

Individual disability insurance

IDI e-Application user guide



Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, Iowa 50392.
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Table of contents

IDI eApplication	3
Advantages	3
Preferences	4
User Share	5
Granting Access	5
Creating on Behalf Of	8
View/Modify Applications	8
Revoke User Share	9
Transfer Data from Illustration System	10
Required Producer Information	10
Electronic Submission Panel	11
Transferring Data	15
The Application	16
Building a New Application	16
Getting Started and Navigating a New Application	21
Completing the Application (each page will contain tips and reminders for successful completion)	23
Signing & Submitting the Application	32
Signing the application through e-mail request	33
Sending Application to a Reviewer	38
Signing the application immediately through sign now	43
Sending to Client to Fill Application	44
Sending to Client to Fill and Sign Application	45
Attaching Documents	46
All Activities	48

IDI eApplication

Principal® is excited to help you streamline the individual disability insurance (IDI) application process by providing electronic completion and signature.

This tool is powered by Firelight, a technology of Insurance Technologies.

To access the tool, click on this [link](#) and log in with your current Principal credentials.

Advantages

Key features of IDI eApp include:

- **Cost** - There is **no cost** to you or your clients to use this tool.
- **States Approved** - All IDI New Business applications/forms are available for all states.
- **Single log-on** - It integrates with the log-in credentials required for Principal's advisor website. Your clients will access the eApp site through a personalized email or in person with you.¹
- **Less data entry** - You only need to input information needed once and then it automatically floods to all fields requiring that same information. Also, you'll complete fewer fields prior to submission.²
- **Flood Data from the IDI Illustration System** - All applicable information that you have entered in the Individual DI Illustration System (DIIS) can be flooded into this system, so it does not have to be reentered.
- **Improved, secure customer experience** - It's completely secure and one click applies a client's signature to all documents.

¹ Clients access their application through a personalized link and are asked to enter the last four digits of their Social Security Number and Birth Date.

² All fields need to be completed for 'In Good Order' requirements.

Preferences

Preferences allows you to set some basic display preferences within the eApp. Access the **Preferences** screen by clicking the button on the top menu.



The **Preferences** page allows the ability to set your own preferences for the system. Entering or using the information on this page is optional.

General Section:

User Full Name	This field defaults and cannot be changed – It is used to auto-fill the eSignature request
User Email Address	Enter email address – It is used to auto-fill the eSignature request
Default Jurisdiction	Use to default a State Written from the selection window when creating a New Application
Default Product Type	Use to default a product (Disability Income, Overhead Expense, Disability Buy-Out, Key Person Replacement)
Default Time Zone	Use to set a time zone which is used for timestamps
Page Size for My App. List	Select to determine how many applications will show on a page in the All Applications view
Send Message Center Emails	Select to send emails that go to your eApp Message Center to the email address listed under My Email Address
Use Agent Email for all Communications	This box is defaulted to checked. All communication will appear to be coming from the agent even if sent by a delegate. If the agent wants communications to appear like they are coming from the delegate, they will uncheck this box.

Agent Section:

This section is not used. No information will be entered here.

Reviewers Section:

This section allows for additional individuals to have access to an agent's application after it has been completed by entering their name and email address. Once the information for the first reviewer has been entered an option to add another will be given.

Note: No defaults will be set until you make changes on this screen and click the **Save** button.

User Share

This provides the ability to allow others to review and work on applications for an agent. This section will discuss how to grant access to someone and how it works.

Granting Access

1. Make sure the appropriate email address has been entered for the user granting and the user receiving the user share access. Both users should check their **Preferences** to ensure the email address is correct.

Principal SM

Home New Activity All Activities Preferences Log Off

My Preferences

General

User Full Name

User Email Address

Default Jurisdiction

Default Product Type

Default Time Zone

Page Size for My App. List

☒ Send Message Center Emails

☒ Use Agent Email for All Communications

2. Go to the main page by clicking the **Home** button on the top banner and selecting the **All Activities** button.

Principal SM

Home New Activity All Activities Preferences Log Off

Recent Activity

New Application - DI - Fully Underwritten
Status: Data Entry Updated: 11/27/2018

New Application - DI - Fully Underwritten
Status: Data Entry Updated: 11/2/2018

New Application - DI - Fully Underwritten
Status: Data Entry Updated: 9/19/2018

fill no sign
Status: Pending Signatures Updated: 9/17/2018

New Application - DI - Fully Underwritten
Status: Data Entry Updated: 9/17/2018

< 1 2 >

Start New

Application

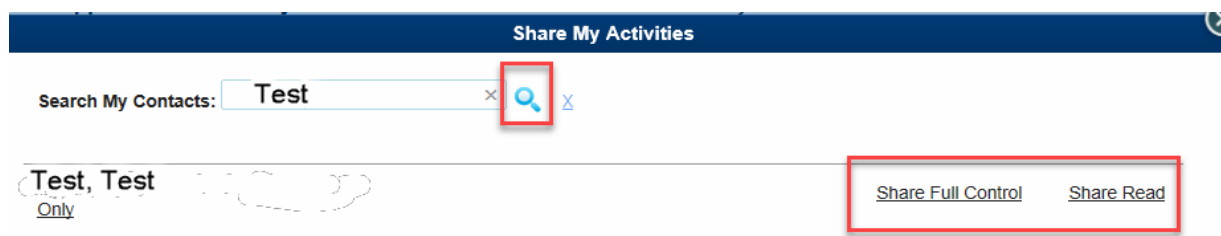
Manage

All Activities

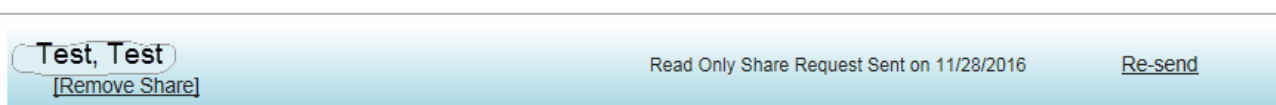
3. On the top of the **All Activities** page you will have the User Share icon. Selecting the icon will open a pop-up titled **Share My Activities**, type in the **last name of the user** you are granting access to and select the **Search** icon.



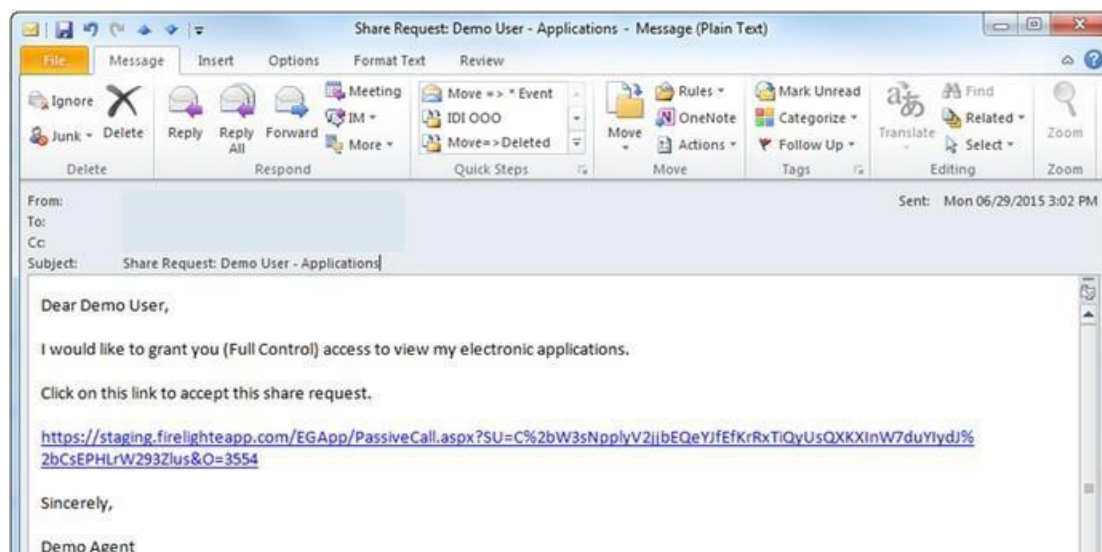
4. Select user and if they are to be granted **Full Control** or **Read** only.



5. Once selected a confirmation will appear on the screen.



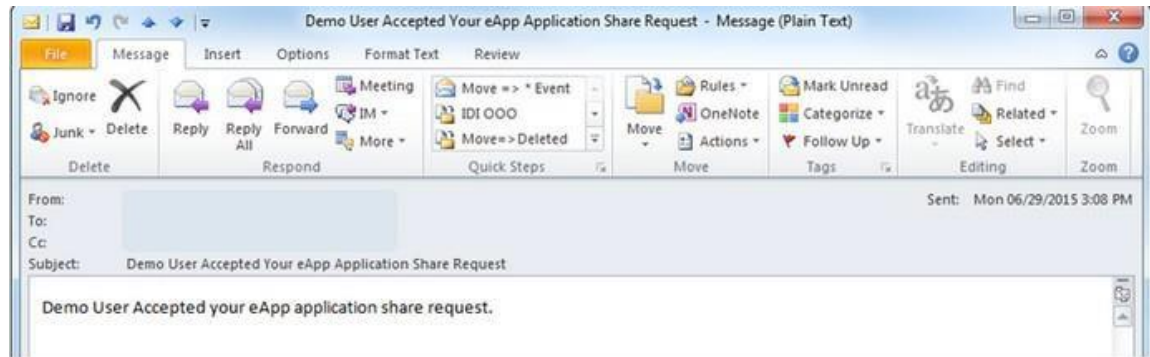
6. An email is sent to the individual.



7. Once the recipient clicks the link to accept the share a confirmation screen will display.



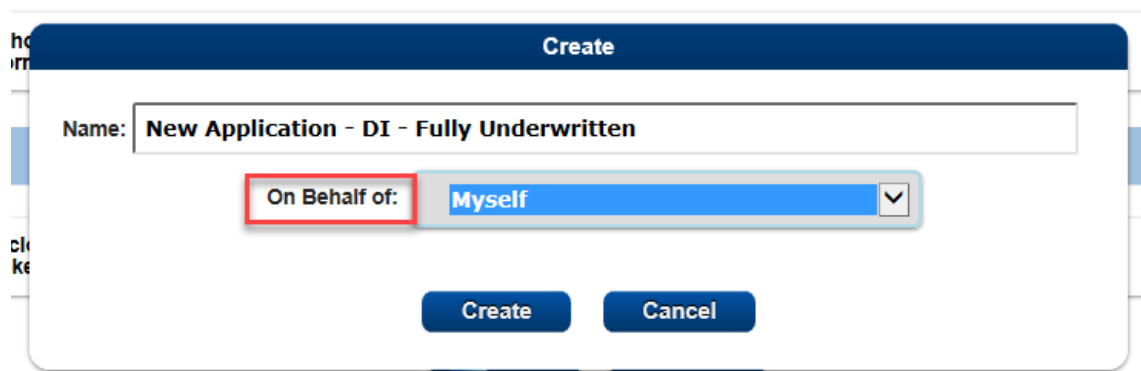
8. The person granting the request will receive a confirmation email.



Creating on Behalf Of

After user share is set up, when creating an application, a prompt will appear to select who the application is being created on behalf of.

If you are creating an application for an agent (i.e. they will be the one signing the application), you will need to create on behalf of them.



The screenshot shows a 'Create' dialog box. The 'Name' field is filled with 'New Application - DI - Fully Underwritten'. Below it, the 'On Behalf of:' dropdown menu is highlighted with a red box, and 'Myself' is selected. At the bottom, there are 'Create' and 'Cancel' buttons.

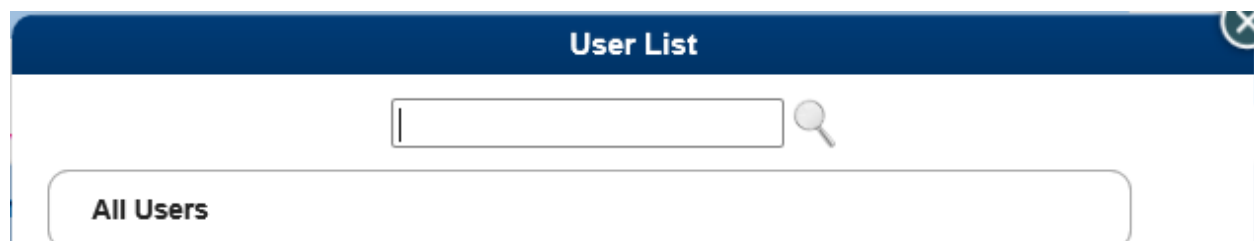
View/Modify Applications

Once the application is created, the person granting the share can view and work on the application (note: both the delegate and agent should not be in the application at the same time).

