Principal®

Individual Disability Insurance

IDIeApplication UserGuide
(800 Series)

Table of Contents

Contents

IDI eApplication

We offer Individual Disability Insurance (IDI) application electronic completion and signature to help you streamline the process.

Our digital solution is powered by Firelight, a technology of Hexure.

To access the tool, click on this link log in with your current Principal credentials.

Advantages

Key features of eApp include:
- **Cost** – There's no cost you or your clients to use the tool.
- **All states available** – All New Business applications/forms are available for all states. However, the following states: CA, FL, ND, SD, WY, MT, NY, & SC will not be a part of the 800 series product experience. These states would continue to follow the series 700 product experience.
- **Single sign-on** – It integrates with the login credentials required for our financial professional website. Your clients will access the eApp site through a personalized email or in person with you.[1]
- **Less data entry** – You only need to input information once and it automatically floods all fields requiring that same information. You'll also complete fewer fields prior to submission.[2]
- **Data floods from the IDI illustration system –** Not an available option currently for series 800. Coming in the future.
- **Improved customer experience** – It's completely secure and the client can apply their signature to all documents.

[1] Clients access their application through a personalized link and are asked to enter the last four digits of their Social Security Number and BirthDate.

[2] All fields need to be completed for in Good Order requirements.

Preferences

Preferences allows you to set some basic display preferences within the eApp. Access the *Preferences* screen by clicking the button on the top menu.

| Home | New Activity | All Activities | Preferences | Log Off | |

The *Preferences* page allows the ability to set your own preferences for the system. Entering or using the information on this page is optional.

General Section:

User Full Name	This field defaults and cannot be changed – It is used to auto-fill the eSignature request
User Email Address	Enter email address – It is used to auto-fill the eSignature request. *This field is **required** in order to set up user share*
Default Jurisdiction	Use to default a State Written from the selection window when creating a New Application *This is useful if a bulk of your applications will be for a particular state.*
Default Product Type	Use to default a product (Disability Income, Overhead Expense, Disability Buy-Out, Key Person Replacement)
Default Time Zone	Use to set a time zone which is used for timestamps
Page Size for My App. List	Select to determine how many applications will show on a page in the *All Applications* view
end Message Center Emails	Select to send emails that go to your eApp *Message Center* to the email address listed under *My Email Address*
Use Agent Email for all Communications	This box is defaulted to checked. All communication will appear to be coming from the agent even if sent by a delegate. If the financial professional wants communications to appear like they are coming from the delegate, they will uncheck this box.

Agent Section:
This section is not used. No information will be entered in here

Reviewers Section:
This section allows for additional individuals to have access to an agent's application after it has been completed by entering their name and email address. Once the information for the first reviewer has been entered, an option to add another will be given. Financial professionals should contact the brokerage general agency they are submitting business through to determine who their reviewer should be.
Note: No defaults will be set until you make changes on this screen and click the *Save* button.

User Share

This provides the ability to allow others to review and work on applications for an agent. This section will discuss how to grant access to someone and how it works.

Granting Access

1. Make sure the appropriate email address has been entered for the user granting and the user receiving the user share access. Each individual needs to have their own email address entered in their *Preferences* screen. Make sure you click save at the bottom of this page after making changes to the *Preferences* screen.

2. Go to the main page by clicking the *Home* button on the top banner and selecting the *All Activities* button.

3. On the top of the **All Activities** page you will have the User Share icon. Selecting the icon will open a pop-up titled **Share My Activities**, type in the last name of the user you are granting access to and select the **Search** icon.

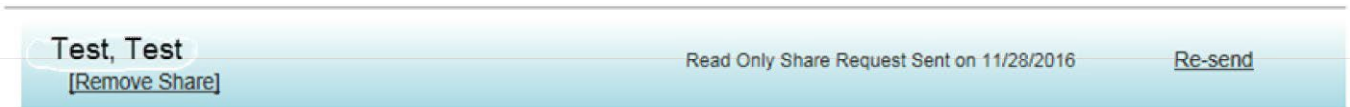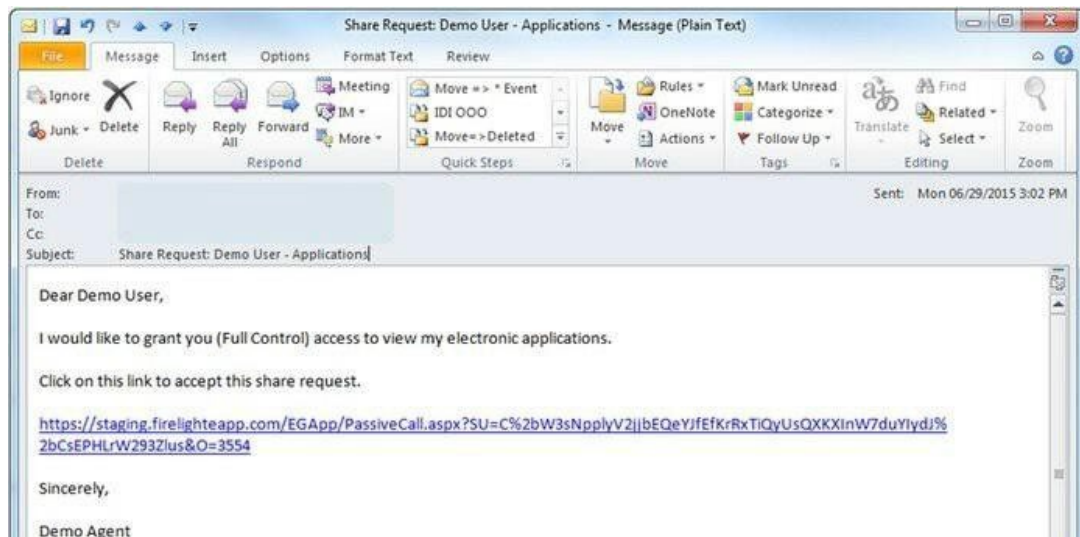4. Select user and whether they're to be granted **Full Control** or **Read** only.
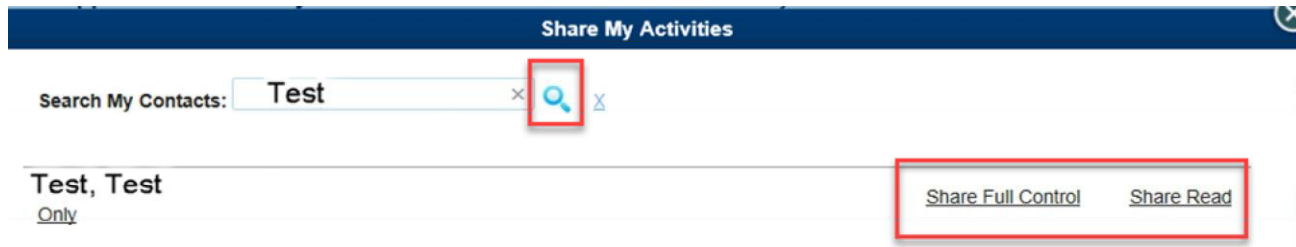
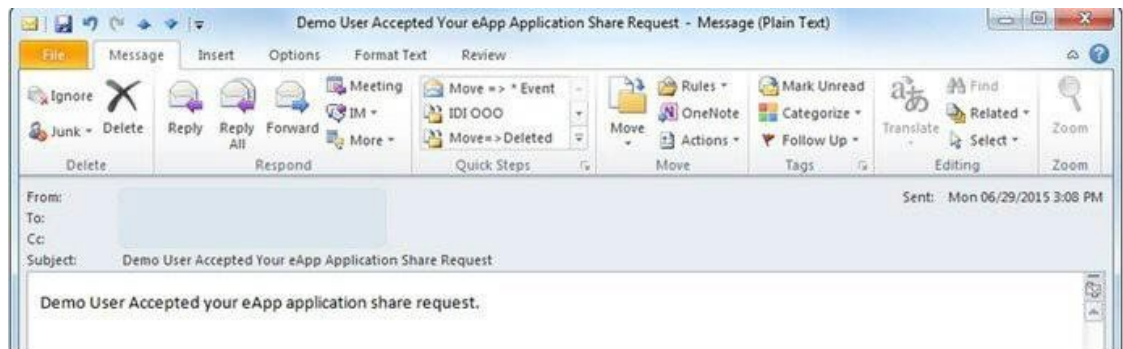5. Once selected a confirmation will appear on the screen.

