



PLEASE USE BLACK INK
PLEASE ENTER DATES AS MM/DD/YYYY

Company name JOHNSTON CONSTRUCTION COMPANY	Division level ALL MEMBERS	Account number/unit number 1009669-10001
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Employee information

Name		Social security number	
Mailing address (street)		Birth date	<input type="checkbox"/> male <input type="checkbox"/> female
(City)		(State)	(ZIP code)
Date employed full-time	Hours worked per week	Job occupation/class	Location
Email address		Home number	Mobile number
Employer ZIP code		Employer county	

Eligible dependent information (Complete if you are electing benefits for your spouse¹ or children)

Dependent name	Birth date	Gender	Social security number	Relationship
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> spouse <input type="checkbox"/> domestic partner ¹
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³

¹Spouse will include Domestic Partners if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership / Enrollment Form Addendum (GP60475).

²If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?

yes no

³When your child, who is developmentally or physically disabled, reaches/exceeds the maximum age, an Application to Continue Disabled Child form must be completed and reviewed to determine eligibility.

Instructions

After this form is completed and signed:

- Employee retains a copy of the form, and
- Enrollment is submitted to Principal Life:
 - Use eService to submit enrollment information at www.principal.com. Employer retains the original form.
 - Or, email the form to groupbenefitsadmin@principal.com.
 - Or, send the original form to Principal Life Insurance Company. Employer retains a copy of the form.