



Mailing Address:
Marsh Affinity Group Service
P.O. Box 14578
Des Moines, IA 50306-4578

**Principal Life
Insurance Company**

**Payroll Deduction
Authorization/Waiver
of Coverage**

Last name	First	Initial	Social security number
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Employer	Department, branch or location
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- PAYROLL DEDUCTION AUTHORIZATION - I authorize my employer to make deductions from my paycheck as payment for Group Universal Life insurance. These deductions end upon termination of my employment or my written notice canceling this authorization.

- WAIVER OF COVERAGE - Group Universal Life insurance, offered by Principal Life Insurance Company, has been explained to me and I waive the opportunity to participate. I understand that if I want to participate in the future I must provide proof of good health at the expense of Principal Life and may be declined for coverage.

Date	Signature
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Original – employer's copy **Make copies for:** Principal Life Insurance Company and employee's copy