6. An email is sent to the individual.

7. Once the recipient clicks the link to accept the share a confirmation screen will display.

> **Thank you for using application share**
>
> You have successfully accepted the application share.

8. The person granting the request will receive a confirmation email.

Creating on Behalf of

After user share is set up, when creating an application, a prompt will appear to select who the application is being created on behalf of.

If you are creating an application for an agent (i.e., they will be the one signing the application), you will need to create on behalf of them.

*Please note that if user share is not set up and the application is not created on behalf of the agent, the agent will be unable to sign the application upon completion. (The agent signature box will be greyed out.)

> **Create**
>
> Name: New Application - DI - Fully Underwritten
>
> On Behalf of: Myself
>
> Create   Cancel

View/Modify Applications

Once the application is created, the person granting the share can view and work on the application (note: both the delegate and agent should not be in the application at the same time). The application will be saved in the list of the owner; in the case of user share, it would be saved in the list of whomever the application was created on behalf of.

To view applications that you have received access to via User Share, select the All Activities button from the Home Page. Click on the magnifying glass.

Select the agent's name from All Users, or search using the Search Box.

Revoke User Share

On the *All Applications* screen, select the User Share icon.

Type in the last name of the user you'd like to share with and click on the Search icon. Confirmation emails will be sent in the same manner as when granting access.

Transfer Application to New Owner

If the original application needs to be transferred to a new owner in eApp (ex: the original owner is not the signing financial professional and user share was not used), you can transfer the application to the correct owner.
Note: only the owner of the application can initiate the transfer. Please ensure the person you are trying to transfer to has their email address included in their preferences

1. The original application owner will need to "View" the application in question from their *All Activities* list.
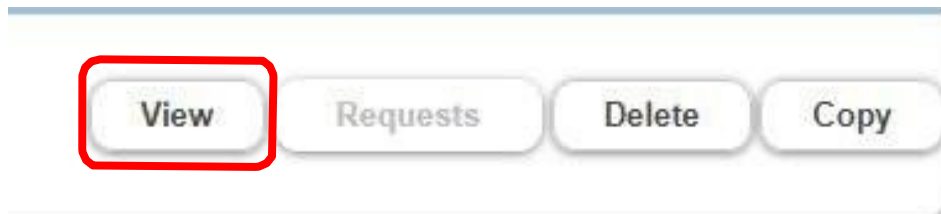
2. Once in the application, the original application owner (individual transferring the application) will click "Other Actions" in the top right corner. A drop down will appear. Select "Transfer".
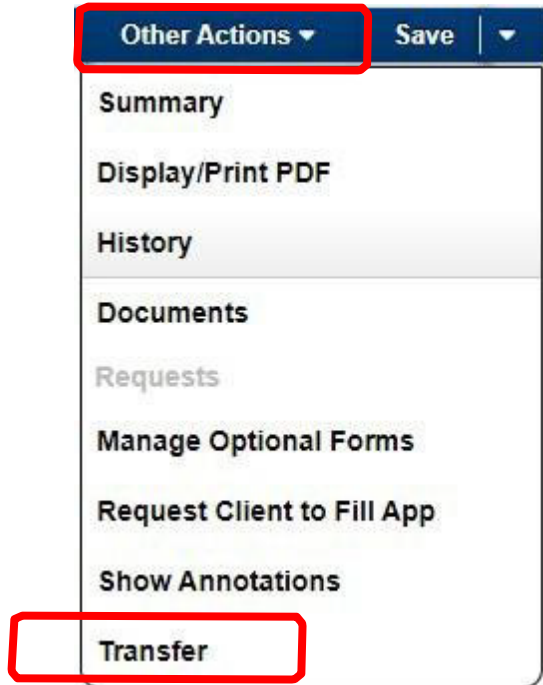
3. Once *Transfer* is selected, a popup will appear titled Application Transfer. Search for the individual who should be owner by Last Name. Click "***Select New Owner.***"

4. Once "Select New Owner" has been selected, the popup will transition to say the transfer has started.

5. The new owner will receive an email when the transfer is initiated. Once they sign into eApp the next time, it will finish processing and the application will now belong to them.
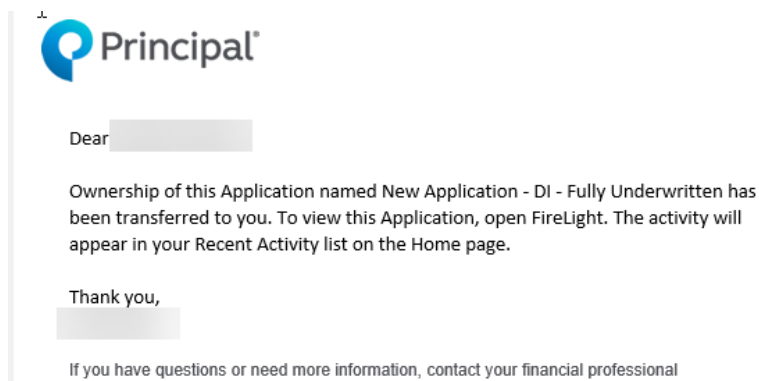
6. The original owner may now click the X on the pop-up and click home to leave the application. **Note:** The original owner does not need to wait in the application for the new owner to sign in. The process will finish once the new owner logs into eApp for the first time.

Application Transfer

Application Transfer has started and will be completed when the new owner receives the application.

The original owner may get a pop up that says "*Incomplete Activity*" when attempting to leave the page by selecting the home button. The original owner may hit "OK" and it will take them to the home page. The transfer will finish once the new owner signs in.

If necessary, the transfer can be canceled if it's done prior to the new owner logging into eApp (which completes the transfer process). In the Other Actions drop down, select Cancel Transfer. The application will remain in the original owner's name and the person who the application was transferred to will receive an email letting them know the transfer was cancelled.

Transfer Data from Illustration System

- **Not currently an option for series 800. Planned for a future release.**

- For instruction related to this process for series 700, please refer to series 700 guide.