To view applications that you have received access to via User Share, select the owner list icon.



Select the Agent's Name, All Users, or Search using the Search Box.



The screenshot shows a 'User List' dialog box. It has a search bar with a magnifying glass icon. Below the search bar, the 'All Users' button is highlighted.

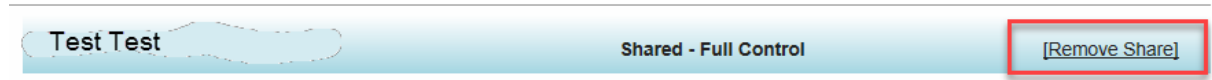
See the **All Activities** section on how to select the application and update information.

Revoke User Share

On the 'All Applications' screen, select the User Share icon.



Type in the last name of the user you'd like to share with and click on the Search icon.



Confirmation emails will be sent the same as when granting access.

Transfer Data from Illustration System

Transferring data that has been entered into the illustration system is quick and easy. This section will go over the fields that are required and needed in order to transfer the data, including producer information needed, fields that must be completed and how to submit.

Required Producer Information

The following producer information is required in order to transmit your client(s) information to the electronic submission tool. This information will flood to the Producer Report.

When entering producer information, the following fields are required (circled in gray):

- **Producer First Name** and **Last Name** OR the **Company** name - Enter the producer's first and last name and/or the company name.
- State

If you are transmitting the data, the following fields are also required (circled in red):

- **Principal Office Number-Statement/Detail Code** - This is the Principal Life office and code that you want to be associated to this application. These are usually the five-digit office number and the five-digit statement/detail code.
 - **Office Contact Information** - While not required to transmit the data from the illustration to the eApp tool, it is required once you start completing the application.
-

Electronic Submission Panel

The **Electronic Submission** panel is on the **Reports** tab.

If the panel is grayed out, then check to make sure the appropriate producer information has been completed.

Electronic Submission

Electronic Submission is not available when there is an Application or Form selected.

Electronic Submission of Application Data and Reports requires a login with Principal Financial Group. To transmit, select the applicable product and what is desired to transmit. To complete the process, select Transmit in the Quick View after the reports have been generated.

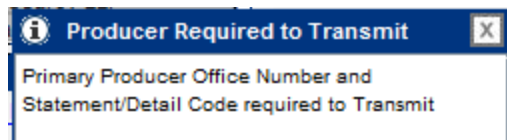
Electronic Submission email address ⓘ

Product to transmit: ⓘ

☐ Disability Income ☐ Overhead Expense ☐ Disability Buy-Out ☐ Key Person Replacement

Information to transmit: ▼

The Hover Help icon will state why the panel is not available.



The Electronic Submission email address is used to notify someone if there are any issues with the submission of the data. This email can be set up as a default, so it does not need to be entered each time you submit. (See **Setting Email Address Default** section.)

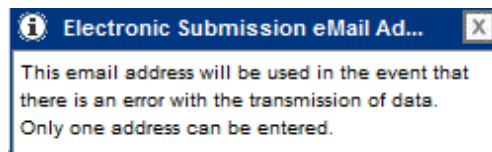
Electronic Submission

Electronic Submission is not available when there is an Application or Form selected.

Electronic Submission of Application Data and Reports requires a login with Principal Financial Group. To transmit, select the applicable product and what is desired to transmit. To complete the process, select Transmit in the Quick View after the reports have been generated.

Electronic Submission email address ⓘ

There is also a Hover Help that is a reminder what this field is used for.



To transfer the information, select the product that is being sent:

- **Application Data**
 - Transfers only the data to the electronic application tool
- **Application Data and Illustration Reports**
 - Transfers the data to the electronic application tool along with any Illustration reports that have been selected.

Electronic Submission

Electronic Submission is not available when there is an Application or Form selected.

Electronic Submission of Application Data and Reports requires a login with Principal Financial Group. To transmit, select the applicable product and what is desired to transmit. To complete the process, select Transmit in the Quick View after the reports have been generated. Producer with Office Number and Statement/Detail Code required on the Case to transmit.

Electronic Submission email address

Product to transmit:

☒ Disability Income ☐ Overhead Expense ☐ Disability Buy-Out ☐ Key Person Replacement

Information to transmit: Application Data

Application Data

Application Data and Illustration Reports

The location of the Illustration reports within the eApp tool will be in the **Documents** section under **Other Actions** for that application.

Home **Other Actions** Log Off

Other Actions

Summary

Display/Print PDF

History

Documents

Requests

Show Annotations

Unlock Application

Setting Email Address Default

You can set up the **Electronic Submission email address** to automatically flood with an email address.

On the left-hand navigation under **My Tools** select **User Preferences**. On the **Options** tab, at the bottom, there is an **Electronic Submissions email** field. Enter in the email address that you want to default and select the **Done** button. This will automatically flood the **Electronic Submission email address**.

The screenshot shows the 'User Preferences' dialog box with the 'Options' tab selected. The 'System Defaults' section contains several settings:

- Default Saved Case Directory: C:\Users\ \PrincipaMktgIllus\Disability\DIIS\cases
- Default Plan Design Directory: ers\ \PrincipaMktgIllus\Disability\DIIS\plan_designs
- Default Producer Directory: Users\ \PrincipaMktgIllus\Disability\DIIS\producers
- Default QuickView Save As Directory: C:\Users\ \Documents
- Default Premium Calculator Mode (Single-Life): Annual
- Alternate Premium grid displays on premium summary report (DI): Single Life & Multi...
- Functionality of Save icon: Save As (selected)
- Display all cases in the All Cases view: ☐
- Electronic Submission email: sample@email.com (highlighted with a red oval)

Buttons at the bottom: Done, Cancel.

Transferring Data

Once the **Electronic Submission** panel has been completed you view the **Print Preview** the reports selected and then select the **Transmit** button at the bottom of the **Print Preview** screen.

Premium Summary
Disability Income Insurance Illustration

Prepared for: Sample Client
Rates: Male, Nonsmoker
Occupation class: 5A
Total Potential Benefit: \$3,486,150

State of Residence: IA
Issue Age: 33
Effective Date: 11/18/2014

Policy Information	Monthly Benefit	Annual Premium
Disability Benefit After a 90 day Elimination Period, your maximum monthly benefit from day 91 to age 65	\$7,750	\$1,666.25
Your Occupation Period is 2 years		
Social Insurance Substitute (SIS) Benefit After a 90 day Elimination Period, your maximum monthly benefit from day 91 to age 65	\$1,400	\$229.74
Your total maximum monthly benefit (55% of your income)	\$9,150	\$1,895.99
No Additional Premium Riders		
Benefit Update		No Charge
Capital Sum Benefit of \$109,800		No Charge
Future Benefit Increase		No Charge
Presumptive Disability Benefit		No Charge
Supplement Health Benefit of \$54,900		No Charge
Total Annual Premium (0.95% of income)		\$1,895.99

Payment Options	Monthly (Electronic Funds Transfer)	Quarterly	Semi-Annual	Annual
Annual Premium Payment Frequency Charge*	\$94.81	\$94.81	\$47.39	\$0.00
Annualized Premium	\$1,990.80	\$1,990.80	\$1,943.38	\$1,895.99
Premium Amount	\$165.90	\$497.70	\$971.69	\$1,895.99

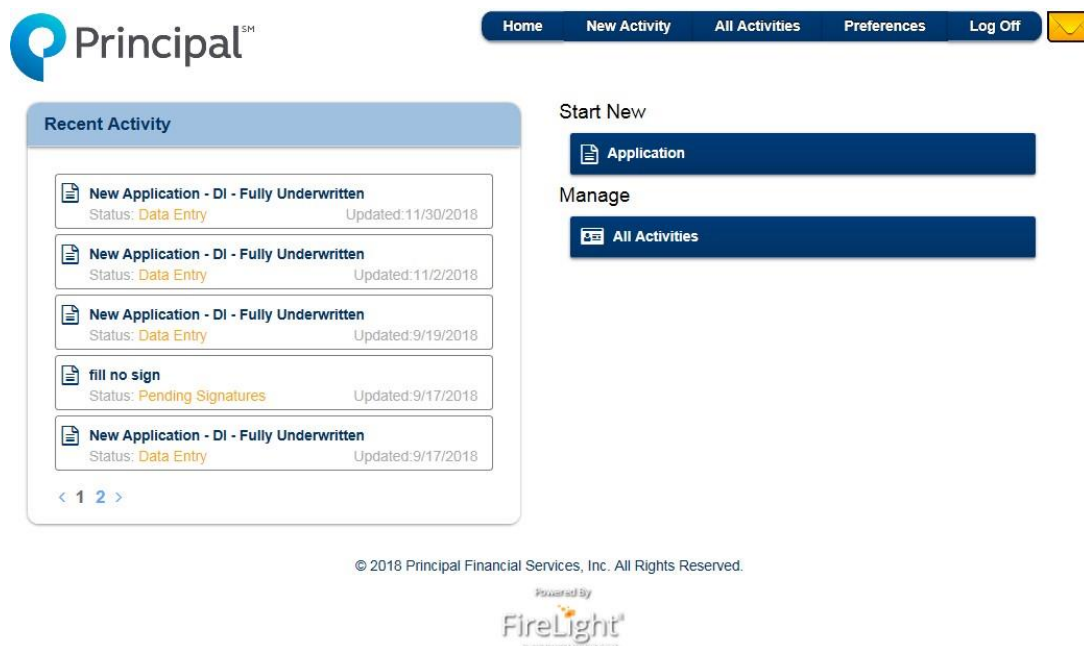
*If paying other than annually, there is an additional administrative cost included in the amount due.

Buttons: Back, Forward, 100%, Transmit, Cancel, Email, Print, Save As

A message pop-up will be received if transmitted successfully. Once this button is selected work can continue in the illustration system. This process does not lock up the system.

The Application

Once you log into the application you are taken to the landing page which includes a list of any applications that you have started working on under the Recent Activity section.



Building a New Application

Note: eApp only supports the TeleApp Interview process, not the traditional application process

1. Select the **Application** button under the **Start New** section:

Start New



2. This will open the **Create a New Application** window:

- a. Select the **Jurisdiction** (written state) and the **Product Type** desired.
NOTE: You must select the **Jurisdiction** before the available **Product Types** will appear.

Available Product Types are:

- Disability Income
- Overhead Expense
- Disability Buy-Out
- Key Person Replacement

3. Next, select the **Sales Program** desired:

Create New Application

Jurisdiction: Iowa Product Type: Disability Income

Disability Income	Principal Financial Group	DI - Fully Underwritten
Disability Income	Principal Financial Group	DI - Retirement Security
Disability Income	Principal Financial Group	DI - Simplified
Disability Income	Principal Financial Group	DI - Core Value Income Protection
Disability Income	Principal Financial Group	DI - Association
Disability Income	Principal Financial Group	DI - Association - Simplified
Disability Income	Principal Financial Group	DI - Association - DI Retirement Security
Disability Income	Principal Financial Group	DI - Association - Core Value Income Protection
Disability Income	Principal Financial Group	DI - Standard Issue
Disability Income	Principal Financial Group	DI - Standard Issue-DI Retirement Security
Disability Income	Principal Financial Group	DI - Standard Issue-Core Value Income Protection
Disability Income	Principal Financial Group	DI - Benefit Update
Disability Income	Principal Financial Group	DI - Adjustment - Reinstatement

DI – Fully Underwritten:
 DI – Retirement Security:
 DI – Simplified
 DI – Core Value Income
 Protection DI – Association
 DI – Association – Simplified
 DI – Association – DI Retirement Security
 DI – Association – Core Value Income
 Protection DI – Standard Issue
 DI – Standard Issue – DI Retirement Security
 DI – Standard Issue – Core Value Income
 Protection DI – Benefit Update
 DI – Adjustment – Reinstatement

4. By selecting the **Sales Program** this will then provide you with a list of forms.

DI - Fully Underwritten

Required Forms

- ☒ Producer Report
- ☒ New Business Application
- ☒ Notice of Insurance Information
- ☒ Authorization for Release of Personal Health Information

Optional Forms

- ☐ Disclosure of Compensation Information - Broker

Add any optional forms, then click 'Create Application' to proceed.

