



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

Employee information fields including name, address, birth date, social security number, date employed, salary amount, and employer details.

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

Benefit options table with columns for Coverage, Employee, Spouse, and Children. Includes options for Medical, Dental, Vision, Short Term Disability, Long Term Disability, Group Term Life, Supplemental Term Life, and 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.

