership)
☐ Tax Exempt ☐ Other: _____

Business location of participating employees: _____
(Street)

_____
(City) (State) (Zip code)

_____
(website address)

State case will be written: _____

Plan and policy design:

1) What's the purpose of this coverage (split dollar, bonus, key person, etc.)? _____

2) Who's the owner? _____ Who's the beneficiary? _____

3) Who's the premium payor? ☐ Employer ☐ Employee ☐ Both

4) What are the eligibility requirements to participate (e.g., all full time employees at the vice president level and above, etc.)? _____

5) Face amounts:
   a) How will initial face amounts be determined (e.g., flat dollar amount, a multiple of salary, a percentage of business ownership, etc.)? _____
   b) Will face amounts vary based on insured tiers (e.g., $X for VP's and $Y for Directors; or 3x salary for Partners and 2x for Associates, etc.)? ☐ No ☐ Yes - please define tiers: _____

6) Include Salary Increase Rider (SIR)? ☐ Yes ☐ No
(SIR allows for annual, non-underwritten face amount increases to help keep pace with increasing salaries.)

Product Type:
☐ 10 year Term ☐ 20 year Term ☐ IUL – Accum ☐ IUL – Flex
☐ UL – Provider Edge ☐ UL – Flex ☐ Variable UL

DBO option: ☐ 1 ☐ 2 ☐ 3

High early cash value required? ☐ Yes ☐ No

If Yes, please explain: _____

7) What is the budgeted total annual case premium (include number of years)? _____

8) What is the premium solve or goal? _____

9) Are all key employees (i.e., white collar professionals, executives, management or owners) earning at least $75,000 annually? ☐ Yes ☐ No

How many lives are eligible to participate? _____

Will 100% of the eligible employees be covered? ☐ Yes ☐ No

If not 100%, please explain: _____

10) Are all persons to be covered W2 salaried employees of the employer? ☐ Yes ☐ No
If No, please explain: _____

11) Are all persons to be covered citizens and residents of the United States? ☐ Yes ☐ No
If No, please explain: _____

12) Are there any persons who have had applications for insurance rated or declined with Principal or any other company? ☐ Yes ☐ No If Yes, please explain why: _____

13) Do any of the persons perform work duties that require travel to countries on the U.S. Travel Advisory List?
☐ Yes ☐ No If Yes, please explain: _____

14) Are all persons to be covered actively at work (30 hrs/wk min.) and covered under employer's group benefit plan? ☐ Yes ☐ No If No, please explain: _____

15) Will this plan replace existing coverage? ☐ Yes ☐ No
If Yes, provide details below:
Was it fully underwritten? ☐ Yes ☐ No
Name of carrier and product being replaced: _____
Policy date of policies being replaced: _____
Will there be rollover or 1035 money? _____

16) Are similar plans in force or being applied for? ☐ Yes ☐ No
If Yes, provide complete details: _____

17) Will this plan supplement any existing life plan? ☐ Yes ☐ No
If Yes, what was participation of existing plan? _____

18) Will the premium for this plan, or any portion of the plan, be financed in any way? ☐ Yes ☐ No
If Yes, please explain: _____

19) Does the success of the plan design rely on a frequency or assumption of death claims? ☐ Yes ☐ No
If Yes, please explain: _____

Census information: Attached is a sample census showing the required information we need. Please set up an identical census using Excel, and then email both the completed questionnaire and census to your National Sales Desk contact.

Additional information: Please email any illustrations and client materials created. If an existing plan is in place, please send copies of the plan documents.

Pre-Sale Questionnaire
Census Information

Last Name	First Name	Residential ZIP Code	Birthdate	Gender	Face Amount	Job Title	Salary	Work Place Address

SAMPLE