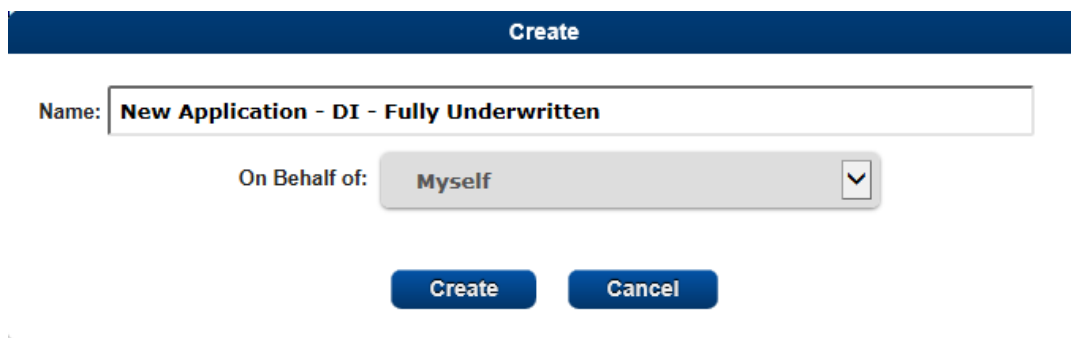
Create Application Cancel

NOTE: The forms listed as **Optional** are only listed as optional to allow them to be selected based on the need for the application packet.

Conditional forms are included in the application and will be triggered by the way certain questions are answered. This allows for these forms to be included or excluded in your application packet without needing to start the application build over. A sample of a conditional form would be the DI Authorization for One Time or Initial and Recurring Monthly EFT form and once you select the Monthly EFT field on question 4 and select if the form is needed, this form is now added to the application packet.

5. Once the forms needed for the application packet have been selected, you can name the packet, so it can be identified throughout the process. Highlight the default name that displays and type over it.

NOTE: It is recommended you rename the application to better manage them throughout the eApplication process. (i.e. John Smith – DI application)

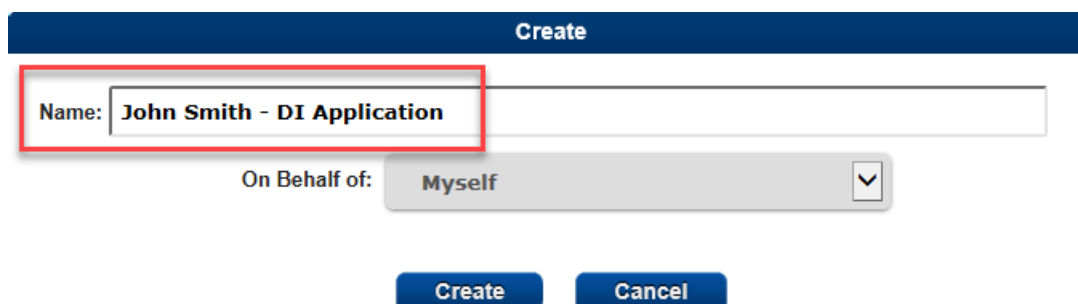


Create

Name: **New Application - DI - Fully Underwritten**

On Behalf of: **Myself** ▼

Create **Cancel**



Create

Name: **John Smith - DI Application**

On Behalf of: **Myself** ▼

Create **Cancel**

6. Select the **Create** button and the system will open the application and forms.
 - a. If the Application Name is not updated at this time it can be updated by clicking on the Application Name in the upper left-hand corner.




Principal **John Smith - DI Application**


1 **DATA ENTRY** 71% **2** **SIGNATURES** **3** **REVIEW**

OPEN **Produce**

- b. A pop-up will appear that has the Application name field in an editable mode. Highlight the existing name, type the name wanted and click the **Save** icon in the upper right-hand corner. To exit the pop-up, click the 'X' in the right-hand corner.

r Advisor/Field Office use

Summary 

Name:	John Smith - DI Application 
Status:	Data Entry
Carrier:	Principal Financial Group
Product:	DI - Fully Underwritten
Activity Type:	Application
Jurisdiction:	Iowa
Policy Number:	6407PFG18120336997
Errors On Forms:	Yes
Created:	12/3/2018 8:48:42 AM
Last Updated:	12/3/2018 8:48:42 AM

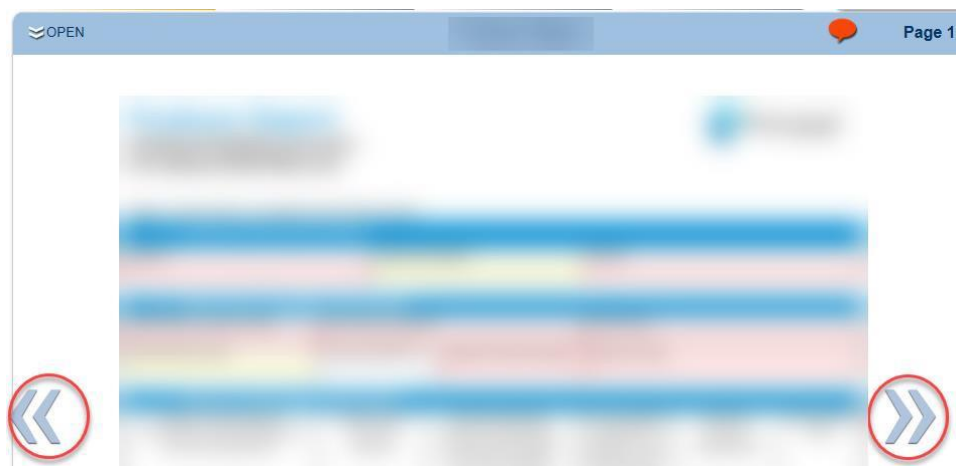
CC

Getting Started and Navigating a New Application

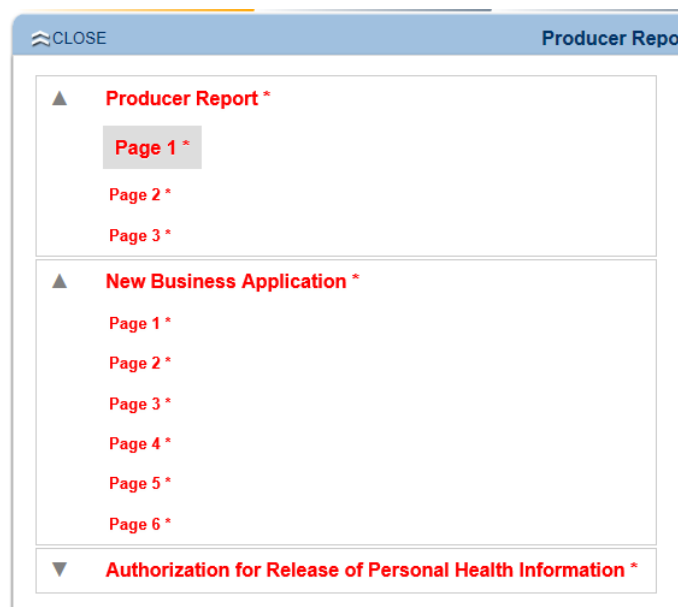
- Any field highlighted in **red** is required (non-required fields should still be completed if applicable)
- Click the **orange** speech bubble on the top blue banner to view pop-ups next to each required field, click the speech bubble again to turn off the pop-up.



- Use the navigation arrows on the left and right side of screen to move between pages.



- Use the **Open** tab on the top blue banner to jump to a specific form or page number
- Any pages that are incomplete will be shown in **red**.



- The first time into a new application, the name for the **Servicing Advisor** will default to the name of the individual that signed in. If that person is not the **Servicing Advisor**, that field will need to be updated. **The producer report is not visible to the client.**
 - Fields that appear on multiple forms will auto flood to all forms (ex: Name). Once you enter or alter it on any form, it will automatically update to all forms
-

Completing the Application (each page will contain tips and reminders for successful completion)

Producer Report Page 1

Producer Report

Individual Disability Insurance
For Advisor/Field Office use



Page 1 Instructions: Complete all sections (A-E)

A. Proposed Insured Information					
Name	Phone Number	Email			

B. Field Contact and Office Information			
Field Office Contact (FOC)	FOC Phone Number	FOC Email	
Field Office Name	Principal Office #	Advisor Phone Number	Advisor Email

C. Advisor/Compensation Information					
Advisor's full name(s) <i>First advisor listed will become the Servicing Advisor</i>	Advisor SSN <i>Last 4 #s required</i>	Principal assigned detail number/code. <i>If unknown, list office you write Principal business through</i>	Are you signing on behalf of a corp/firm, if yes provide name	Corp/Firm Tax ID # <i>If applicable</i>	Commission Split
Example: Jonathan Adam Doe	XXX-XX-XXXX	0002-12345	ANY Financial	XX-XXXXXXX	100%
Sample Producer					

D. Underwriting Requirements	
1. TeleApp Interview (Part B of application)	
a. Has a Principal® TeleApp interview or PTI been: <input type="checkbox"/> Scheduled <input type="checkbox"/> Completed	
If TeleApp interview has not been scheduled, call 1.888.TeleApp (888.835.3277) to schedule an interview or go to Principal.com/teleapp	
2. Labs Requirements	
a. Have labs been ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If Yes, which Paramed provider will complete the routine medical underwriting requirements?	
<input type="checkbox"/> APPS <input type="checkbox"/> ExamOne <input type="checkbox"/> Other (select one)	
Lab ticket number (if known):	
Which state will the exam take place? <input type="text" value="Where will exam take place?"/>	
3. Is English the proposed insured's primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If no, the Statement of English Understanding form DD992A is required)	
4. Occupation class quoted:	
<input type="checkbox"/> 6A <input type="checkbox"/> 5A <input type="checkbox"/> 5A-Select <input type="checkbox"/> 4A <input type="checkbox"/> 3A <input type="checkbox"/> 2A <input type="checkbox"/> A	
Medical classes: <input type="checkbox"/> 5A-M <input type="checkbox"/> 4A-M <input type="checkbox"/> 3A-M	
5. Are you applying through Select Professional program limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Was a prelim inquiry completed? (please include email from Underwriter) <input type="checkbox"/> Yes <input type="checkbox"/> No	

E. Additional Information	
1. If special dating is desired, indicate requested policy date:	
2. Proposed insureds relationship to advisor?	
3. Is ePolicy desired?* <input type="checkbox"/> Yes <input type="checkbox"/> No (*Currently available for Disability Income policies only. Policy packet will be emailed to FOC listed in section B. Once ePolicy is received, print policy packet and obtain ink signatures for delivery.)	

Section A:

- Client's name & client's email address are required, fill in phone number if available.

Section B:

- Fill in all required fields + any additional others that are applicable.
- Field Office Contact = person Principal should contact regarding the application once submitted.

Section C:

- Update Servicing Advisor, if applicable.
- Enter in Advisor SSN, Principal detail code, and Commission Split for all advisors entered.

Section D:

- Indicate status of the TeleApp/PTI and Labs.
- Indicate client's primary language (Statement of English Understanding will automatically pull in if answered no).
- Check the box next to the occupation class that the illustration was ran for.
- If a prelim was completed, it can be uploaded to the application (see section for attaching documents).

Section E:

- Indicate special date, if desired.
- Indicate client's relationship to the advisor.
- Indicate if ePolicy is desired (when approved, policy will be e-mailed to the FOC for delivery).

Producer Report Page 2

Producer Report Individual Disability Insurance For Advisor/Field Office use



Page 2 Instructions:

1. Section F – Are you applying for a discount? ☐ Yes ☐ No If no, skip to page 3.
2. Section G – Complete if discount was selected.
3. Section H – ☐ Individual billed – Skip section H
☐ Employer billed – Complete Section H

F. Discount Information

1. Discounts (select one, if applicable)
 - ☐ Multi-Life (Requires 3 or more insureds with the same employer and advisor)
 - ☐ Multi-Life Resident (Requires 3 or more residents/fellows/interns/students in the same medical or dental residency program. Excludes staff physicians.)
 - ☐ Association
 - ☐ Affiliation, select type:
 - ☐ 1099 business/firm
 - ☐ Franchise Owner
 - ☐ Family, list names: _____
 - ☐ Spouse, list name: _____
2. Is this application part of an existing case or established discount? ☐ Yes (if yes, skip to question 5) ☐ No
3. Does discount above include Mental/Nervous limitation rider? (applies to all lives) ☐ Yes ☐ No
4. If other applications linked by discount were submitted, list other proposed insureds names: _____
5. Existing Multi-life/Resident/Association/Affiliation number: _____

G. Employer/Affiliation/Association/Residency Information

Entity Name		Tax ID	
Address		City	State
		State	Zip

H. Billing Information - For employer billed only

Primary Contact	Phone Number	Email Address
Billing Contact	Phone Number	Email Address

1. Select Payment Option: ☐ Check ☐ Monthly EFT* – (form DD9281 required)
(*initial payment must be in form of check, then EFT can be set-up)
2. Will this be on a payroll deduction plan with the employer? ☐ Yes ☐ No
3. Send initial bill to: ☐ Advisor ☐ Employer

- If a multi-life discount applies, complete all applicable fields (even if they are not required).
- Be sure to indicate which discount is being applied for under question 1.
- If there are multiple applications being submitted at the same time, list the other client's names in question 4.
- Enter in the reference number in question 5.
- Section G and Section H should only be filed out if the multi-life discount is an employer-paid group (5-reference number).

