

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: _____

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

Disability insurance from Principal® is issued by Principal Life Insurance Company, Des Moines, Iowa 50392-0002.

Disability insurance has exclusions and limitations. For costs and coverage details, contact your Principal representative.

Not FDIC or NCUA insured
May lose value • Not a deposit • No bank or credit union guarantee
Not insured by any Federal government agency

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.