The Application

Upon logging on to the application, you are directed to the landing page. This page includes a list of any application that you have started work on, in the recent activity section.
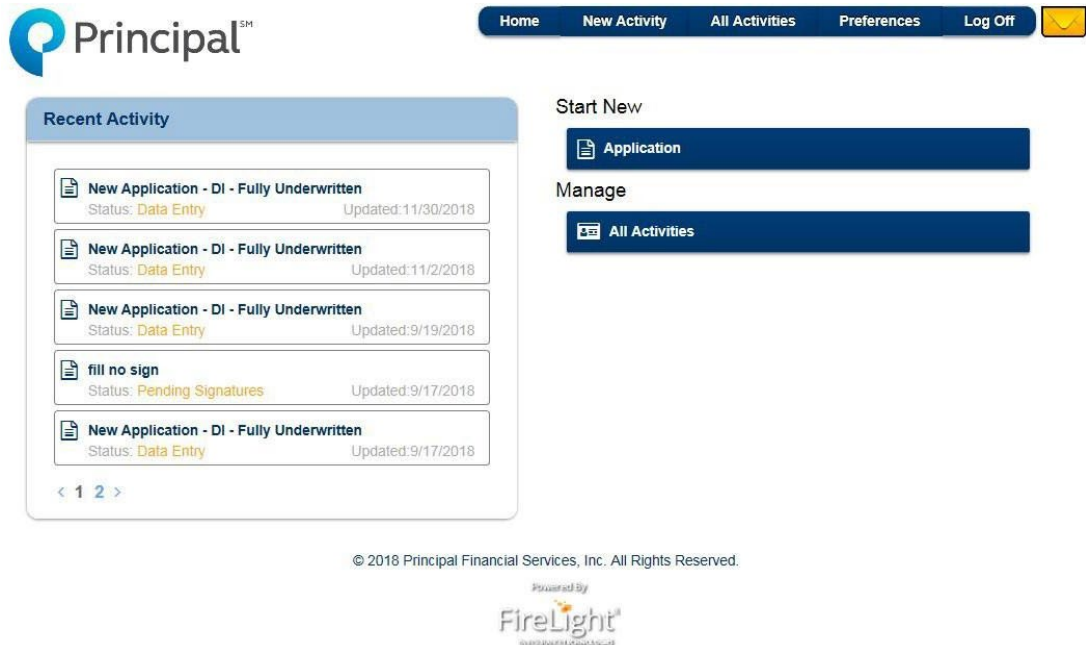
Building a New Application

Note: eApp only supports the online or phone interview Part B process, not the traditional Part B completed with the financial professional) application process.

The Part B will need to be ordered separately on the financial professional webpage. Or going to https://insurance.advisors.principal.com/request-part-b.

1. Select the *Application* button under the *Start New* section:

2. This will open the *Create a New Application* window:

   a. Select the *Jurisdiction* (written state) and the *Product Type* desired.
      NOTE: You must select the *Jurisdiction* before the available *Product Types* will appear.

      Available Product Types are:
      Disability Income, Overhead Expense, Disability Buy-Out, Key Person Replacement

3. Next, select the *Product Type* desired:

Create New Application

| Jurisdiction: ℹ️ | Iowa ▾ | Product Type: | All ▾ |

Disability Income	Principal Financial Group	**Principal® Income Protector Disability Income application**
Disability Income	Principal Financial Group	**Principal® Income Protector DI Retirement Security application**
Disability Income	Principal Financial Group	**Principal® Income Protector Existing Policy Change / Policy Reinstatement application**
Disability Income	Principal Financial Group	**Principal® Income Protector Guaranteed Standard Issue program application**
Disability Income	Principal Financial Group	**Principal® Income Protector Maximize Your Benefit rider application**
Disability Income	Principal Financial Group	**DI - Fully Underwritten**
Disability Income	Principal Financial Group	**DI - Retirement Security**
Disability Income	Principal Financial Group	**DI - Standard Issue**

4. By selecting the **Product Type,** you'll get a list of forms.

Principal® Income Protector Disability Income application

Required Forms

- ☑ Optional Form Selection Questionnaire
- ☑ Financial Professional Report Questionnaire
- ☑ Application Part A Questionnaire
- ☑ Application Part C Questionnaire
- ☑ Financial Professional Report
- ☑ PIP New Business Application Part A
- ☑ PIP New Business Application Part C
- ☑ Authorization for Release of Personal Health Information

Click 'Create' to proceed.

[Create] [Cancel]
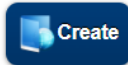
NOTE: Conditional forms are included in the application and will be triggered based on how certain questions are answered. This allows these forms to be included or excluded in your application packet without the need to start the application build over. A sample of a conditional form would be the DI Authorization for One Time or Initial and Recurring Monthly EFT form. Other examples include: Replacement Forms, Non-U.S. Citizen Questionnaires, English-Speaking Statements.
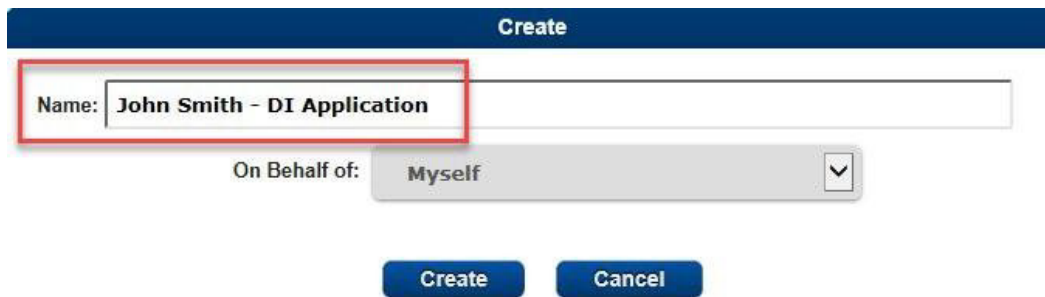
NOTE: *Optional forms* are listed within the experience on the *Optional Form Selection Questionnaire* to allow them to be selected based on the need for the application packet.

5. Next, you can click on the *Create* button and name the packet so it can be identified throughout the process. Highlight the default name that displays and type over it.

> **NOTE**: It's recommended you name applications to better manage them throughout the eApplication process. (i.e., John Smith – DI application).
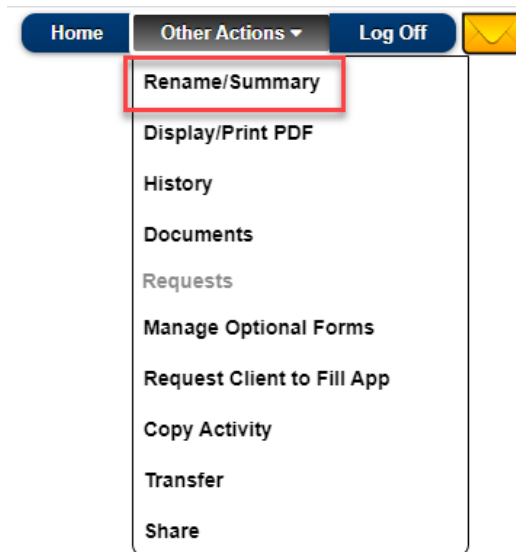
Create

Name: New Application - DI - Fully Underwritten

On Behalf of: Myself ⌄

Create   Cancel

Create

Name: John Smith - DI Application

On Behalf of: Myself ⌄

Create   Cancel

6. Select the *Create* button, and the system will open the application and forms.
   a. If the Application Name is not updated at this time, it can be updated by clicking the Other Actions drop down and selecting Rename/Summary

Home   Other Actions ▾   Log Off   ⌄

Rename/Summary

Display/Print PDF

History

Documents

Requests

Manage Optional Forms

Request Client to Fill App

Copy Activity

Transfer

Share

   b. A pop-up will appear that has the Application name field in an editable mode. Highlight the existing name, type the name you want, and click the *Rename* icon in the upper right-hand

corner. To exit the pop-up, click the 'X' in the right-hand corner.