Producer Report Page 3

Producer Report Individual Disability Insurance For Advisor/Field Office use



I. Comments or Special Instructions

Examples: Underwriting instructions, cases related by discount or multi-life #, 3rd life to establish discount, etc..

J. Advisor/Licensed Representative Signature

- ☐ This application was signed by the proposed insured in my presence.
☐ I was not present at the time this application was signed by the proposed insured

I request distribution of commissions as indicated. I gave the Customer (Owner) a copy of the 'Disclosure of Compensation Statement' form if applicable and/or obtained the 'Compensation and Relationship Disclosure Statement' (required for sales by Principal Life Advisor) as applicable prior to/at the time the Customer signed the application.

Advisor/Licensed Representative Signature	Signed at: City	State	Zip	Date
X				

- Any special notes should be listed in section I.
- Page will be signed during signing ceremony (see directions later in document).

New Business Application Page 1

Principal Life
Insurance Company
P.O. Box 14455
Des Moines, IA 50306-3455

Individual Disability Insurance
Application – PART A

1. Personal Information about the Proposed Insured

Name (First, Middle, Last)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Street Address		Social Security Number - -	State of Birth (Country, if other than U.S.)
City	State	Zip	Phone Number () -
Email Address:		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
Occupation/Duties		Driver's License Number	Driver's License State Issued

Have you smoked cigarettes or used a nicotine patch or gum within the past 12 months? ☐ Yes ☐ No

Are you a U.S. citizen or a permanent resident with a Green Card? ☐ Yes ☐ No

If no, submit Confidential Non-US Citizen Questionnaire.

2. Indicate Coverage(s) Applying For

- ☒ **Disability Income** (Complete Sections 3-7 and Part C)
- ☐ **Overhead Expense** (Complete Sections 4-7, Part C, and the *Overhead Expense* Application Supplement)
- ☐ **Disability Buy-Out** (Complete Sections 4-7, Part C, and the *Buy-Out* Application Supplement)
- ☐ **DI Retirement Security** (Complete Sections 4-7, Part C, and the *DI Retirement Security* Application Supplement)
- ☐ **Key Person Replacement** (Complete Sections 4-7, Part C, and the *Key Person* Application Supplement)

3. Disability Income

Monthly Benefit Amount: \$

Elimination Period: ☐ 30 day ☐ 60 day ☐ 90 day ☐ 180 day ☐ 365 day

Benefit Period: ☐ 2 year ☐ 5 year ☐ to age 65 ☐ to age 67 ☐ to age 70

Your Occupation Period: ☐ 2 year ☐ 5 year ☐ to age 65 ☐ to age 67 ☐ to age 70

SIS Monthly Benefit: \$ SIS Benefit Period must equal Base Benefit Period.

SIS Elimination Period: ☐ 30 day ☐ 60 day ☐ 90 day ☐ 180 day ☐ 365 day

Adaptable Income Benefits (AIB) Note: AIBs program monthly benefits around other in-force coverage

1st AIB Monthly Benefit: \$ from day to day

2nd AIB Monthly Benefit: \$ from day to day

SIS AIB Monthly Benefit: \$ from day to day

Optional Benefit Riders

<input type="checkbox"/> Catastrophic Disability Benefit (CDB) Monthly Amount: \$ CDB Elimination Period: <input type="checkbox"/> 90 day <input type="checkbox"/> 180 day <input type="checkbox"/> 365 day CDB Benefit Period: <input type="checkbox"/> 2 year <input type="checkbox"/> 5 year <input type="checkbox"/> to age 65 <input type="checkbox"/> to age 67 <input type="checkbox"/> to age 70 <input type="checkbox"/> Cost of Living Adjustment: <input type="checkbox"/> 3% max <input type="checkbox"/> 6% max <input type="checkbox"/> Extended Total Disability Benefit Aggregate Benefit Factor: <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100 <input type="checkbox"/> Regular Occupation <input type="checkbox"/> Residual Disability and Recovery Benefit Rider <input type="checkbox"/> Short Term Residual Disability Benefit: <input type="checkbox"/> 6 month <input type="checkbox"/> 12 month <input type="checkbox"/> Transitional Occupation Period: <input type="checkbox"/> 2 year <input type="checkbox"/> 5 year <input type="checkbox"/> to age 65 <input type="checkbox"/> to age 67 <input type="checkbox"/> to age 70 <input type="checkbox"/> Other	<p>You MUST select ONE of the following:</p> <input type="checkbox"/> Benefit Update (BU*) AND Future Benefit Increase (FBI) <input type="checkbox"/> Benefit Update (BU*) only <input type="checkbox"/> Future Benefit Increase (FBI) only <input type="checkbox"/> Neither BU or FBI
---	--

*You must apply for 75% of eligible expenses to qualify for Benefit Update

- Enter in all applicable fields (required and non-required).
- Selecting 'No' to the US Citizen question will pull in the Confidential Non-US Citizen questionnaire.
- Selecting another product under question 2 will not flood in the supplemental statements -- if applying for multiple products, you must complete an application for each product applied for.

New Business Application Page 2



Principal Life
Insurance Company
P.O. Box 14455
Des Moines, IA 50306-3455

Individual Disability Insurance
Application – PART A

Proposed Insured John Smith Policy Number (if known) _____

3. Disability Income (Continued) Owner is same as Insured

Owner (if other than Proposed Insured) – (Please list owner below and sign Part C.)

Name		Address	
City	State	Zip	Owner Taxpayer ID Number
Email Address			

If insured's name is filled out on Pg 1 it will automatically

Benefit Recipient (if other than Owner) for Disability Income Only

Name		Address	
City	State	Zip	

4. Premium Payer and Method of Payment Is an EFT form needed?

a. Premium paid by: ☐ Proposed Insured _____ % ☐ Employer _____ % ☐ Other _____ %

If "Other" please provide:

Name and Address: _____
Date of Birth: _____ Tax ID Number: _____

b. If your employer pays any part of the premium, is it reportable by you as taxable income? ☐ Yes ☐ No

c. Premium Mode: ☐ Annual ☐ Semi Annual* ☐ Quarterly* ☐ Monthly EFT*

d. If multi-life employer billed, premium mode: ☐ Annual ☐ Semi Annual* ☐ Quarterly* ☐ Monthly*

* There is an additional charge for premium payment frequencies other than annual.

5. Other Disability Insurance

Do you have, are you applying for, or will you become eligible for in the next three years (based on a qualifying period of employment), any other Disability Insurance? ☐ Yes ☐ No

If Yes, please list below any Disability Income (listing any Catastrophic or Lifetime Benefits separately), Group Disability, Association, State Disability, Retirement/Pension, Overhead Expense, Disability Buy-Out, Key-person, Salary Continuation or Short Term Contingency Disability Insurance. Also include any policies that include disability benefits provided under Accident or Sickness insurance, Pension, Retirement, Credit Insurance plans, or Loan Protection coverage.

Company	Policy No.	Type of Coverage	Benefit Amt. or % of Income	Elim. Period	Benefit Period	Ind. Pay (I) Emp. Pay (E)	Pending Yes No	Replacing Yes No
						<input type="checkbox"/> I <input type="checkbox"/> E	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> I <input type="checkbox"/> E	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> I <input type="checkbox"/> E	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> I <input type="checkbox"/> E	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Replacement: By signing this application, I agree to terminate the insurance policy(s) that I indicated above as being replaced within 60 days of the acceptance of this policy. I understand that if I do not cancel or lapse the insurance policy(s), Principal Life Insurance Company has the right to rescind (terminate as if never issued) any policy issued as a result of this application.

- If question 3 (Owner) is filled out, there will be a spot in the signing ceremony where the owner must sign.
- Next to question 4 you can indicate if an EFT form is needed or not. By selecting 'Yes', the form will pull in to the packet to be completed.
 - Note: if you select Employer Paid for any percentage on question 4a, you do not have the option to include an EFT form.
- If question 5 is marked 'Yes', only the Type of Coverage, Benefit Amount, % of Income and Replacing Yes or No are required. However, all fields are required by Underwriting.

New Business Application Page 3

Principal Life
Insurance Company
P.O. Box 14455
Des Moines, IA 50306-3455

Individual Disability Insurance
Application – PART A

Proposed Insured John Smith Policy Number (if known)

6. Financial

- a. **Unearned Income** – Includes capital gains, interest, dividends, net rental income, pensions, annuities, and alimony. Is unearned income greater than 10% of earned income, or \$30,000? ☐ Yes ☐ No
If Yes, itemize:
- b. **Net Worth** – Is net worth, excluding primary residence, greater than \$6,000,000? ☐ Yes ☐ No
If Yes, itemize:

	Tax Year:	Current Year	Last Yr.	2 Yrs Ago
		Current YTD Income	Income Last Yr.	Income 2 Yrs Ago
c. Earned Income – Income as shown on Federal Income Tax Return:				
c1. Owner or Nonowner Employee's salary & bonus, (FormW-2), (less business expenses reported on IRS Form 2106)		\$ <u></u>	\$ <u></u>	\$ <u></u>
c2. Owner-Employee's share of after-tax corp profits or losses (after expenses) (minimum 20% active owner) (Form 1120 or 1120S)		<u></u>	<u></u>	<u></u>
c3. Sole Proprietor net income, after expenses (Form 1040, Schedule C)		<u></u>	<u></u>	<u></u>
c4. Share of Partnership or LLC net income, after expenses (Schedule K-1 or Form 1040, Schedule E)		<u></u>	<u></u>	<u></u>
c5. Pension plan or Profit-Sharing contributions made on your behalf, by a business you own		<u></u>	<u></u>	<u></u>
c6. Total Earned Income: Sum of (c1) thru (c5) for each year		\$ <u></u>	\$ <u></u>	\$ <u></u>

If using Traditional application process, stop here and proceed to Part B (pages 4-7).

7. Medical Question

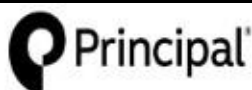
- a. Within the last five years, have you been treated for, or been diagnosed by a member of the medical profession as having a heart condition, chest pain, stroke, back or neck problem, sleep disorder, psychological condition (including, but not limited to, counseling from a mental health or substance abuse provider, and/or psychotherapy), cancer, diabetes, alcohol abuse, or drug dependency? ☐ Yes ☐ No
If Yes, provide details in the Comments below, including dates and healthcare provider's name and address.

- b. Current Height Weight Have you lost more than 10 lbs. in the last year? ☐ Yes ☐ No

Comments:

If using Teleapp, proceed to Part C (page 8).

- If question 6a or 6b are answered 'Yes', details must be provided.
- Please enter in years in the 'Tax Year' row on question 6c.

New Business Application Page 4

Principal Life
Insurance Company
P.O. Box 14455
Des Moines, IA 50306-3455

Individual Disability Insurance
Application – PART C

Proposed Insured John Smith

Agreement/Authorization to Obtain and Disclose Information.

("Company" means Principal Life Insurance Company)

AGREEMENT: Statements In Application(s): I represent that all statements in this application(s) are true and complete to the best of my knowledge and belief and were correctly recorded before I signed my name below. I understand and agree that the statements in this application(s), including all of its parts, and statements by the Proposed Insured in any medical questionnaire(s) that becomes a part of this application(s), will be the basis of any insurance issued. I understand that misrepresentations could mean denial of an otherwise valid claim and rescission of the policy during the contestable period.

When Coverage Becomes Effective: I understand and agree that the Company shall incur no liability until: (1) a policy issued on this application(s) has been received and accepted by the owner and the first premium paid; and (2) at the time of such delivery and payment, the person to be insured is actually in the state of health and insurability represented in this application(s), medical questionnaire(s), or amendment(s) that becomes a part of this application(s); and (3) the Part D of the Application or the Delivery Receipt form, and any required Amendment and Acceptance or other forms are signed by me and the Proposed Insured (if different) and dated at delivery. If these conditions are met, the policy is deemed effective on the Policy Date stated in the policy. If the application was submitted COD (cash on delivery) or a request for a change in the Policy date is received, the Policy Date may be changed to the date coverage becomes effective and a new Data Page will be sent to the Owner.

