

Principal Life's Single Life Disability Products Illustration Request Form

TO: _____
Phone #: _____ Fax #: _____

FROM: _____
Phone #: _____ Fax #: _____
Email address: _____

General Client Information

Name _____ Age _____ Sex: M F
Class: Smoker Nonsmoker State of Residence _____ State Written _____
Occupation: _____ Occ. Class: 5A 4A 3A 2A A
Annual Income: Earned \$ _____ Bonus \$ _____ Unearned \$ _____

Disability Income

Plan:

Policy Type: Level Step Rate
Taxable Benefits: Y N
Disability Monthly Benefit: Max.
 % of income _____ % Specified Amount
\$ _____
Elimination Period:
 30 60 90 180 365
Benefit Period: 2 yrs. 5 yrs. To 65
Social Security Substitute Monthly Benefit:
 None Max. Specified Amount
\$ _____
Elimination Period:
 30 60 90 180 365

Discounts:

Select Occupation (actuaries, architects, executives earning over \$60,000, CPAs and engineers only)

1st Existing Coverage Monthly Benefit:

Group LTD: **OR** Individual Coverage:
Mo. Benefit: % of Income _____ %
Specific Amount \$ _____
Mo. Benefit Cap: \$ _____ Elim.
Period _____ (days)
Benefit Period: _____ months Age 65
Integrated with SS: Y N
Taxable Benefits: Y N

Riders:

Automatic Benefit Increase **OR** Benefit Update
 Cost of Living Adjustment 4% 6%
 Residual Disability Benefit **OR** Partial Disability Benefit (2A occ. class)
 Regular Occupation

Note:

- Available to certain 5A occ. classes
- Not available to attorneys
- Not available in California

Return To Work
(5A and 4A fee- for- service professionals)

(Note: For Employer/List Bill Discount use Multi-Life Illustration Request Form)

2nd Existing Coverage Monthly Benefit:

Group LTD: **OR** Individual Coverage:
Mo. Benefit: % of Income _____ %
Specific Amount \$ _____
Mo. Benefit Cap: \$ _____ Elim.
Period _____ (days)
Benefit Period: _____ months Age 65
Integrated with SS: Y N
Taxable Benefits: Y N

Additional Coverage

Overhead Expense:

Disability Buy-Out:

Policy HH641/HH643/HH644/HH670/HH673/HH678
For Producer Use Only
Principal Life Insurance Company, Des Moines, IA 50392
DI2034 - 0111

FAX OR MAIL THIS COMPLETED FORM TO YOUR CPS MARKETING MANAGER