Getting Started and Navigating a New Application

- Any field highlighted in **red** is required (non-required fields should still be completed if applicable).

- Click the **orange** speech bubble on the top blue banner to view pop-ups below each required field. Click the speech bubble again to turn off the pop-up.

- Use the "Previous" and "Next" navigation buttons at the bottom of each questionnaire panel to move between pages.

- **Note:** Some screens have down or up directional arrows, on the right of the screen, indicating where you may need to scroll to complete or view additional fields

- Use the **double carrots** tab the top blue banner to jump to a specific section within the application.

- Any pages that are incomplete will be shown with a **red** ⚠ icon next to it.
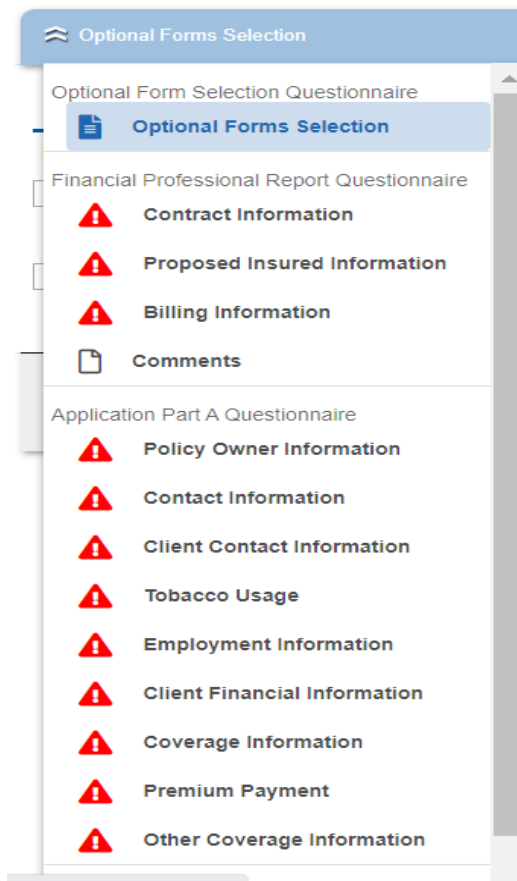
- The first time in a new application, the name for the *Primary Financial Professional* (aka: *Servicing Agent*) will default to the name of the individual that signed in. If that person is not the *Servicing Agent,* that field will need to be updated. The financial professional report is not visible to the client.

- Fields that appear on multiple forms will auto flood to all forms (ex: Name). Once you enter or alter it on any form, it will automatically update to all forms.

- Auto Save Enabled will show in the upper right corner of the screen. This means that information will be auto-saved as soon as it's entered on the application.

Completing the Financial Professional Report & Application Questionnaires

- Answer each question below.

Financial Professional Report Questionnaire - Financial Professional Information

① DATA ENTRY 56%	② SIGNATURES	③ REVIEW	④ FINALIZE	❯ CONTINUE

Financial Professional Report Questionnaire

Financial Professional Information

Field Office Name ❓

Field Office Contact ❓

Field Office Contact Phone Number

Sub-Field Office Unit (if applicable)

Field Office Contact Email Address

Financial Professional Compensation Information

Who will the primary financial professional be on this application?

John Doe

Principal Assigned Statement Detail Code

SSN or last 4 numbers

Commission %

Is the signing financial professional signing on behalf of an organization?   ○ Yes   ○ No

Add Another Professional

Previous	Next

Financial Professional Report Questionnaire

Information about the proposed insured

Is proposed insured a business owner?   ☐ Yes   ☐ No

Occupation Field of Expertise

[⌄]

Occupation Class

[⌄]

Have or will labs be ordered for this applicant? ⓘ   ☐ Yes   ☐ No   ☐ N/A

- Selecting 'Yes' above will add the Notice and Consent form to the application. Hover over question mark icon for details.

Was a preliminary underwriting review completed? If yes, please submit the email from underwriting with this application.   ○ Yes   ○ No

What is the relationship to the financial professional?   [None ⌄]

If special dating is desired, indicate requested policy effective date ⓘ   [   ]

If there are applications or existing policies related to this application, please provide name(s) and/or policy number(s)

[   ]

Financial Professional Report Questionnaire – Additional Information about this application & Select Professional Program

Additional information about this application

Is proposed insured applying for either of the following discounts? If yes, choose applicable discount.

☐ Multi-life Discount ⓘ

☐ Multi-life Resident Discount ⓘ

Is Proposed Insured applying for any of the following discounts? If yes, choose applicable discount.

○ Affiliation Discount ⓘ   ○ Association Discount ⓘ

○ Mental Nervous Limitation Discount ⓘ

Select Professional Program

Is applicant a student/resident/fellow/starting practice?   ○ Yes   ○ No

Is the applicant applying under select professional limits?   ○ Yes   ○ No

| Previous | Next |

Financial Professional Report Questionnaire - Billing Information

Billing Information

Who will be paying the premium to Principal?

(•) Insured/Policyowner   ( ) Employer (If employer is also policyowner, choose Employer)

Will the premium be paid for by a business?   (•) Yes   ( ) No

Full Legal Company Name

[ ]

Employer Identification Number

[ ]

Billing Contact Name

[ ]

Billing Contact Email Address

[ ]

Billing Contact Phone Number

[ ]

Previous   Next

Financial Professional Report Questionnaire – Other Comments or Questions?

Financial Professional Report Questionnaire

Other Comments or Questions?

[ ]

Previous   Next

New Business Application Part A Questionnaire – Policy Owner

Who is the policy owner?

Will someone other than the proposed insured own this disability policy?

☐ Yes   ☐ No

Previous	Next

- If Policy Owner question is answered No, nothing further is required.
- If Policy Owner question is answered Yes, Additional information about the Individual OR Organization is required.

Who is the policy owner?

Will someone other than the proposed insured own this disability policy?

● Yes   ○ No

Will the policy owner be an individual or organization?

● Individual   ○ Organization

Who is the policy owner?

First Name   M   Last Name

SSN   Date of Birth

`__-__-____`

What is the policy owner's contact information?

Primary Residence Street Address (Cannot be P.O. Box)

City   State   Zipcode

◯ Individual   ● Organization

Who is the organization owner?

Organization Owner Name (Full legal name)

[   ]

Employer Identification Number   What is the title of the person signing on behalf of the organization?

[   ]   [   ]

What is the organization owner's contact information?

Primary Headquarters Street Address (Cannot be P.O. Box)

[   ]

City   State   Zipcode

[   ]   [⌄]   [   ]

Daytime Phone Number   Company Rep. Email Address

[   ]   [   ]

Previous	Next

New Business Application Part A Questionnaire – Contact Information

Tell us about the proposed insured.

First Name   M   Last Name

Date of Birth   SSN   Gender

Birth Country   Birth State

Driver's License Number   Driver's License Issued State

Is English your primary language?