Limitation of Authority: I understand and agree that no agent, broker, licensed representative, telephone interviewer, or medical examiner has any authority to determine insurability, or to make, change, or discharge any contract, or to waive any of the Company's rights. The Company's right to truthful and complete answers to all questions on this application(s) and on any medical questionnaire(s) that becomes a part of this application(s) may not be waived. No knowledge of any fact on the part of any agent, broker, licensed representative, telephone interviewer, medical examiner, or other person shall be considered knowledge of the Company unless such fact is stated in the application(s).

☐ This application(s) is Cash on Delivery (C.O.D.); and no Conditional Receipt coverage is provided, or

☐ I have paid \$ _____ for Disability Income/\$ _____ for Overhead Expense/\$ _____ for Disability Buy-Out/\$ _____ for Key Person Replacement insurance which is no less than one month's advance premium. If money was paid, I have been given the Conditional Receipt. In return I have read, understand, and agree to its terms, or

If preapproved by Principal Life Insurance Company:

☐ I have signed, dated and submitted to the Company one of the three documents listed below in this box. I have been given the Conditional Receipt. In return I have read, understand, and agree to its terms.

- Payroll Deduction Authorization Form
- Employer Pay Form
- Other form acceptable to the Company

(continued on next page)

- Select the appropriate box for the application you are completing.
- If you select box 2 – an Authorization for Automatic Withdraw form must be fully completed or a check must be mailed to Principal.

New Business Application Page 5

Principal Life
Insurance Company
P.O. Box 14455
Des Moines, IA 50306-3455

Individual Disability Insurance
Application – PART C

Proposed Insured John Smith

(continued from previous page)

Agreement/Authorization to Obtain and Disclose Information

AUTHORIZATION: I authorize any insurance (or reinsuring) company, consumer reporting agency, governmental agency, insurance agent, broker, licensed representative, or any other organization, institution, or person having personal information (including physical, mental, drug, or alcohol use history) regarding the named Proposed Insured to provide to the Company, its representatives, or reinsurers, any such data. I authorize the Company to conduct a telephone interview in connection with my application(s) for insurance.

I authorize the Medical Information Bureau, Inc. (MIB, Inc.) to furnish data to the Company or its reinsurers. I authorize Principal Life to release any such data to MIB, Inc. or as required by law. Notwithstanding any other provision in this form, the authorization to release data to the MIB, Inc. shall survive the termination of this form to the extent necessary to confirm, correct, or update previously supplied data to the MIB, Inc. Data released may include results of my medical examination or tests requested by the Company. I understand that the data obtained by use of this authorization will be used by the Company to determine eligibility for insurance.

I have received a copy of the "Notice of Insurance Information Practices," which includes notice required by any Fair Credit Reporting Act. It also describes MIB, Inc. I agree that this authorization shall be valid for 24 months from the earlier of: (1) the date of this application(s), or (2) the date of my policy, unless an earlier date is required by applicable law in the state where the policy is delivered or issued for delivery. I may revoke this authorization for information not then obtained. Such revocation must be in writing. It will not be effective until received at the Company's Home Office. I agree that a photocopy of this authorization is as valid as the original. I have received a copy of this authorization.

Warning: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

SIGNATURES. City, State, Date and printed name of Agent/Broker/Licensed Representative are required.

Signature of Proposed Insured	City	State	Date
X: <u>John Smith</u>			
Disability Income: Signature of Owner (If other than Proposed Insured)	Title (If Corporation, Officer other than Proposed Insured)		Date
X: _____			
Overhead Expense: Signature of Owner (If other than Proposed Insured)	Title (If Corporation, Officer other than Proposed Insured)		Date
X: _____			
Disability Income: Signature of Owner (If other than Proposed Insured)	Title (If Corporation, Officer other than Proposed Insured)		Date
X: _____			
Key Person: Signature of Owner (If other than Proposed Insured)	Title (Officer other than Proposed Insured)		Date
X: _____			
Signature of Agent/Broker/Licensed Representative	License Number		Date
X: <u>Sample Producer</u>			
Printed name of Agent/Broker/Licensed Representative			
X: <u>Sample Producer</u>			

- Signatures will be completed during the signing ceremony (see directions later in document).
- Servicing Agent's name will automatically flood in to the last box.

New Business Application Page 6

Principal Life
Insurance Company
P.O. Box 14455
Des Moines, IA 50306-3455

Individual Disability Insurance
Application – PART C

Agreement/Authorization to Obtain and Disclose Information.

("Company" means Principal Life Insurance Company)

AGREEMENT: Statements in Application(s): I represent that all statements in this application(s) are true and complete to the best of my knowledge and belief and were correctly recorded before I signed my name below. I understand and agree that the statements in this application(s), including all of its parts, and statements by the Proposed Insured in any medical questionnaire(s) that becomes a part of this application(s), will be the basis of any insurance issued. I understand that misrepresentations could mean denial of an otherwise valid claim and rescission of the policy during the contestable period.

When Coverage Becomes Effective: I understand and agree that the Company shall incur no liability until: (1) a policy issued on this application(s) has been received and accepted by the owner and the first premium paid; and (2) at the time of such delivery and payment, the person to be insured is actually in the state of health and insurability represented in this application(s), medical questionnaire(s), or amendment(s) that becomes a part of this application(s); and (3) the Part D of the Application or the Delivery Receipt form, and any required Amendment and Acceptance or other forms are signed by me and the Proposed Insured (if different) and dated at delivery. If these conditions are met, the policy is deemed effective on the Policy Date stated in the policy. If the application was submitted COD (cash on delivery) or a request for a change in the Policy date is received, the Policy Date may be changed to the date coverage becomes effective and a new Data Page will be sent to the Owner.

Limitation of Authority: I understand and agree that no agent, broker, licensed representative, telephone interviewer, or medical examiner has any authority to determine insurability, or to make, change, or discharge any contract, or to waive any of the Company's rights. The Company's right to truthful and complete answers to all questions on this application(s) and on any medical questionnaire(s) that becomes a part of this application(s) may not be waived. No knowledge of any fact on the part of any agent, broker, licensed representative, telephone interviewer, medical examiner, or other person shall be considered knowledge of the Company unless such fact is stated in the application(s).

☒ This application(s) is Cash on Delivery (C.O.D.); and no Conditional Receipt coverage is provided, or

☐ I have paid \$ _____ for Disability Income/\$ _____ for Overhead Expense/\$ _____ for Disability Buy-Out/\$ _____ for Key Person Replacement insurance which is no less than one month's advance premium. If money was paid, I have been given the Conditional Receipt. In return I have read, understand, and agree to its terms, or

If preapproved by Principal Life Insurance Company:

☐ I have signed, dated and submitted to the Company one of the three documents listed below in this box. I have been given the Conditional Receipt. In return I have read, understand, and agree to its terms.

- Payroll Deduction Authorization Form
- Employer Pay Form
- Other form acceptable to the Company

AUTHORIZATION: I authorize any insurance (or reinsuring) company, consumer reporting agency, governmental agency, insurance agent, broker, licensed representative, or any other organization, institution, or person having personal information (including physical, mental, drug, or alcohol use history) regarding the named Proposed Insured to provide to the Company, its representatives, or reinsurers, any such data. I authorize the Company to conduct a telephone interview in connection with my application(s) for insurance.

I authorize the Medical Information Bureau, Inc. (MIB, Inc.) to furnish data to the Company or its reinsurers. I authorize Principal Life to release any such data to MIB, Inc. or as required by law. Notwithstanding any other provision in this form, the authorization to release data to the MIB, Inc. shall survive the termination of this form to the extent necessary to confirm, correct, or update previously supplied data to the MIB, Inc. Data released may include results of my medical examination or tests requested by the Company. I understand that the data obtained by use of this authorization will be used by the Company to determine eligibility for insurance.

I have received a copy of the "Notice of Insurance Information Practices," which includes notice required by any Fair Credit Reporting Act. It also describes MIB, Inc. I agree that this authorization shall be valid for 24 months from the earlier of: (1) the date of this application(s), or (2) the date of my policy, unless an earlier date is required by applicable law in the state where the policy is delivered or issued for delivery. I may revoke this authorization for information not then obtained. Such revocation must be in writing. It will not be effective until received at the Company's Home Office. I agree that a photocopy of this authorization is as valid as the original. I have received a copy of this authorization.

Warning: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

AGREEMENT/AUTHORIZATION – Give to Proposed Insured

- Check box will be automatically checked based on what was selected on page 4.

HIPPA form Page 1

Principal Life Insurance Company
Principal National Life Insurance Company
 Members of Principal Financial Group®

P.O. Box 10431
 Des Moines, IA 50306-0431

**Authorization for
 Release of Personal
 Health Information –
 All States**
 (Applicable to Individual Life
 and Disability Insurance
 Customers)

Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".

This authorization complies with the HIPAA Privacy Rule and permits health care providers and other covered entities to disclose personal health information.

John Smith

Name of Proposed Insured/Patient (please print)

01 / 01 / 1980

Date of Birth

I authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, health care provider, health plan, insurer, and/or any other entity subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that has provided treatment, service, or coverage to me within the past 10 years to disclose my entire medical record to the Company, its agents, employees, insurance support organizations, reinsurers, and their representatives. This includes information concerning the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness (excluding psychotherapy notes as defined under HIPAA) and the use of alcohol, drugs, and tobacco. *Statements required by §164.508(c)(1)(ii), (c)(1)(iii).*

I understand my personal health information may be used or disclosed as set forth by this authorization. Protected health information includes information created or received by the Company. Protected health information also includes but is not limited to: hospital records, treatment records/office notes, alcohol or drug abuse treatment, consultation reports, workers' compensation information, diagnosis, prescriptions, test results, vocational testing/counseling information, benefit information, claims information, demographic information, and claims payment information. *Statement required by §164.508(c)(1)(i).*

By my signature, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, other health care provider or health plan, insurer, or other entity subject to HIPAA to release and disclose my medical record without restriction. I understand that my personal information, including my protected health information disclosed under this authorization, will be incorporated into and made a part of any life and/or disability insurance policy(s) issued by the Company in connection with the application(s) for insurance that I have submitted to the Company. I further understand that the policy(s) will be delivered to the policy owner, which may be my employer or other party. The information included and forming a part of such policy(s), including my protected health information, may be disclosed to the policy owner.

I understand that unless prohibited by state and/or federal law the protected health information is to be disclosed under this authorization so that the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have, have applied for, or may in the future apply for with the Company. *Statement required by §164.508(c)(1)(iv).*

The following groups of persons employed or working for the Company may use my personal health information which is described above: employees of the underwriting, administration, claim or legal departments and any other personnel of the Company, and its authorized representatives, and business associates that perform functions or services that pertain to any coverage I have, have applied for, or may in the future apply for with the Company. *Statement required by §164.508(c)(1)(v).*

I understand any information disclosed under this authorization may no longer be covered by the privacy provisions of HIPAA and may be subject to redisclosure. *Statement required by §164.508(c)(2)(ii).*

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. *Statement required by §164.508(c)(v).* I understand that I have the right to revoke this authorization at any time. The request for revocation must be in writing and sent to: Life and Disability Underwriting, Life and Health Segment, Principal Life Insurance Company and/or Principal National Life Insurance Company, Des Moines, IA 50392-1780. I understand that a revocation is not effective if the Company has relied on the protected health information disclosed to it or has a legal right to contest a claim under an insurance policy or to contest the policy itself. *Statement required by §164.508(c)(2)(i).* Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization.

I understand that if I refuse to sign this authorization to release my complete medical record, the Company may not be able to process my application for life and/or disability coverage, or if coverage has been issued, may not be able to make any such benefit payments. *Statement required by §164.508(c)(2)(ii).* Upon receipt of your signed authorization, a copy will be provided to you. *Statement required by §164.508(c)(4).* Any alteration of this form will not be accepted.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I further understand that My Providers cannot condition treatment of payment, enrollment, or eligibility for benefits on whether I sign this authorization.

X

Signature of Proposed Insured/Patient or Personal Representative

Date

If you are the personal representative of the proposed insured/patient, describe the scope of your authority to act on this individual's behalf (parent, legal guardian, power of attorney, etc.) on the line above. *Statement required by §164.508(c)(1)(vi).*

- Proposed Insured's name and DOB will automatically flood in based on what was entered on Page 1.
- Page will be signed during the signing ceremony (see directions later in document).

Always select the **Save** button before closing the application.



