

Principal
Financial Group
Principal Life Insurance Company

Mailing Address
 Des Moines, IA
 50392-0002

Employee Enrollment & Waiver-CA

Company name PKC KUEBLER, APC	Division level ALL MEMBERS	Account number/unit number
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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)	

Do you have an eligible spouse or state registered domestic partner or nonregistered domestic partner or child(ren)? yes no

Date employed full-time	Hours worked per week	Job occupation/class	Location
Email address		Phone number	
What is your payroll mode? <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly		Employer ZIP 92590	Employer county RIVERSIDE

Eligible Dependent Information (Complete if you are electing benefits for your spouse or state registered domestic partner or nonregistered domestic partner 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"/> state registered domestic partner <input type="checkbox"/> nonregistered domestic partner
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**

* 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

** 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.

Is your spouse or state registered domestic partner or nonregistered domestic partner employed by this company?
 yes no