☐ Yes   ☐ No

Are you a US citizen or a permanent resident with a green card?

☐ Yes   ☐ No

Previous   **Next**

New Business Application Part A Questionnaire – Client Contact Information

≈ Client Contact Information   **Application Part A Questionnaire**

What is the proposed insured's contact information?

Primary Residence Street Address (Cannot be P.O. Box)

City   State   Zipcode

Phone Number ❓

Email address

Previous   Next

New Business Application Part A Questionnaire – Tobacco Usage

≈ Tobacco Usage   **Application Part A Questionnaire**

Tobacco Usage?

In the past 12 months have you used any tobacco or nicotine products? ❓

☐ Yes   ☐ No

Previous   Next

New Business Application Part A Questionnaire – Employment Information

Describe the proposed insured's occupation title and duties.

What is your job title and occupation?

Please describe your job duties.

Previous   Next

New Business Application Part A Questionnaire – Client Financial Information

Describe the proposed insured's finances and employment.

Is your unearned income greater than 20% of your earned income?   ◉ Yes   ○ No

What is the source of your unearned income?

What is your total unearned income?

Is your net worth, excluding primary residence, greater than $10,000,000   ◉ Yes   ○ No

What is your total net worth?

26

Are you a non-owner employee, business owner, or 1099 employee?

Business Owner/Employee Type

Non-Owner Employee ▼

Current year annual earned income, as shown on your federal income tax return including commission bonus

($)

Prior year annual earned income, as shown on your federal income tax return, including commission bonus

($)

Two years ago annual earned income, as shown on your federal income tax return, including commission, bonus

($)

Previous   Next

New Business Application Part A Questionnaire – Coverage Information

Indicate the coverage the proposed insured is applying for.

Monthly benefit amount	Elimination Period	Benefit Period
($)	⌄	⌄

Enhanced Definition of Disability

☐ True Own Occupation (Total Disability While Working)

☐ Residual Disability & Recovery Benefit

☐ Short Term Residual Disability Benefit   ⌄

Supplemental Benefit Riders

☐ Capital Sum Benefit

☐ Death Benefit

☐ Supplemental Health Benefit

☐ Catastrophic Disability Benefit

Previous   Next

28

New Business Application Part A Questionnaire – Premium Payment

- If Premium responsibility is answered No, no further information is required.
- If Premium Responsibility is answered Yes, the percentage that the employer or business is paying and if this will be taxable income is required.

- IF EFT is selected as the Payment Method, an EFT Questionnaire will be added to the experience, after the Other Coverage Information Section. Prior to the Part C.

New Business Application Part A Questionnaire – Other Coverage Information

Tell us about other disability coverage.

Do you have, are you applying for, or will you become eligible for in the next three years (based on a qualifying period of employment), any other Disability Insurance?

● Yes   ○ No

Coverage 1

Company (if known)

[▼]

Type of Coverage

[▼]

Benefit Amount of Income Covered   Benefit Percent of Income Covered

[   ]   or   [   ]

Maximum Benefit Amount ?

[   ]

Who is responsible for premiums? ?   ☐   ☐
                                      Proposed Insured   Employer

Will this coverage be replaced or changed?   ○   ●   ○
                                           Replaced   Changed   No

Is this coverage pending?   ☐   ☐
                                            Yes   No

Add Coverage

Change Details ?

[   ]

☐   **Replacing/Changing Coverage:** By signing Part C of this application, the Proposed Insured agrees to terminate or reduce the insurance policy(s) indicated above within 60 days of the acceptance of this policy. Signing indicates The Proposed Insured understands that by not canceling or reducing the other coverage, Principal Life Insurance Company has the right to rescind (terminate as if never issued) any policy issued from this application.

Previous   **Next**

New Business Application Questionnaire Part C – Payment Information

Proposed Insured

Test Customer

☐ This application(s) is Cash on Delivery (C.O.D.); and no Conditional Receipt coverage is provided, or

☐ I have paid $ [   ] for Disability Income

☐ I have signed, dated and submitted to the Company one of the three documents listed below.

- Payroll Deduction Authorization Form
- Employer Pay Form
- Other form acceptable to the Company

Financial Professional Information

Printed name of Financial Professional

John Doe

License Number

[   ]

Previous

Signing & Submitting the Application

Once the application questionnaires have been completed and the Continue button [CONTINUE] (in the upper right-hand corner) has been selected, this will start the electronic signature process.

> **Note**: Refer to page 17 of this guide if stuck at a data entry % and Continue is not selectable.

- The first step is to select to Use E-Signature or Decline E-Signature.

- Select the *Use E-Signature* button to start the electronic signing process.

    o If you select *Decline E-Signature*, you would be expected to print out the application and sign with a pen

> **Note:** No edits to the application or forms can be made once you select the *Continue* button. If you need to make changes at this point, you will need to decline the electronic signature request, make changes, and then select the blue *Continue* button again to re-start the signing ceremony.
> Note: If the application is altered after signature, all signatures previously obtained will be removed**.**

- The E-Signature process can be completed two different ways, through an e-mail request or by signing the application immediately after completion.
    o The steps below will outline both options

**Signing the application through e-mail request**

1. Once you have selected to E-Sign, a **List of Required Signers** is displayed based on the information completed in the application. If you entered in information in the Owner field, then you will be required to get an owner signature.

2. Select the **Insured** button and select **Send Email Request** to the client:
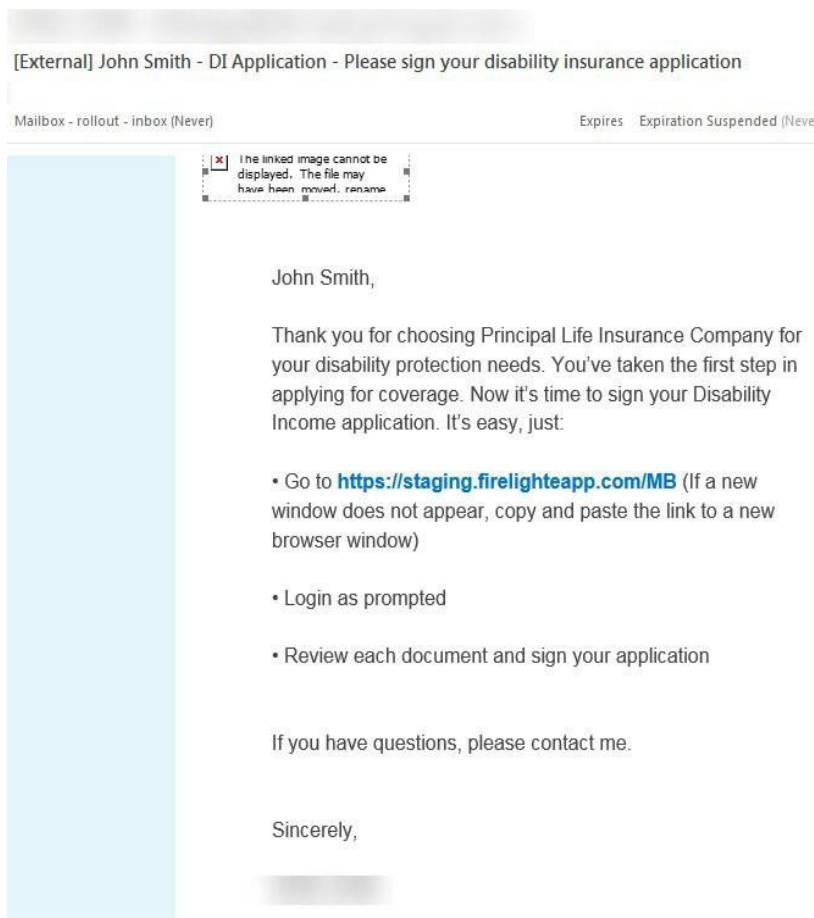