John Smith - DI Application

Home

Other Actions

Save

Log Off



1

DATA ENTRY

71 %

2

SIGNATURES

3

REVIEW

4

FINALIZE

CONTINUE


OPEN

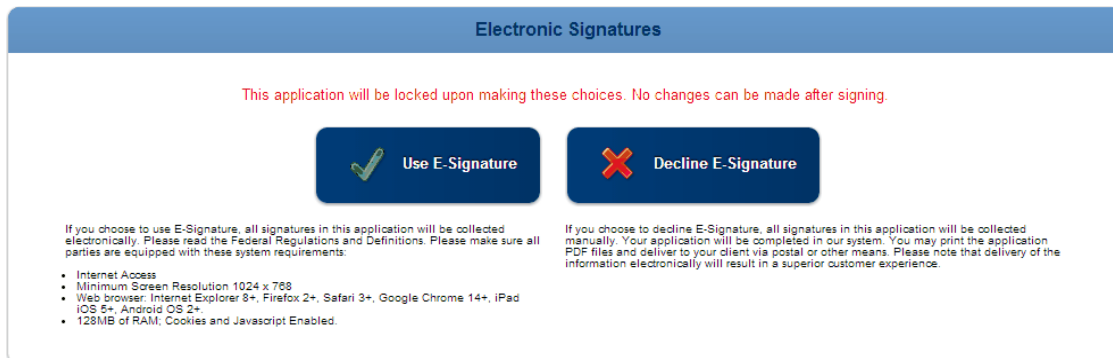
Producer Report



Page 1


Signing & Submitting the Application

- Once the application has been completed and Continue button  (in the upper right-hand corner) has been selected this will start the electronic signature process.
- The first step is to select to Use E-Signature or Decline E-Signature.
- Select the **Use E-Signature** button to start the electronic signing process.
 - If you select **Decline E-Signature**, you would be expected to print out the application and sign with a pen.




Electronic Signatures

This application will be locked upon making these choices. No changes can be made after signing.



Use E-Signature



Decline E-Signature

If you choose to use E-Signature, all signatures in this application will be collected electronically. Please read the Federal Regulations and Definitions. Please make sure all parties are equipped with these system requirements:

If you choose to decline E-Signature, all signatures in this application will be collected manually. Your application will be completed in our system. You may print the application PDF files and deliver to your client via postal or other means. Please note that delivery of the information electronically will result in a superior customer experience.

- Internet Access
- Minimum Screen Resolution 1024 x 768
- Web browser: Internet Explorer 8+, Firefox 2+, Safari 3+, Google Chrome 14+, iPad iOS 5+, Android OS 2+
- 128MB of RAM; Cookies and Javascript Enabled.

Note: No edits to the application or forms can be made once you select the **Continue** button. If you need to make changes at this point, you will need to decline the electronic signature request, make changes and then select the blue **Continue** button again to re-start the signing ceremony.

- The E-Signature process can be completed two different ways, through an e-mail request or by signing the application immediately after completion.
 - The steps below will outline both options.

Signing the application through e-mail request

- Once you have selected to E-Sign, a **List of Required Signers** is displayed based on the information completed in the application. If you entered in information in the Owner field, then you will be required to get an owner signature.

List of Required Signers


 **Insured : John Smith**


 **Agent**

- Select the **Insured** button and select **Send Email Request** to the client:

Client Signature Choice for Insured : John Smith

Please indicate below the method you would like to use to obtain the client signature.

 **Sign Now**


 **Send Email Request**

- Complete any client information that has not been pre-flooded and send e-mail request.


Send Email To Insured : John Smith To Request Signatures

Your client will receive an email message with instructions to complete the electronic application process.

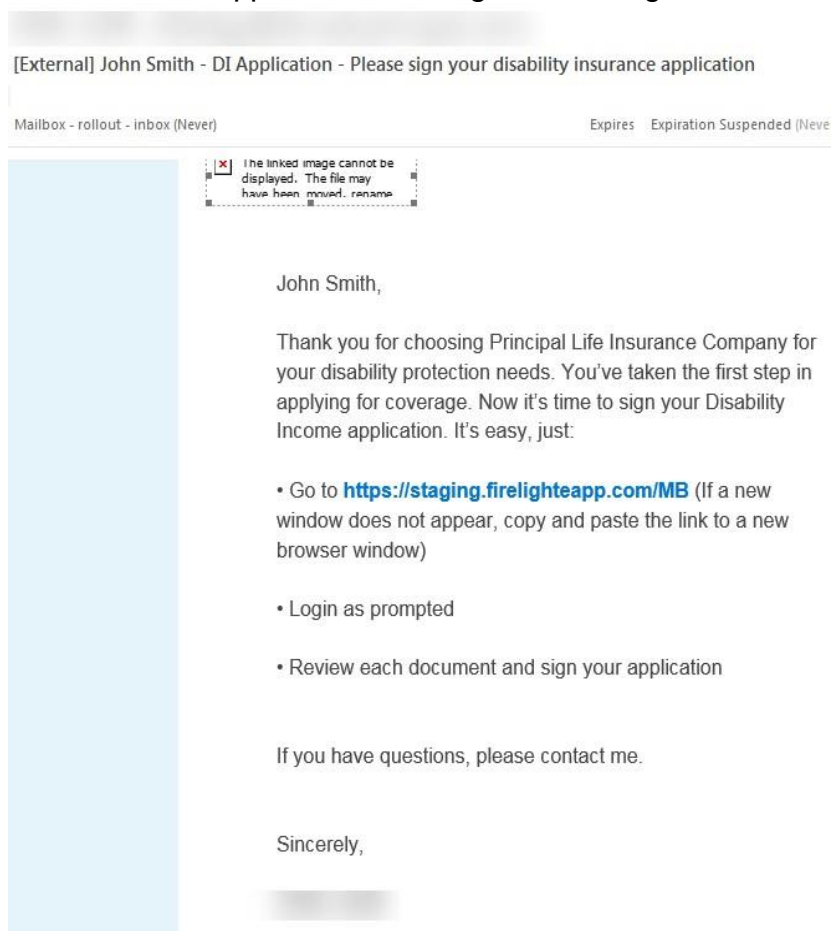
<p>Client Name: <input type="text" value="John Smith"/></p> <p>Client Email: <input type="text" value=""/></p> <p>Your Name: <input type="text" value=""/></p> <p>Your Email: <input type="text" value=""/></p> <p>* Client Last 4 Digits of SSN/Government ID: <input type="text" value="5555"/></p> <p>* Client Birth Date: <input type="text" value="01/01/1980"/></p> <p style="font-size: x-small;">* These values will not show in email.</p>	<p>Subject: John Smith - DI Application - Please sign your disability ins</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 100px;"> <p>John Smith,</p> <p>Thank you for choosing Principal Life Insurance Company for your d</p> <ul style="list-style-type: none"> Go to URL_LINK (If a new window does not appear, copy and Login as prompted Review each document and sign your application </div> <p>Message: If you have questions, please contact me.</p>
---	--

 **Send Email Request**

Generate Link Without Email

 **Cancel**

4. An email is sent to the insured with a link to click on & sign the application.
 - a. The email will appear it is coming from the agent.



5. The client should click on the link from their e-mail and it will take them to a sign in page.

Welcome

Last 4 Digits of SSN/Government ID:

Birth Date (MM/DD/YYYY):

OR

Passcode:

[Questions and Support](#)

6. They can get in to the application by using the last 4 digits of their SSN & their DOB **or** by using a passcode that can be sent to them in a separate e-mail
Note: SSN & DOB must match the application, or insured will not be able to access the application

7. The client will be presented with 3 different actions regarding their application.

Electronic Signatures	
Federal Regulations and Definitions ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT (ESIGN) UNIFORM ELECTRONIC TRANSACTIONS ACT (UETA) Implementation of the Government Paperwork Elimination Act	 Sign Application
	 Contact Agent
	 Review Documents

- Select **Sign Application** to start the signing ceremony.
- Select **Contact Agent** to send a message to the agent.
- Select **Review Documents** to review the application document.

8. Select **Sign Application** and the insured will be present with the completed documents that need to be reviewed & signed.

Insured : John Smith Signature	
<p>Before signing, you must review all pages of each of the 4 documents below.</p> <p>Please click the buttons below to proceed.</p>	
➔	E-signature Disclosure
	Notice of Insurance Information
	New Business Application
	Authorization for Release of Personal Health Information
<input type="checkbox"/>	I have reviewed and agree with the terms expressed within this document.

E-signature Disclosure - Page 1 of 2

Consumer Disclosure and Consent

PLEASE READ THIS DISCLOSURE AND CONSENT CAREFULLY. PRINT OR DOWNLOAD A COPY FOR YOUR RECORDS.

Consumer Disclosure and Consent Regarding Conducting



9. Review each application form and upon reviewing all the information and verifying it is correct, check the button that states:

☐ I have reviewed and agree with the terms expressed within this document.

- a. Once the box is checked, the next form to review will appear until all forms have been reviewed. The blue arrow on the left-hand side shows which form is being reviewed and the green check on the right hand shows which forms have been signed off on.
10. Once all forms have been reviewed the option to **Sign** or **Cancel** is displayed.

Insured : John Smith Signature

Before signing, you must review all pages of each of the 4 documents below.
Please click the buttons below to proceed.

E-signature Disclosure	✓
Notice of Insurance Information	✓
New Business Application	✓
Authorization for Release of Personal Health Information	✓

→

Sign Cancel

11. Insured selects the **Sign** button and is taken to the page to sign electronically.

Capture Electronic Signature

Signer Full Name: City:

State: Today's Date:

Sign on this pad to override the text script

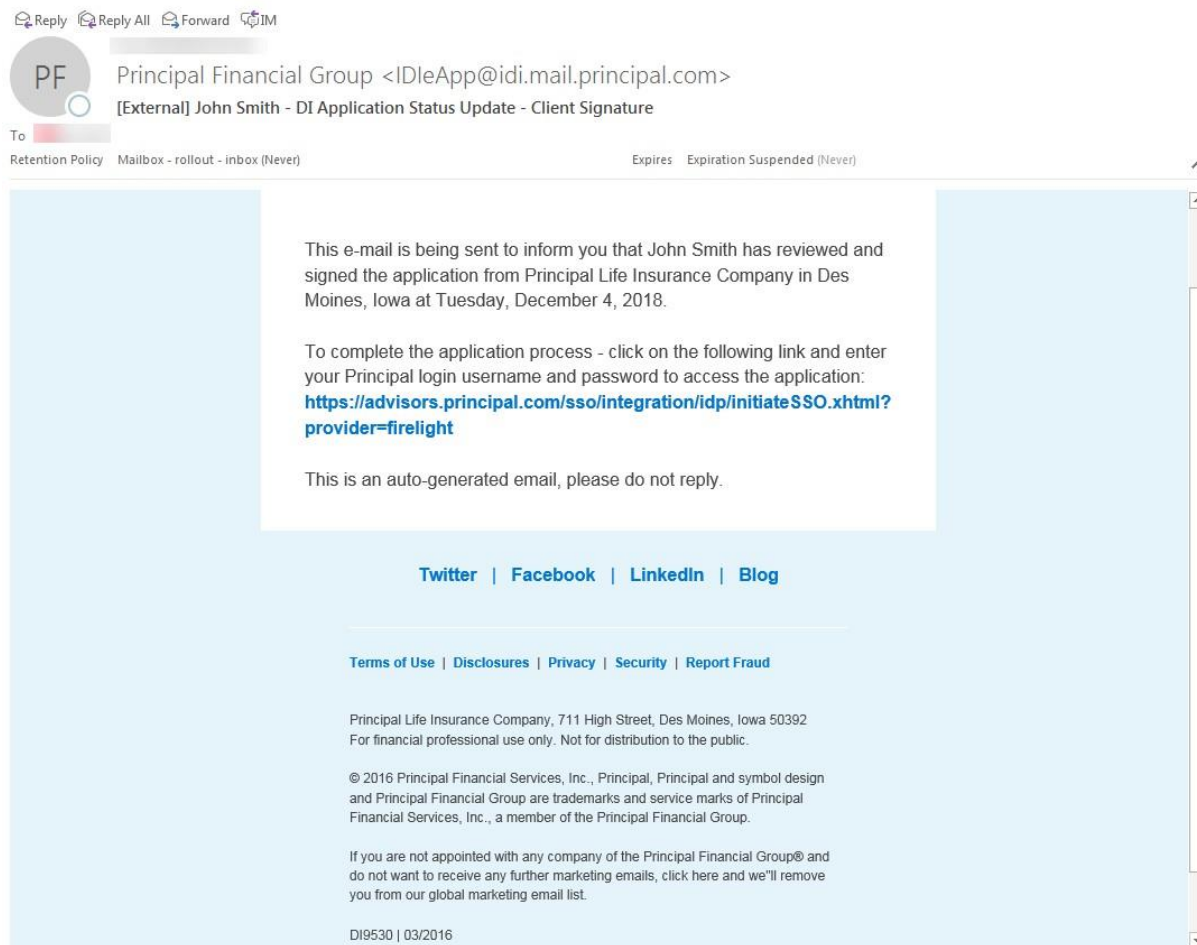
I Consent I Decline Cancel Clear Signature

12. Complete the **Signer Full Name** (this will auto flood the signing pad).
- a. The client can also sign using a stylus or computer mouse by signing directly in the yellow box.
13. Enter in the signing **City**.
14. The **state** should automatically flood in but can be changed.
- Note: The application form number and the signature state must match.
15. **Today's Date** is automatically flooded and cannot not be changed.
16. Select **I Consent** (selecting **I Decline** will end the signing process & agent will be notified).
17. Once completed, the insured will receive a pop up letting them know their part is complete.

