

**Employee Enrollment  
& Waiver-PA**

Principal Life Insurance Company  
Des Moines, IA 50392-0002



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 spouse<sup>1</sup> 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 <sup>1</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>2</sup> <input type="checkbox"/> disabled child <sup>3</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>2</sup> <input type="checkbox"/> disabled child <sup>3</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>2</sup> <input type="checkbox"/> disabled child <sup>3</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>2</sup> <input type="checkbox"/> disabled child <sup>3</sup>

<sup>1</sup>Spouse 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).

<sup>2</sup>If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?  
☐ yes ☐ no

<sup>3</sup>When 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**

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After this form is completed and signed:

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