3. Complete any client information that has not been pre-flooded and send e-mail request.
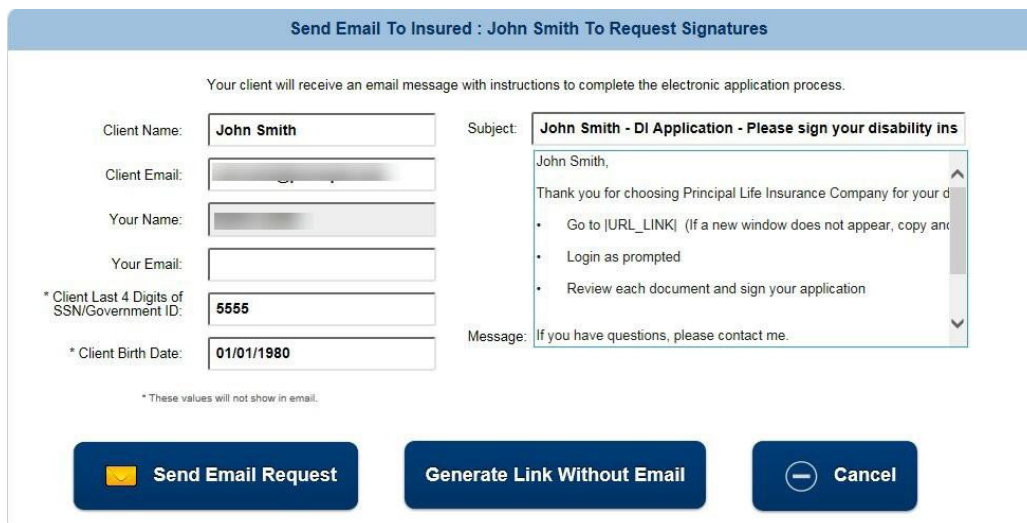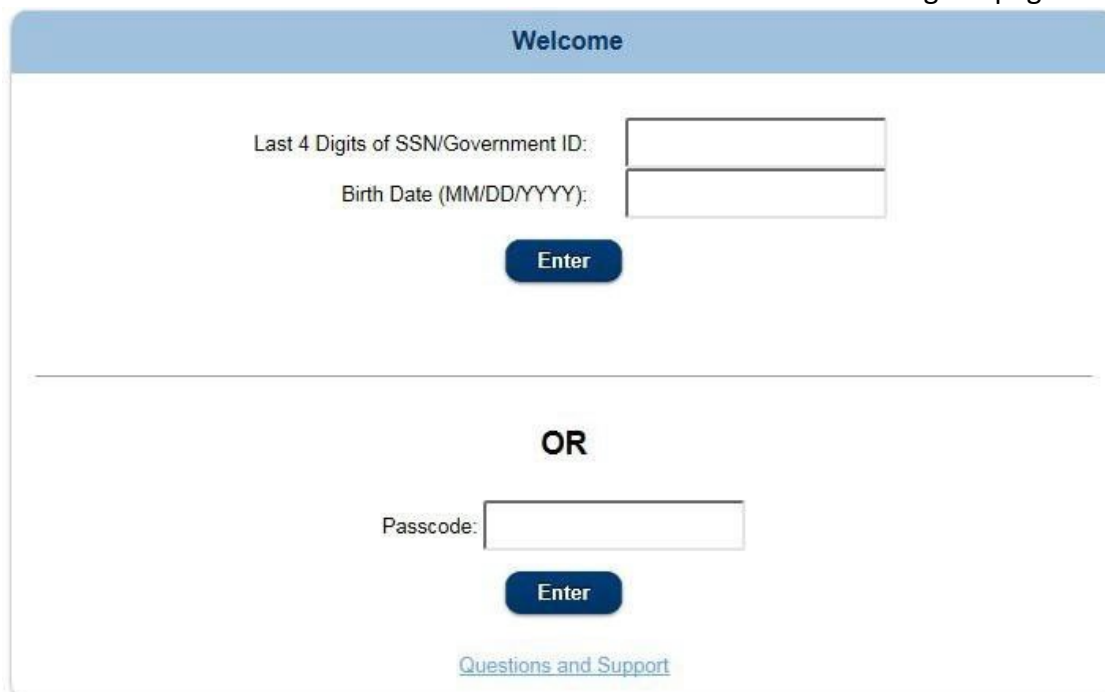

4. An email is sent to the insured with a link to click on and sign the application.

a. The email will appear it is coming from the agent.
b. Note: the link for the client to sign is good for 30 days

[External] John Smith - DI Application - Please sign your disability insurance application

Mailbox - rollout - inbox (Never)   Expires   Expiration Suspended (Neve

The linked image cannot be displayed. The file may have been moved, rename

John Smith,

Thank you for choosing Principal Life Insurance Company for your disability protection needs. You've taken the first step in applying for coverage. Now it's time to sign your Disability Income application. It's easy, just:

• Go to **https://staging.firelighteapp.com/MB** (If a new window does not appear, copy and paste the link to a new browser window)

• Login as prompted

• Review each document and sign your application

If you have questions, please contact me.

Sincerely,

5. The client should click on the link from their e-mail and it will take them to a sign in page.

Welcome

Last 4 Digits of SSN/Government ID:

Birth Date (MM/DD/YYYY):

Enter

OR

Passcode:

Enter

Questions and Support

6. They can get into the application by using the last 4 digits of their SSN & their DOB **or** by using a passcode that can be sent to them in a separate e-mail.

Note: SSN & DOB must match the application, or insured will not be able to access the application.

7. The client will be presented with 3 different actions regarding their application.

- Select *Sign Application* to start the signing ceremony.
- Select *Contact Agent* to send a message to the agent.
- Select *Review Documents* to review the application document.

8. Select *Sign Application* and the insured will be presented with the completed documents that need to be reviewed and signed.

9. Review each application form. If it's accurate, check the box that states:

☐ I have reviewed and agree with the terms expressed within this document.

   a. Once the box is checked, the next form to review will appear in order until all forms have been reviewed. The blue arrow on the left-hand side shows which form is being reviewed and the green check on the right hand shows which forms have been signed off on.

10. Once all forms have been reviewed the option to **Sign** or **Cancel** is displayed.

11. Insured selects the **Sign** button and is taken to the page to sign electronically.

12. Complete the **Signer Full Name** (this will auto flood the signing pad)
   a. The client can also sign using a stylus or computer mouse by signing in the yellow box.
13. Enter the signing **City.**
14. The **state** should automatically flood in but can be changed.
    Note: Ensure that the application form is correct for the state that the client is signing in.
15. **Today's Date** is automatically flooded and cannot not be changed.
16. Select **I Consent** (selecting **I Decline** will end the signing process and agent will be notified).