Congratulations, you have signed all the required document sets for this application.



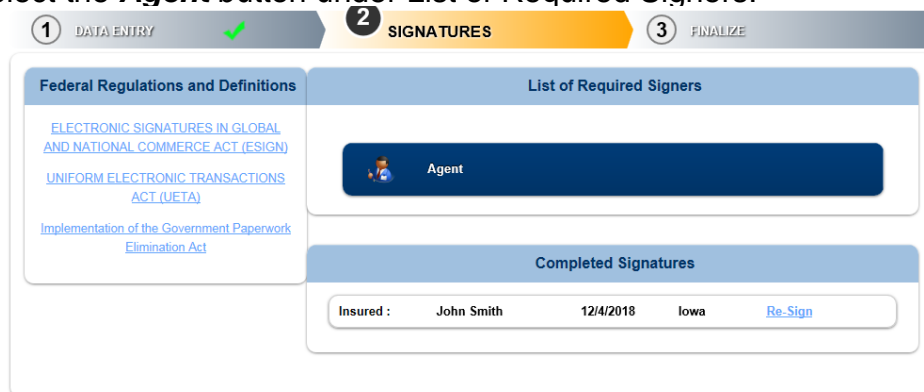
18. The agent will also receive an email once the client signs the application.



19. Agent can click on the link to sign in to the eApp system.

20. Select the **blue** continue button to be taken to the signing page.

21. Select the **Agent** button under List of Required Signers.



22. The agent will need to review each page (just as the client did).

23. Once all forms are reviewed the **Agent On-Site Electronic Signature** page will appear.
24. The Agent Full Name, Agent ID, State, and Today's Date should automatically flood in.
25. Agent should enter in the City they are signing in.
26. Select **I Consent** to confirm signature.
27. Agent will be taken back to the application where the blue continue button can be selected.
 - a. Depending on which agency the application is being submitted through will determine if you are required to have a reviewer or not (if you are not required, you can still send to a reviewer if you wish).
28. This will bring up the **Electronic Review** window (if required). This allows the application to be sent to individuals that you choose to review before submitting to Principal.
 - a. This would be your field office contact at the BGA you are submitting through, an office manager, an assistant, etc.
 - b. You should work with your agency prior to submission to determine who your reviewer should be.

Sending Application to a Reviewer

1. The **Electronic Review** page will display a **Send Request To Reviewer(s)** button to select. If a reviewer is required, the **Decline E-Review** will be grayed out.

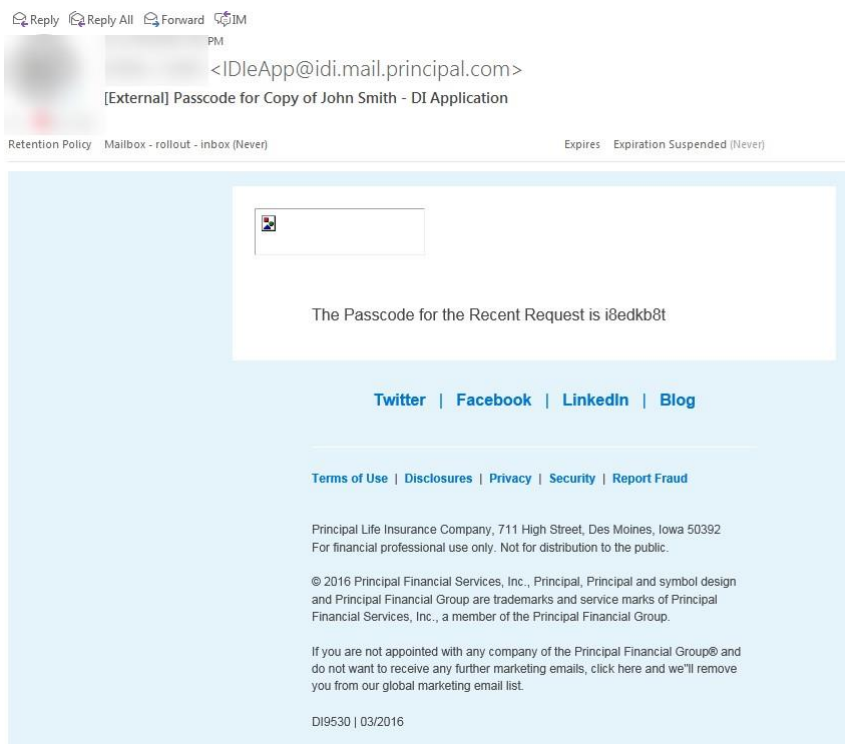
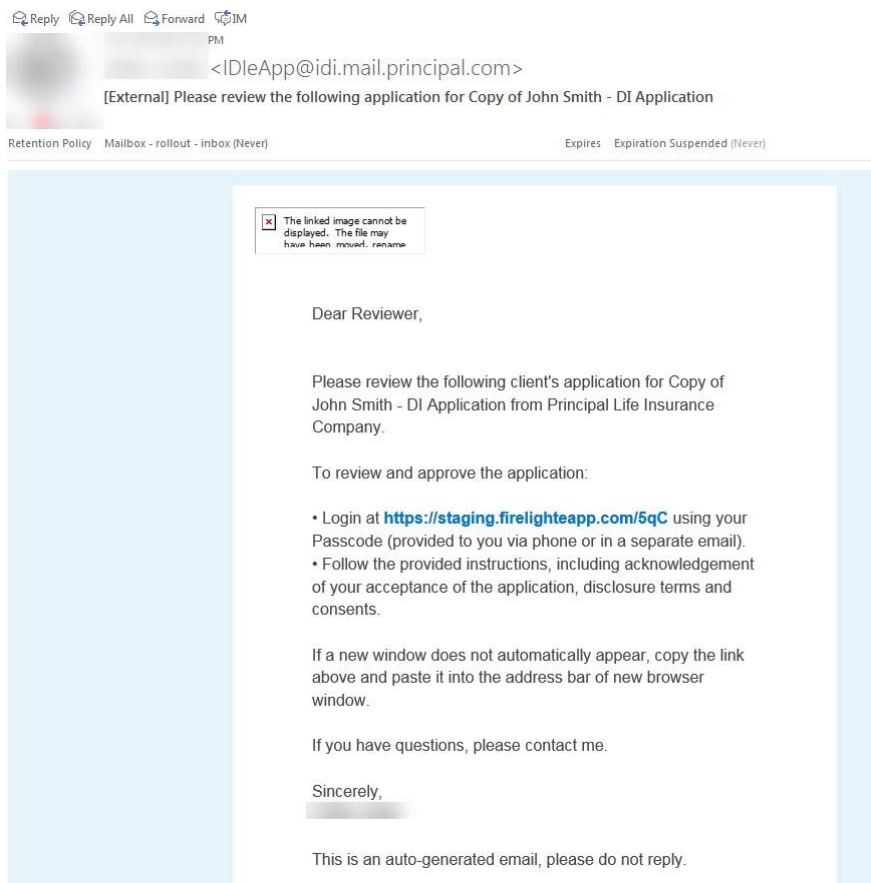


2. Select Send Request To Reviewer(s) and a pop-up will appear.
3. If you already have a reviewer saved in your preferences, their name will flood in to this screen. If you do not have a reviewer saved, you can enter in their name and email address here.
4. Check the box next to the reviewers necessary and click Send Email Request.

The image shows a pop-up window titled "Send Email To Reviewer(s)". At the top, it says "Your recipients will receive an email message with instructions to complete the electronic application process." Below this are fields for "Your Name:" and "Your Email:". To the right is a "Subject:" field with the text "Please review the following application for Copy of John Smith - I". Below these are fields for "Reviewer Name:" and "Reviewer Email:", with a red box highlighting them. There are checkboxes next to these fields. Below the "Reviewer Email:" field are links for "Add Reviewer" and "Reset". To the right is a large text area containing a sample email message. At the bottom, there is a "Message:" field and a "Passcode for Reviewers: i8edkb8t". At the very bottom are two buttons: "Send Email Request" and "Cancel".

1. An email will be sent to the reviewer(s) with a link to the application.

- a. A separate email will be sent to them with the passcode to access the application.



6. The reviewer should click on the link to the application and enter in the passcode they received.

Welcome

Passcode: ×

[Questions and Support](#)

7. Once the reviewer has accessed the system they will have the following options:
- **View Application:** allows the reviewer to download, save, and/or print the application.
 - **View Additional Documents:** allows the reviewer to view documents attached.
 - If no documents were attached, a blank screen will show if this button is clicked.
 - **Approve Application** allows the reviewer to:
 - Approve the application electronically and send it to Principal.
 - Reject the application and send it back to the agent to make changes.
 - Note: when rejected, the agent, client, and owner's signatures will be removed from the application. changes can be made, and the application will need to be resigned.
 - **Email Agent:** allows the reviewer to send a question/message to the agent via email.

Approve Application 'Copy of John Smith - DI Application'

Federal Regulations and Definitions

[ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT \(ESIGN\)](#)

[UNIFORM ELECTRONIC TRANSACTIONS ACT \(UETA\)](#)

[Implementation of the Government Paperwork Elimination Act](#)


View Application


View Additional Documents


Approve Application


Email Agent

8. If documents need to be attached, the reviewer will click on the **Upload Documents** button and a box will appear to choose a document to attach.
 - a. Select **Choose File**, locate the document to attach.

- b. Click on **Upload**.

9. Once **Approve** is selected, the reviewer can view each page of the application by clicking on the arrow on the right side of the screen. The reviewer will have the ability to reject or approve the application or upload documents.

10. If approved, the reviewer will complete the **Signer Full Name** and the **City** and select **I Consent** button. The application will then be submitted to Principal Life.

NOTE: the reviewer is not actually signing anything on the application.

11. A confirmation dialogue box will appear asking if the application is ready for submission.
 12. Select **Yes** if you are ready to submit or **No** if you are not.

13. Once **Yes** is selected, the application will be submitted and will show as Complete in the activity list.

If a reviewer is not required:

1. Agent can select the **Decline E-Review** button.
2. The confirmation dialogue will appear asking if you are ready to submit (select **yes** or **no**).
3. Once **Yes** is selected, the application will be submitted and will show as Complete in the activity list.

Signing the application immediately through sign now

- This is to be used if you and the client are physically together and ready to sign the application.
1. Select the **Insured** and **Sign Now**.
 2. The Insured/Owner (if applicable) will be prompted to manually enter the blank fields to verify who they are.

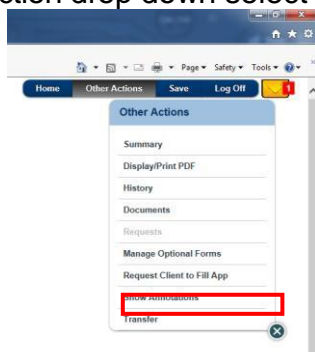
The screenshot shows a two-part verification form. The top section, titled 'Agent Identification Verification', contains a field for 'Agent ID' with the value 'PFG0002'. The bottom section, titled 'Client Identification Verification', contains several fields: 'Form of Identification' (set to 'Drivers License'), 'ID Issue State' (set to 'Alabama'), 'ID Number', 'Name', 'Last 4 Digits of SSN', 'Birth Date', and 'Email Address'. At the bottom of the form are two buttons: a green 'Verified' button with a checkmark and a blue 'Cancel' button with a minus sign.

- **Verified** button - Will verify the information matches the application and allow you to proceed.
 - **Cancel** button - Returns user to the prior screen.
3. All forms will need to be verified (just as in the directions for **signing through e-mail request**).
 4. Once all forms are verified, the insured should select the **Sign** button to enter in their **Name** and signing **City**, then select **I Consent** to complete the signing process.
 5. You will be taken back to the Signatures page for the agent to sign.
 6. Select the Agent button.
 7. All forms will need to be verified (just as the client did).
 8. Once all forms are verified, agent should select the **Sign** button to enter in their signing **City** then select **I Consent** to complete the signing process.
 9. Select the blue continue button to complete the submission process.
 - a. View steps above for **sending application to a reviewer** if applicable or if a reviewer is not required, the application can be submitted (see steps above).

