



Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Field Underwriting
Questionnaire

Employer name _____

To evaluate known risks and to proactively address concerns with employees who may not be covered because of the Actively at Work provision in the contract, the following information is needed.

These questions are to be answered by the employer/broker to the best of his/her knowledge about the group.

1. Are there any employees who are not actively at work due to injury or illness or who have been out of work due to injury or illness for at least 5 consecutive working days in the last 12 months? If yes, please provide details.

2. To the best of your knowledge has any employee or dependent (if applicable) been treated for or diagnosed as having a back condition, cancer, heart disease, kidney disorder, liver disorder, stroke, or other serious or debilitating illness in the last 12 months? If yes, please provide details.

Signature and Date

Title