



Mailing Address: Des Moines, IA 50392-0002

Principal Life Insurance Company

Application To Continue Handicapped Child

This form should be completed by the member to apply for continued coverage beyond the maximum age defined in the policy for the dependent (other than spouse) named below. Except for age, the dependent must continue to be a dependent as defined in the policy. This dependent must be incapable of self-support as the result of a developmental disability or physical handicap and must be dependent on the member for primary support.

Account number \_\_\_\_\_

A. Employee Information

Your name (last, first, middle initial) Date of birth Social security number

Home address (street)

City State ZIP code Home phone number

B. Dependent Information

Dependent's name (last, first, middle initial) Date of birth Dependent's social security number

Was dependent covered by prior carrier? If yes, date prior coverage ended
yes no

Name of prior carrier Prior carrier phone number

C. Details About Incapacity: Give complete details so processing is not delayed.

Description of incapacity / reason for incapacity

How does incapacity interfere with daily life?

When did incapacity start?

D. Schools and Jobs

1. Has this dependent been going to a school or training facility since reaching age 19 (or age shown in policy)? yes no

If yes, has this dependent been going full-time? yes no

2. List schools and facilities attended: Is this a custodial care facility? Dates attended:
yes no from to

3. What education level has been reached?

4. How was this level reached? special education program regular classes

5. Has this dependent been working? yes no (If no, proceed to question #10)

6. Is so, where and for how long?



**H. Statement of Physician About Dependent Named on Page 1: This section must be completed by the physician.**

Date you first attended this patient \_\_\_\_\_

Are you presently seeing this patient for incapacity? \_\_\_\_\_

Please furnish the history of the incapacity. Include diagnosis, treatment, results of special studies, present course, prognosis, etc. If the space below does not allow room for sufficient history, please attach the history to this form.

Please provide the Global Assessment of Functioning Scale if applicable. \_\_\_\_\_

In your opinion, is this patient capable of self-support?  yes  no

If no: what is it about the incapacity that prevents self-support? \_\_\_\_\_

How long has the incapacity existed? \_\_\_\_\_ How long may such incapacity be expected to continue? \_\_\_\_\_

Is self-support possible in the future?  yes  no If so, when? \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date signed \_\_\_\_\_

Physician's printed name \_\_\_\_\_

Address (street) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_ Phone number \_\_\_\_\_

**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:** 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:** 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:** 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.

**New Mexico:** 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.

**Pennsylvania:** 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:** 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:** 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.

**Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.