



Mailing Address:  
Des Moines, IA 50392-0002

Principal Life  
Insurance Company

Field Underwriting  
Questionnaire

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

To evaluate known risks and to proactively address concerns with employees who may not be covered because of the Actively at Work provision in the contract, the following information is needed.

These questions are to be answered by the employer/broker to the best of his/her knowledge about the group.

1. To the best of your knowledge has any employee or dependent (if applicable) received medical treatment, consultation, care, or services for, or been diagnosed as having a back condition, cancer, heart disease, kidney disorder, liver disorder, stroke, or other serious or debilitating illness in the last 12 months? If yes, please provide details.

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2. Are there any employees who are currently not actively at work due to injury or illness or who have been out of work due to injury or illness for at least 5 consecutive working days in the last 12 months? If yes, please provide details.

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*Note: This document does not satisfy proof of good health for amounts over the guaranteed issue amount of coverage. An individual Statement of Health form must be completed for amounts over the guaranteed issue.*

Signature and Date \_\_\_\_\_

Title \_\_\_\_\_