

SERFF Tracking Number: PRLF-127991081 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Term Life Portability Insurance - APPLICATION
Project Name/Number: /

Filing at a Glance

Company: Principal Life Insurance Company

Product Name: Group Term Life Portability Insurance - APPLICATION SERFF Tr Num: PRLF-127991081 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: L08.000 Life - Other

Co Tr Num: State Status: Approved-Closed
Reviewer(s): Linda Bird

Filing Type: Form

Authors: Bonnie Blue, Mark Curtis, Disposition Date: 01/25/2012

Dorothy Mcgrean, Brenda Mcleran,

Ann McCoy, Colletta Maddy

Date Submitted: 01/18/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 12/09/2011

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Trust

Overall Rate Impact:

Filing Status Changed: 01/25/2012

State Status Changed: 01/25/2012

Deemer Date:

Created By: Brenda Mcleran

Submitted By: Brenda Mcleran

Corresponding Filing Tracking Number:

Filing Description:

Re Group Life Insurance Forms

Portability Application form GP60004

Principal Life Insurance Company NAIC No. 61271-332

FEIN No. 42-0127290

SERFF Tracking Number: PRLF-127991081 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Term Life Portability Insurance - APPLICATION
Project Name/Number: /

Enclosed for your consideration and approval is the attached portability application form, GP60004. This is a new form not replacing any previously filed form, however it is similar to GP53540-01 that was previously filed and approved by your Department on August 5, 2010, under SERFF filing number PRLF-126720071.

GP60004 will be used with our Group Term Life Portability product Booklet-Certificate forms GH 106 PORT et al, which were originally filed and approved by your Department on March, 26, 2004 with subsequent revisions also filed and approved. The main difference between GP60004 and GP53540-01 is the term of the portability coverage – GP53540-01 allows for ported coverage to be continued to age 75 while the new form, GP60004, allows for ported coverage to be continued until age 70. Both of these options are filed as variables under the above Booklet-Certificate forms.

The Group Life Portability product forms are issued for Arkansas residents under a master trust policy situated in Delaware. GP60004 has been submitted for review and was approved by Delaware on January 4, 2012 and our domicile state of Iowa on December 9, 2011. The Group Life Portability product is used when an Arkansas policyholder's plan of benefits offers a portability option, a covered employee's coverage terminates, and the employee elects to continue coverage under the portability option.

No part of the filing contains any unusual or possible controversial items from normal company or industry standards.

This form is being submitted on a general-use basis for use with all types of eligible groups allowed under Arkansas law.

All required certification forms are enclosed.

Thank you for your consideration of this filing. If you have any questions on any of the attached materials, please feel free to contact me.

Company and Contact

Filing Contact Information

Brenda McLeran, State/Federal Compliance Analyst
mcleran.brenda@principal.com
711 High St. 800-986-3343 [Phone] 88685 [Ext]
K-005-E81 515-246-2491 [FAX]
Des Moines, IA 50392-0002

Filing Company Information

Principal Life Insurance Company CoCode: 61271 State of Domicile: Iowa
711 High Street Group Code: 332 Company Type: Life & Health
Des Moines, IA 50392-0002 Group Name: State ID Number:
(800) 986-3343 ext. [Phone] FEIN Number: 42-0127290

SERFF Tracking Number: PRLF-127991081 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Term Life Portability Insurance - APPLICATION
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: filing of an application \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$50.00	01/18/2012	55547460

SERFF Tracking Number: PRLF-127991081 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Term Life Portability Insurance - APPLICATION
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/25/2012	01/25/2012

SERFF Tracking Number: PRLF-127991081 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Term Life Portability Insurance - APPLICATION
Project Name/Number: /

Disposition

Disposition Date: 01/25/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRLF-127991081 State: Arkansas
 Filing Company: Principal Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Group Term Life Portability Insurance - APPLICATION
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Portability Application Form Number List		Yes
Form	Group Term Life Insurance Portability Application		Yes

SERFF Tracking Number: PRLF-127991081 State: Arkansas
 Filing Company: Principal Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Group Term Life Portability Insurance - APPLICATION
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GP60004	Application/Group Term Life Enrollment Insurance Portability Form Application	Initial		60.500	GP60004.pdf



Mailing Address: Des Moines, IA 50392-0002

Principal Life Insurance Company | Group Term Life Insurance Portability Application

Account number _____

Employee & Dependent (if applicable) Information

I hereby apply for portability of my group term life insurance coverage issued by Principal Life Insurance Company in accordance with the provisions of the group policy.

