



Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Policyholder Census
Enrollment Agreement

Account number

The following is a summary of the Policyholder responsibilities for insurance coverage. As the Policyholder for this group insurance, your responsibilities include (but are not limited to) the items listed below. Please refer to the Group Policy/Policies for additional Policyholder responsibilities such as participation and contribution requirements.

As the Policyholder for the above group insurance, I agree to:

- Obtain and maintain a completed group enrollment form from each eligible employee applying for or waiving a coverage or for a benefit increase.
- Provide a Preexisting Condition and Special Enrollment Rights form to each person applying for medical coverage.
- Maintain the enrollment forms and other necessary records to enable Principal Life Insurance Company to determine the current classification, benefits, current beneficiary designation, and termination data for each insured person. Any changes in beneficiary designations must be maintained and made available to Principal Life upon request.
- Verify that the insureds are covered under the terms of the Group Policy, considering eligibility for coverage, effective date, and termination.
- Provide health statement forms to applicants as required and ensure that those forms are submitted to Principal Life on a timely basis.
- Make all records and data related to this group insurance available to Principal Life for audit upon request, including home addresses of insured employees.
- Provide notice to eligible employees regarding the change in insurance carriers and distribute benefit and contribution information to each eligible employee either via online access or paper copy (including, but not limited to, the Benefits At A Glance (BAAG) and a booklet-certificate).

Group name	Policyholder signature
Job title	Date