

**Employee Enrollment
& Waiver-MS**

Principal Life Insurance Company
Des Moines, IA 50392-0002



**PLEASE USE BLACK INK
PLEASE ENTER DATES AS M/DD/YYYY**

Company name Rankin County School District	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)	
Date employed full-time	Hours worked per week	Job occupation/class	Location
Email address		Home number	Mobile number
Employer ZIP code 39042	Employer county RANKIN		

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
		<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 (GP60462).

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.

Is your spouse¹ employed by this company?
 yes no

If you and your spouse¹ are both employed at the same company and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent. If you and a parent are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.

