



Individual Life Insurance
711 High Street
Des Moines, IA 50392

Consolidated premium statement

Client ID: 1234567
Statement number: 999999999999-009
Prepared: 11/14/20XX
Payment due date: 12/01/20XX

ACME PRODUCTS
123 WEST MAIN STREET
DES MOINES IA 50315

For your insurance needs, contact:

JOE PRODUCER CLU, CHFC
00001
800.456.7890

Instructions

Review the following premium statement. If you are making adjustments, please use the Client Notes area on the back of this page or the Reconciliation notes area at the bottom of this page. Examples where you may need to make an adjustment may include death of the insured, leave of absence, or termination of employment. Contracts that have been terminated from the plan may be placed on direct bill.

Indicate the following in your notes:

- Amount of the adjustment
- Reason for the adjustment
- Date the adjustment became effective

- For voluntary premium products, please indicate if the premium change is for this statement only or if the change is a permanent change to be reflected on future statements. Note: permanent changes to premium require an owner's signature. Contact your listbill representative listed at the bottom of this statement.

MAKE PAYMENT TO PRINCIPAL LIFE INSURANCE COMPANY AND RETURN THIS COVER PAGE ACCOMPANIED BY ANY PAGES CONTAINING CLIENT NOTES AND/OR PAYMENT AMOUNT CHANGES.

Make payment to Principal Life Insurance Company

For your convenience, please refer to the reconciliation examples on the back of this page.

	Payment amount
1. Total amounts from premium statement	\$8,861.51
2. Subtotal all reductions	_____
3. Subtotal all additions	_____
4. Revised payment amount	_____

- For policies other than universal and variable life insurance, there is an additional charge for premium payment frequencies other than annual.
- All consolidated premium billing programs are administered by Principal Life Insurance Company, but only the issuing insurance company (either Principal National Life Insurance Company or Principal Life Insurance Company) is responsible for the obligations of the contract.

Reconciliation notes- use this area for additional notes

Please return to:

ACME PRODUCTS
1234567-001

Questions about your Premium Statement?
Contact: Jane Smith
515.222.3333

PRINCIPAL FINANCIAL GROUP
IND CONSOLIDATED BILLING AND COLLECTION
ATTN: JANE SMITH
P O BOX 10327
DES MOINES, IOWA 50306-0327

PLEASE REFOLD THIS PAGE SO THAT THE ADDRESS SHOWS THROUGH THE WINDOW OF THE ENCLOSED ENVELOPE AND RETURN IT WITH YOUR PAYMENT

Consolidated premium statement

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Have you changed your address?

New address _____

City _____ State _____ Zip _____

Premium statement definitions

Payment due date	For required premium products, this is the date the payment is due.
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 the contract that affect the total amount.
Total amount	This column indicates the total premium for the contract and the amount of any premium adjustments.

Reconciliation example

Remove from listbill:

Name	Contract ID	Payment frequency	Employer amount	Employee amount	Premium adjustments	Total amount
Participant, John Life	1111111	Quarterly				\$250.00 \$0.00

Client Notes: *Remove from listbill July 31st*

Employer/Employee contribution changes:

Name	Contract ID	Payment frequency	Employer amount	Employee amount	Premium adjustments	Total amount
Participant, Oliver Life - Voluntary Premium	2222222	Annual	\$300.00	\$250.00 \$300.00		\$550.00 \$600.00

Client Notes: *One time change*

Reconciliation instructions example

	Payment amount
1. Total amounts from premium statement	\$ 800.00
2. Subtotal all reductions	- \$ 250.00
3. Subtotal all additions	+ \$ 50.00
4. Revised payment amount	= \$ 600.00



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Listbill contact: Jane Smith

Account information

Name	Contract ID	Payment frequency	Employer amount	Employee amount	Premium adjustments	Total amount
Participant, Steven Life Client Notes:	3333333 ¹	Annual	\$489.00	\$0.00		\$489.00
Participant, Jane Life Client Notes:	4444444	Annual	\$5,862.51	\$0.00		\$5,862.51
Participant, John Life Client Notes:	5555555 ¹	Annual	\$2,510.00	\$0.00		\$2,510.00

Total number of contracts: 3

Total amount: \$8,861.51

Contract ID field above denotes issuing company:

¹Principal Life Insurance Company

²Principal National Life Insurance Company

Keep this copy for your records

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