Sending to Client to Fill Application

- This is available if you need the client to complete some application questions.
- No information is required to be entered in to the application to do this process however you will need to know the client's name, email address, last 4 of SSN, and DOB.

1. In the Take Action drop down select 'Request Client to Fill App'.



2. The request screen will appear for the client's name, email address, last 4 of SSN, and DOB to be entered in.
3. Once completed click on 'Send Email Request' button which will generate an e-mail to the client.

Request Another Person to Complete Filling the Forms

Your recipient will receive an email message with instructions to complete the electronic application process.

Recipient Name:	<input type="text"/>	Subject:	Client Fill - Please complete your disability insurance appli
Recipient Email:	<input type="text"/>		Dear ,
Your Name:	<input type="text"/>		Thank you for choosing Principal Life Insurance Company for your
Your Email:	<input type="text"/>		<ul style="list-style-type: none"> • Go to [URL_LINK] (If a new window does not appear, copy and paste the link into your browser) • Login as prompted • Complete the questions outlined in red • Review each document and sign your application
* Client Last 4 Digits of SSN/Government ID:	<input type="text"/>	Message:	
* Client Birth Date:	<input type="text"/>		

* These values will not show in email.

4. The client will receive an email with a link to the application as well as a separate email with a passcode.
 - a. The client can log in to the application either using the passcode or log in with the last 4 of their SSN & DOB (must match what the agent entered).
5. The client will be taken to the application where they can enter in all known fields.
 - a. They are able to attach documents during this stage as well using the button in the blue task bar.
6. When the client is done filling out the necessary sections, they should select the 'Complete/Log Off' button in the blue task bar.

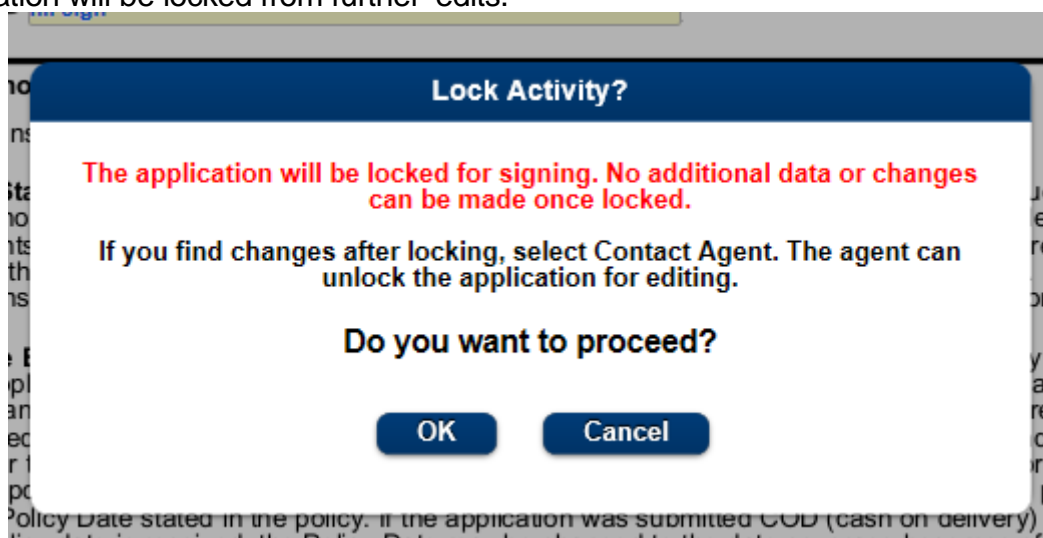
7. They will be prompted with a pop up to select either submit and logoff or save – finish later.
 - a. If they are done with the application, they should submit and logoff.
 - b. If they need more time to complete the application, they should save – finish later.
8. Once they select submit and logoff the agent will receive an email letting them know the client fill portion of the application has been updated.
9. The agent can log back in to eApp and finish the rest of the application before sending back to the client for signatures.

Sending to Client to Fill and Sign Application

- This is available if you need the client to complete some application as well as sign the application all at once.
 - In order for this to be available, the producer report must be fully completed, the client's DOB & SSN must be entered in, and the Owner question (question 3, page 2) on part A must be completed.
 - Other questions can be completed as well, but these are the only required pages/questions.
1. Once the necessary forms/questions are completed, click the take action drop down and select 'Request Client to Fill & Sign'.

2. The request screen will appear with the necessary info already filled in.
3. Click on 'Send Email' button which will generate an e-mail to the client.
4. The client will receive an email with a link to the application as well as a separate email with a passcode.
 - a. The client can log in to the application either using the passcode or log in with the last 4 of their SSN & DOB (must match what the agent entered).

5. The client will be taken to the application where they can enter in all required fields.
 - a. They are able to attach documents during this stage as well using the button in the blue taskbar.
6. Once all required fields are completed the client can start the signature process.
7. They will be prompted with a warning that once the signature process begins the application will be locked from further edits.

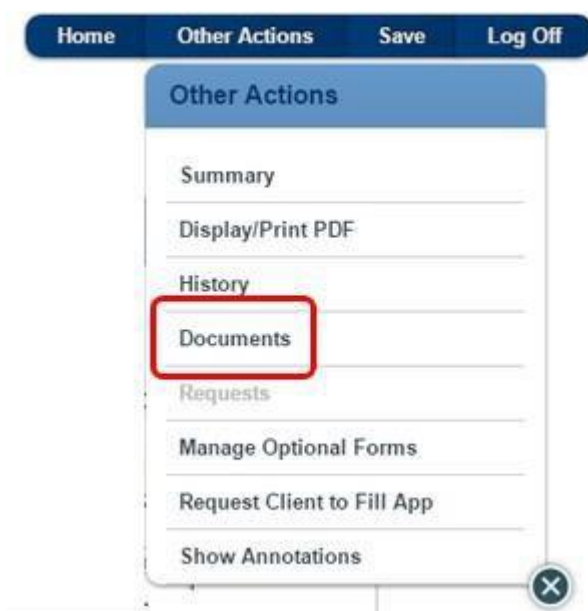


8. The client will now be able to sign the application.
9. Once they complete the signature process, the agent will receive an email letting them know the client has completed their portion of the application.
10. The agent can log back in to eApp through the link in the email and complete their signing process.

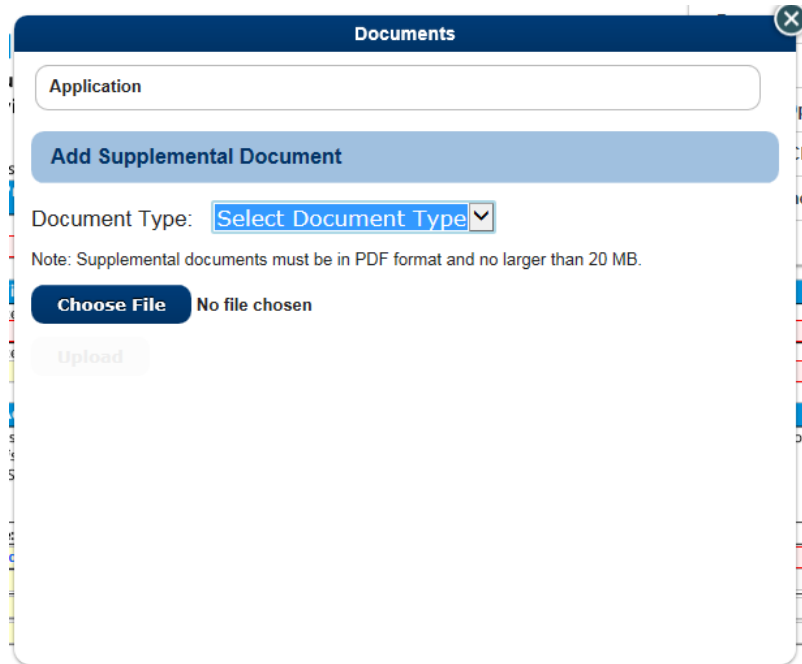
Attaching Documents

To attach additional documents to an application:

1. Select **Other Actions** and then select **Documents**.



2. Then select the **Document Type**, select a **PDF** document to upload and select **Upload**.

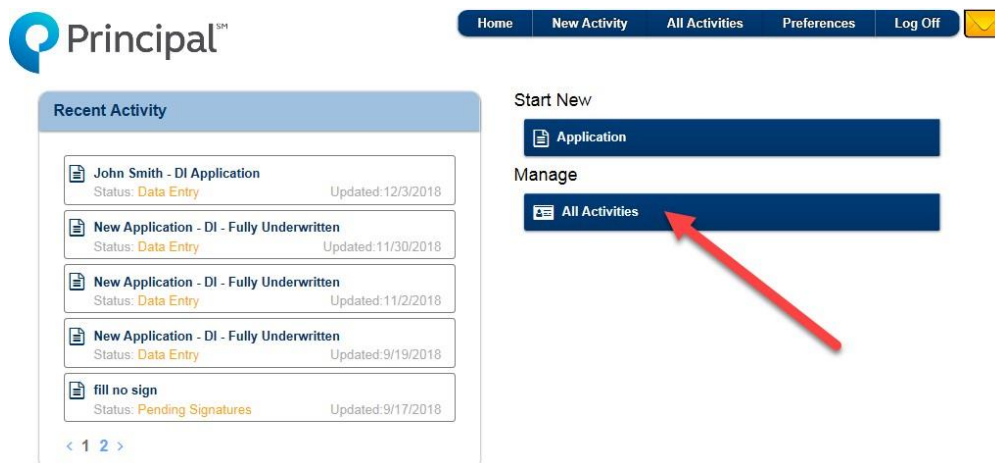


The screenshot shows a modal window titled "Documents" with a close button in the top right corner. Inside the modal, there is a text input field labeled "Application". Below this is a blue button labeled "Add Supplemental Document". Underneath the button, the text "Document Type:" is followed by a dropdown menu currently showing "Select Document Type". A note below the dropdown states: "Note: Supplemental documents must be in PDF format and no larger than 20 MB." Below the note, there is a dark blue button labeled "Choose File" and the text "No file chosen". At the bottom of this section is a light gray button labeled "Upload".

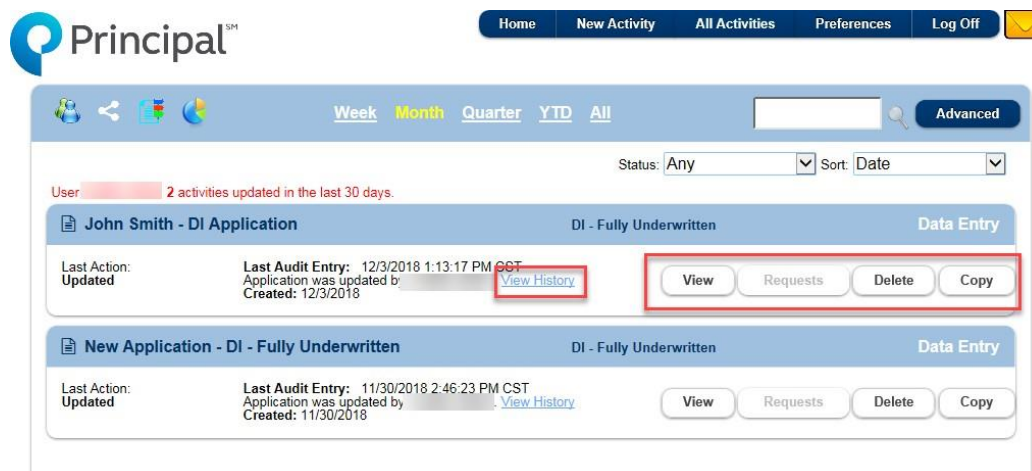
All Activities

The **All Activities** button, when selected, displays a list of the applications you have created or been given access. This is where the applications can be viewed and managed.

When on the main page, click on the **All Activities** button to access the applications.



When selected the applications appear:



- Use the **View** button to see the entire application.
- Depending on the status of the application, you can see what **requests** have been made or re-send requests if necessary (if this is grayed out, there are no requests on this application).
- Use the **Delete** button to delete an application. You will receive a prompt to verify that you wish to delete the application. This can only be used to delete the application from the tool.
- Use the **Copy** button to create a new application that is a copy of that application (including data) You can re-name the copied application.
- Click on the **View History** link to see a complete history of the application.