17. Once completed, the insured will receive a pop up letting them know their part is complete.

Congratulations, you have signed all the required document sets for this application.

✓ Ok

18. The agent will also receive an email once the client signs the application.
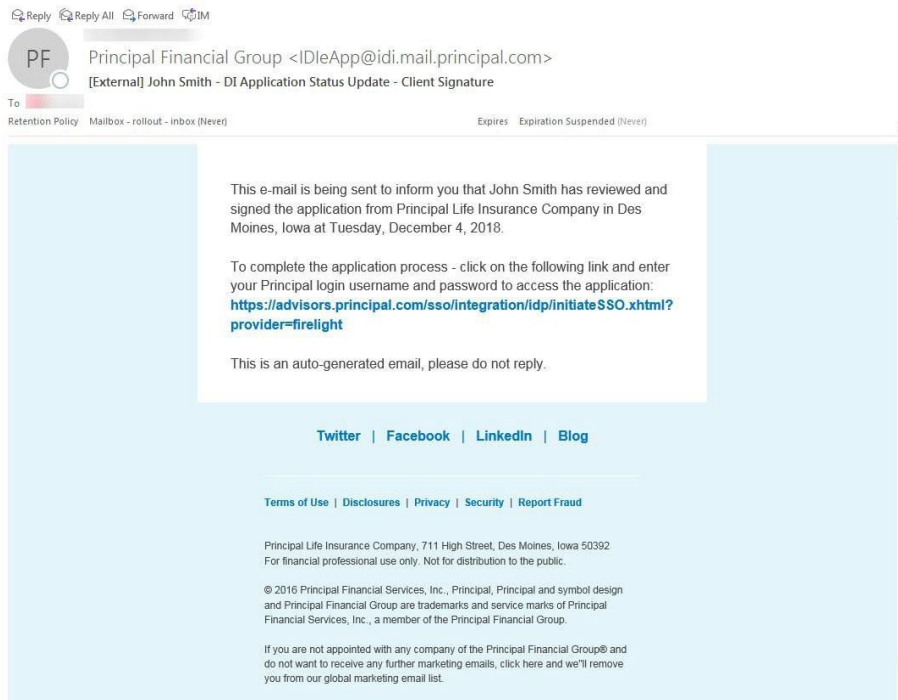
19. Agent can click on the link to sign in to the eApp system.
20. Select the blue continue button to be taken to the signing page.
21. Select the *Agent* button under List of Required Signers.

22. The agent will need to review each page (just as the client did).
23. Once all forms have been reviewed, the *Agent On-Site Electronic Signature* page will appear.
24. The Agent Full Name, Agent ID State, and Today's Date should automatically flood in.
25. Agent should enter the City they are signing in.
26. Select *I Consent* to confirm signature.
27. Agent will be returned to the application where the blue continue button can be selected.
    a. Depending on which agency is submitting the application, determines if it will be

required to have a reviewer or not (if you are not required, you can still send to a reviewer if you wish).
28. This will bring up the ***Electronic Review*** window (if required). This allows the application to be sent to individuals that you choose to review before submitting to Principal.
    a. This would be your field office contact at the BGA you are submitting through, an office manager, an assistant, etc.
    b. You should work with your agency prior to submission to determine who your reviewer should be.

Sending Application to a Reviewer
1. The **Electronic Review** page will display a ***Send Request To Reviewer(s)*** button to select. If a reviewer is required, the ***Decline E-Review*** will be grayed out.

2. Select ***Send Request To Reviewer(s)*** and a pop-up will appear.
3. If you already have a reviewer saved in your preferences, their name will flood into this screen. If you do not have a reviewer saved, you can enter their name and email address here.
4. Check the box next to the reviewer(s) necessary and click ***Send Email Request.***

5. An email will be sent to the reviewer(s) with a link to the application.

    a. A separate email will be sent to them with the passcode to access the application.

> ⊠ The linked image cannot be displayed. The file may have been moved, renamed...

Dear Reviewer,

Please review the following client's application for Copy of John Smith - DI Application from Principal Life Insurance Company.

To review and approve the application:

• Login at **https://staging.firelightapp.com/5qC** using your Passcode (provided to you via phone or in a separate email).
• Follow the provided instructions, including acknowledgement of your acceptance of the application, disclosure terms and consents.

If a new window does not automatically appear, copy the link above and paste it into the address bar of new browser window.

If you have questions, please contact me.

Sincerely,

This is an auto-generated email, please do not reply.

The Passcode for the Recent Request is i8edkb8t

Twitter | **Facebook** | **LinkedIn** | **Blog**

•

Terms of Use | Disclosures | Privacy | Security | Report Fraud

Principal Life Insurance Company, 711 High Street, Des Moines, Iowa 50392
For financial professional use only. Not for distribution to the public.

© 2016 Principal Financial Services, Inc., Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

If you are not appointed with any company of the Principal Financial Group® and do not want to receive any further marketing emails, click here and we'll remove you from our global marketing email list.

6. The reviewer should click on the link to the application and enter in the passcode they received.

7. Once the reviewer has accessed the system, they will have the following options:
- **View Application**: allows the reviewer to download, save, and/or print the application
- **View Additional Documents**: allows the reviewer to view documents attached
  - o If no documents were attached, a blank screen will show if button is clicked
- **Approve Application**: allows the reviewer:
  - o Approve the application electronically and send it to Principal.
  - o Reject the application and send it back to the agent to make changes.
    - ▪ Note: when rejected, the agent, client, and owner's signatures will be removed from the application. Changes can be made, and the application will need to be resigned.
- **Email Agent**: allows the reviewer to send a question/message to the agent via email.

8. Once **Approve** is selected, the reviewer can view each page of the application by clicking on the arrow on the right side of the screen. The reviewer will have the ability to reject or approve the application or upload document.

9. If documents need to be attached, the reviewer will click on the **Upload Documents** button and a box will appear to choose a document to attach.

   a. Select **Choose File**, locate the document to attach. Although the document type is Reviewer Documents, any document may be uploaded. This includes transmittals, financials if not originally uploaded before this step.

   External Reviewer Documents

   Add Supplemental Document

   Document Type: Reviewer Documents ▼

   Note: Supplemental documents must be in PDF format and no larger than 20 MB.

   Choose File   No file chosen

   Upload

   b. Click on **Upload.**

   External Reviewer Documents

   Add Supplemental Document

   Document Type: Reviewer Documents ▼

   Note: Supplemental documents must be in PDF format and no larger than 20 MB.

   Choose File   IDI Policy Output Sheet.pdf

   Upload

10. If approved, the reviewer will complete the **Signer Full Name** and the **City** and select **I Consent** button.

    NOTE: the reviewer is not actually signing anything on the application.

11. A confirmation dialogue box will appear asking if the application is ready for submission.

    Approve Application

    Signer Full Name [   ]   City [   ]

    State Alabama   ▼   Today's Date 6/3/2015

    ✓ I Consent   ⊖ Cancel

    © 2015 Principal Financial Services, Inc. All Rights Reserved.

    Powered by
    FireLight

12. Select **Yes** if you are ready to submit or **No** if you are not.

13. Once **Yes** is selected, the application will be submitted and will show as Complete in the activity list. *After this step, the application is submitted to Principal.