Employee name (last, first, middle initial) _____

Street address _____ Home email address _____ Phone number _____

City _____ State _____ ZIP code _____

Name	Social security number	Date of birth	Sex	Relationship	Amount of coverage
			<input type="checkbox"/> male <input type="checkbox"/> female	Self	\$
			<input type="checkbox"/> male <input type="checkbox"/> female		\$
			<input type="checkbox"/> male <input type="checkbox"/> female		\$
			<input type="checkbox"/> male <input type="checkbox"/> female		\$

NOTE: Standalone dependent coverage is not available.

Have you or your spouse used nicotine products within the last 12 months?

Employee: yes no Spouse: yes no

Benefit Booklet election: I wish my benefit booklet to be provided by: Paper Electronic delivery

If you elect to receive your benefit booklet electronically, we will contact you with further information and directions for accessing your benefit booklet. Please be sure to include your current home e-mail address in the section above so we may contact you about electronic delivery of your portability benefit booklet.

Employee Beneficiary Designation

Full name _____ Relationship to insured _____

Employee Signature (Read and sign below.)

- I understand coverage continuation will be effective only if this application and first month's premium are received by Principal Life Insurance Company within 60 days of the date my group term life insurance coverage terminates. Confirmation of coverage will be sent to me by Principal Life Insurance Company.
- I hereby certify that the above information is true and complete to the best of my knowledge and belief. I understand my coverage can be ported as long as I:
 - do not meet the definition of actively at work which includes a reduction in work hours from full time to part time;
 - am less than 70 years of age;
 - am not currently on premium waiver due to disability;
 - am not receiving accelerated benefits;
 - am not exercising individual purchase rights.
- I understand initial rate calculation for me and my spouse, if covered, is based on our age as of prior policy anniversary. The member rate table and age used for our rate calculation is subject to change on May 1 of every year.

- I understand ported coverage amounts can be increased with proof of good health. Coverage can also be decreased or cancelled at any time. Coverage ends as specified in the portability policy or at the time premiums are no longer being paid. I do have conversion rights.
- I understand that if I consent to electronic delivery of my benefit booklet, I can withdraw my consent at any time or request a paper copy of the benefit booklet. In addition, if I change my e-mail address, I understand that I am responsible for notifying Principal Life in order to assure receipt of any changes to the benefit booklet. I understand that I may contact Principal Life regarding this matter at the address shown below.
- **I have read and understood the Fraud Notice Requirements on Page 2 and 3.**

Employee signature X	Date signed
--------------------------------	-------------

**Send completed form and check payable to:
The Principal Financial Group®
Attn: Group Operations – Portability
711 High Street, Des Moines, IA 50392**

Employer to Complete this Section

Employer name	Contact for Questions	Phone
---------------	-----------------------	-------

Was the above named employee on disability or receiving accelerated benefits when coverage ended? yes no

Amount of coverage upon termination

Employee \$ _____ Dependent \$ _____ Dependent children \$ _____

Date last worked	Date coverage ended	Annual Salary \$ _____
------------------	---------------------	---------------------------

Job/Benefit Class _____

Fraud Notice Requirements

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

COLORADO FRAUD

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA FRAUD

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA FRAUD

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW MEXICO FRAUD

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO FRAUD

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA FRAUD

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE FRAUD

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

VIRGINIA FRAUD

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

SERFF Tracking Number: PRLF-127991081 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Term Life Portability Insurance - APPLICATION
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: This is a new application not replacing any other form. N/A Comments:		

	Item Status:	Status Date:
Satisfied - Item: Portability Application Form Number List Comments: Attachment: Form Number List.pdf		

**STATE OF ARKANSAS
INSURANCE DEPARTMENT**

CERTIFICATION OF READABILITY

I, Kimberly Douglas, an Officer of Principal Life Insurance Company hereby certify that the attached form(s) has (have) achieved a Flesch Reading Ease Score of:

Form No.	Form Name	Flesch Score
GP60004	Group Term Life Insurance Portability Application	60.5

and complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

PRINCIPAL LIFE INSURANCE COMPANY



Kimberly Douglas, Director
Group Life and Health Compliance

January 18, 2012

Date

12/1999

PORTABILITY APPLICATION FORM NUMBER

New Application Number	Title	Replaces Application Number
GP60004	Group Term Life Insurance Portability Application	None - new