

Multi-life premium invoice makes your life easier

The premium invoice gives you the information you need in a streamlined format to help you manage your benefit offering. You'll find:

- Instructions to help you handle billing adjustments, such as notifying us of new hires/eligibles and contracts that should be removed from the invoice.
- Employee information, including type of insurance and contract number.

Make a payment online
 Visit principal.com/paynow to securely make your individual disability insurance and/or life insurance payment.

You can contact a billing specialist directly with any questions.

Easily identify contracts to remove from the benefit offering.

Follow these steps to calculate the new premium.

PREMIUM INVOICE
INDIVIDUAL DISABILITY INSURANCE

HUSTON FORTY
234 MAIN
POLK CITY, IA 50226

Client ID: 2259561
Statement Number: 500521590700-001
Prepared: 06/07/2017
Remit payment by: 06/24/2017

For your insurance needs, contact:
UNASSIGNED
00010-O
952.277.4300

Review the following Premium Invoice. Please notify us of any changes on the report below. Remember that we must be notified within 30 days of the event that causes a contract to be removed from your Premium Invoice. Contracts will be removed the first billing cycle after notification; maximum credit available is one month.

Remove The Following Contracts From The Premium Invoice				
Contract ID	Name	Removal Date	Reason	Premium

Reconciliation Instructions	
	Payment Amount
* Make Payment to Principal Life Insurance Company and return this cover page accompanied by any pages containing client notes and/or payment amount changes.	
1. Total amount from Premium Invoice	\$360.17
2. Subtotal all reductions	- \$
3. Subtotal all additions	+ \$
4. Revised payment amount	= \$

There is an additional charge for premium payment frequencies other than annual.
Please use this area for additional notes.

For Your Information

Below is a description of adjustments appearing in the Premium Adjustments column on your Premium Invoice:

NI Newly issued contract, not yet paid in full
Mos # Mos - Indicates partial mode premium is due this billing

Please Return To:

PRINCIPAL FINANCIAL GROUP
IND CONSOLIDATED BILLING AND COLLECTION
ATTN: PAM HUNTER
P O BOX 14481
DES MOINES, IOWA 50306-3481

Questions about your Premium Invoice contact:
Pam Hunter
515.235.1043

HUSTON FORTY
2259561-001
Statement Number: 500521590700-001

THANK YOU FOR YOUR BUSINESS
PLEASE RETURN THIS PAGE WITH YOUR PAYMENT

PREMIUM INVOICE CHANGE REPORT
INDIVIDUAL DISABILITY INSURANCE

Have You Changed Your Address?

New address: _____
 City: _____ State: _____ Zip: _____

Other Changes To The Premium Invoice

1. New hires or newly eligible: _____
 2. Contract level address changes: _____

Resources About Your Bill

1. Call your billing contact located on the front of the form with any questions.
 2. Refer to your monthly invoice notification letter that outlined contractual contract features that could affect premiums.

Who Should Principal Contact Regarding Questions?

Name: _____
 Phone Number: _____

Premium Invoice Definitions

Remit Payment by: For required premium products, this is the date the payment is due.
Participant ID: This column contains the participant id for the insured.
Name: This column contains the name of the insured or annuitant, and the owner (if applicable).
Contract ID: This column contains the contract id for the Life, Disability, or Annuity contract.
Payment Frequency: This column contains the billing frequency of the contract.
Employer Amount: This column contains the amount of the premium that is paid by the employer.
Employee Amount: This column contains the amount of the premium that is paid by the employee.
Premium Adjustments: This column describes any changes occurring on that contract that affect the total amount.
Total Amount: This column indicates the total premium for the contract and the amount of any premium adjustments.

Don't forget your new hires. Notify us of new employees to add to your benefit offering.

Key terms help provide additional clarification.

This is a sample of a bill. Depending on the number of employees covered, your bill may be several pages.

PREMIUM INVOICE
INDIVIDUAL DISABILITY INSURANCE

Listbill Contact: Pam Hunter

HUSTON FORTY
Client ID: 2259561
Statement Number: 500521590700-001
Prepared: 06/07/2017
Remit payment by: 06/24/2017

Account Information

Participant ID	Name	Contract ID	Payment Frequency	Employer Amount	Employee Amount	Premium Adjustments	Total Amount
XXXX0518	Ltprint, Importnew DI Client Notes:	7970518	Monthly			Jan	\$158.40
XXXX0618	Ltprints, Importnew DI Client Notes:	7970618	Monthly			Jan	\$201.77

Total Number of Contracts: 2
Total Amount: \$360.17

Here you'll find the total amount due for an employee.

Here you'll find:

- Employee name
- Type of insurance, such as:
 - Disability Income (DI)
 - Overhead Expense (OE)
 - Disability Buy-Out (DBO)

Quickly identify the number of contracts on the bill and amount you owe.



principal.com

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

This is an overview of the benefits of disability insurance, but there are limitations and exclusions. For cost 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

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