



**Principal National Life Insurance Company**  
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P.O. Box 10431, Des Moines, IA 50306-0431  
[www.principal.com](http://www.principal.com)

**Guaranteed Issue/Simplified Issue**  
**Underwriting Inquiry**

For Assistance: 800-654-4278, ext. 55436

Date initiated: \_\_\_\_\_

Financial Professional name: \_\_\_\_\_

BGA/Career office name: \_\_\_\_\_

Employer name: \_\_\_\_\_

Nature of business: \_\_\_\_\_

State of incorporation (if incorporated): \_\_\_\_\_ Length of time in business (in years): \_\_\_\_\_

Business structure: ☐ Not-for-profit ☐ C corporation ☐ S corporation  
☐ LLC/LLP ☐ Partnership ☐ Sole proprietor

Business location of participating employees: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip code)

\_\_\_\_\_  
(website address)

State case will be written: \_\_\_\_\_

**Plan design:**

1) What's the purpose of this coverage (split dollar, bonus, key person, etc.)? \_\_\_\_\_

2) What are the eligibility requirements to participate? (e.g., all full time employees at the vice president level and above)? \_\_\_\_\_

3a) Who's the owner? \_\_\_\_\_ 3b) Who's the beneficiary? \_\_\_\_\_

4) Who's the premium payor? ☐ Employer ☐ Employee ☐ Both

5) Will the premium for this plan, or any portion of the plan, be financed in any way? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

6) Does the success of the plan design rely on a frequency or assumption of death claims? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

**Underwriting program:** ☐ Guaranteed Issue ☐ Simplified Issue – Standard Decline

7) Are all key employees (i.e., white collar professionals, executives, management or owners) earning at least \$75,000 annually? ☐ Yes ☐ No

How many lives are eligible to participate? \_\_\_\_\_

Will 100% of the eligible employees be covered? ☐ Yes ☐ No

If not 100%, please explain: \_\_\_\_\_

- 8) Are all persons to be covered W2 salaried employees of the employer? ☐ Yes ☐ No  
If No, please explain: \_\_\_\_\_
- 9) What face amounts/multiples are being requested? \_\_\_\_\_
- 10) What formula basis was used to determine amounts requested? \_\_\_\_\_
- 11) Are all persons to be covered citizens and residents of the United States? ☐ Yes ☐ No  
If No, please explain: \_\_\_\_\_
- 12) Are there any persons who have had applications for insurance rated or declined with our or any other company, or who have a significant health history? ☐ Yes ☐ No If Yes, please explain why: \_\_\_\_\_
- 13) Do any of the persons perform work duties that require travel to countries on the U.S. Travel Advisory List?  
☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_
- 14) Are all persons to be covered actively at work (30 hrs/wk min.) and covered under employer's group benefit plan? ☐ Yes ☐ No If No, please explain: \_\_\_\_\_
- 15) Will this plan replace existing coverage? ☐ Yes ☐ No  
If Yes, provide details below:  
Was it fully underwritten? ☐ Yes ☐ No  
Name of carrier and product being replaced: \_\_\_\_\_  
Policy date of policies being replaced: \_\_\_\_\_  
Will there be rollover or 1035 money? \_\_\_\_\_
- 16) Are similar plans in force or being applied for? ☐ Yes ☐ No  
If yes, provide complete details: \_\_\_\_\_
- 17) Will this plan supplement any existing life plan? ☐ Yes ☐ No  
If yes, what was participation of existing plan? \_\_\_\_\_

**Product Type:** ☐ 10 year Term ☐ 20 year Term ☐ IUL – Accum ☐ IUL – Flex  
☐ UL – Provider Edge ☐ UL – Flex ☐ Variable UL

DBO option: ☐ 1 ☐ 2 ☐ 3

High early cash value required? ☐ Yes ☐ No

Are there plan provisions for automatic increases in amount? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

- 18) What is the budgeted total annual case premium (include number of years)? \_\_\_\_\_
- 19) What is the premium solve or goal? \_\_\_\_\_

**Census information:** Attached is a sample census showing the required information we need. Please set up an identical census using Excel, and then email both the completed questionnaire and census to your National Sales Desk contact.

**Additional information:** Please email any illustrations and client materials created. If an existing plan is in place, please send copies of the plan documents.

## Pre-Sale Questionnaire

### Census Information

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