



Mailing Address: Des Moines, IA 50392-0002

Principal Life Insurance Company

Employee Enrollment & Waiver - CO

Company name: Limon Public Schools; Division level; Account number/unit number

Employee Information

Your name (last), (first), (mi), Social security number, Mailing address (street), (city), (state), (ZIP code), Birth date (month/day/year), male/female, Do you have an eligible spouse or child?, Date employed full-time (month/day/year), Hrs worked per week, Job occupation/class, Location, Salary amount, Salary mode, What is your payroll mode?, Employer ZIP, Employer county

Benefit Options (You can only elect those coverages offered by your employer.)

Table with columns: Coverage, Employee, Spouse, Children. Rows include Medical, Dental, Vision, Short Term Disability, Long Term Disability, Group Term Life, Supplemental Term Life, Voluntary Term Life.

Have you used nicotine products in the past 12 months? Has your spouse used nicotine products in the past 12 months?

Important! If declining any coverage for yourself or any dependent, give reason. Covered under:

- spouse's group coverage, individual insurance, other coverage offered by my employer, other

Beneficiary Designation (Complete if life coverages are elected.)

Full name, Relationship

If two or more beneficiaries are named, proceeds shall be paid in equal shares to the surviving beneficiaries, unless specified otherwise.

Important - Complete Page 1 and Page 2.