If a reviewer is not required:
1. Financial professional can select the **Decline E-Review** button.
2. The confirmation dialogue will appear asking if you are ready to submit (select **yes** or **no**).
3. Once **Yes** is selected, the application will be submitted and will show as Complete in the activity list

Signing the application immediately though sign now

- This is to be used if you and the client are physically together and ready to sign the application.

1. Select the *Insured* and *Sign Now.*
2. The Insured/Owner (if applicable) will be prompted to manually enter the blank fields to verify their identity.

- o *Verified* button - Will verify the information matches the application and allow you to proceed.
- o *Cancel* button- Returns user to the prior screen.

3. All forms will need to be verified (just as in the directions for **signing through e-mail request**).
4. Once all forms are verified, the insured should select the *Sign* button to enter their *Name* and signing *City*, then select *I Consent* to complete the signing process.
5. You will be returned to the Signatures page for the agent to sign.
6. Select the Agent button.
7. All forms will need to be verified (just as the client did).
8. Once all forms are verified, the agent should select the *Sign* button to enter their signing *City,* then select *I Consent* to complete the signing process.
9. Select the blue continue button to complete the submission process.
   a. View steps above for **sending application to a reviewer** if applicable or if a reviewer is not required, the application can be submitted (see steps above).

Sending to Client to Fill Application

- This is available if you need the client to complete some application questions.
- No information is required to be entered into the application to do this process; however, you will need to know the client's name, email address, last 4 digits of SSN, and DOB.
  Note: Once the client completes the missing information and saves, an email will be sent to the agent to confirm and submit for signatures.
1. In the Take Action drop down select 'Request Client to Fill App'.
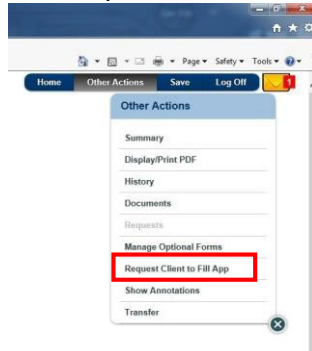
2. The request screen will appear for the client's name, email address, last 4 of SSN, and DOB to be entered.
3. Once completed, click on 'Send Email Request' button which will generate an e-mail to the client.

4. The client will receive an email with a link to the application as well as a separate email with a passcode.
   a. The client can log in to the application either using the passcode or log in with the last 4 of their SSN & DOB (must match what the advisor entered in).
5. The client will be taken to the application where they can enter in all known fields.
   a. They are able to attach documents during this stage as well using the button in the blue task bar.
6. When the client is done filling out the necessary sections, they should select the 'Complete Log Off' button in the blue task bar.

New Business Application ● Page 1

fe
Company
455
, IA 50306-3455 | **Individual Disability Insurance**
Application – PART A

d Insured
| Gender | Date of Birth

7. They will be prompted with a pop up to select either Complete/Log Off or save - finish later.
    a. If they are done with the application, they should Complete and Log off.
    b. If they need more time to complete the application, they should save – finish later.
8. Once they select Complete/Log Off the agent will receive an email letting them know the client-fill portion of the application has been updated.
9. The agent can log back in to eApp and finish the rest of the application before sending back to the client for signatures.

Sending to Client to Fill and Sign Application
- This is available if you need the client to complete some of the application as well as sign it all at once.
- In order for this to be available, the Financial Professional Report Questionnaire must be fully completed, the client's DOB & SSN must be entered, and the Owner question from the Policy Owner Information section of the Part A Questionnaire must be answered.
    o Other questions can be completed as well, but these are the only required pages/questions.

1. Once the necessary forms/questions are completed, click the take action drop down and select 'Request Client to Fill Sign'.

Home | Other Actions | Save | Log Off | ✉ 1

Other Actions

CONTINUE

● Page 2

e
A

| Summary
| Display/Print PDF
| History
| Documents
| Requests
| Manage Optional Forms
| Request Client to Fill App
| **Request Client to Fill & Sign**
| Show Annotations
| Transfer

2. The request screen will appear with the necessary info already filled in.
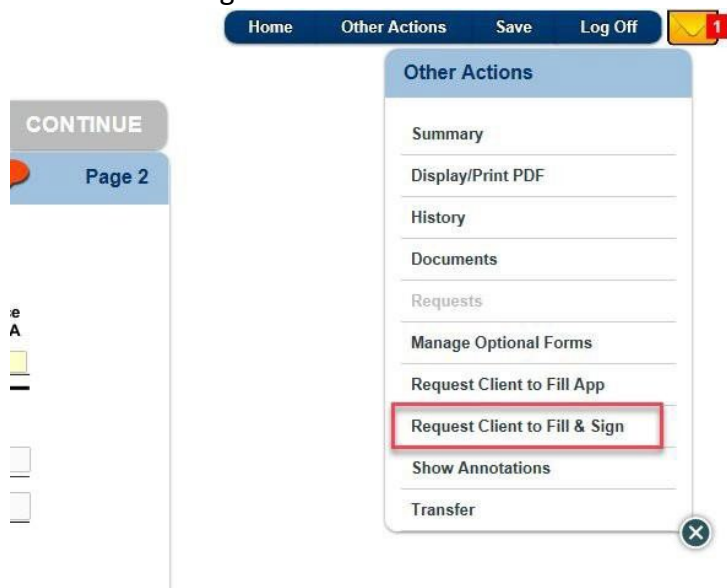3. Click on 'Send Email' button which will generate an e-mail to the client.
4. The client will receive an email with a link to the application as well as a separate email with a passcode.
    a. The client can log in to the application either using the passcode or log in with the last 4 of their SSN & DOB (must match what the advisor entered in).
5. The client will be taken to the application where they can enter in all required fields.
    a. They are able to attach documents during this stage as well using the button in the blue taskbar.
6. Once all required fields are completed, the client can start the signature process.
7. They will be prompted with a warning that once the signature process begins, the application will lock from further edits.

8. The client will now be able to sign the application.
9. Once they complete the signature process, the agent will receive an email letting them know the client has completed their portion of the application.
10. The agent can log back in to eApp through the link in the email and complete their signing process.
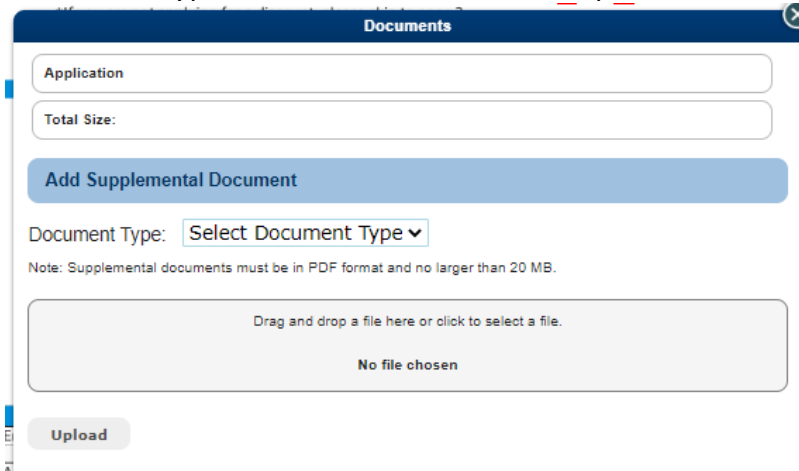
Attaching Documents

To attach additional documents to an application:

1. Select *Other Actions* and then select *Documents.*
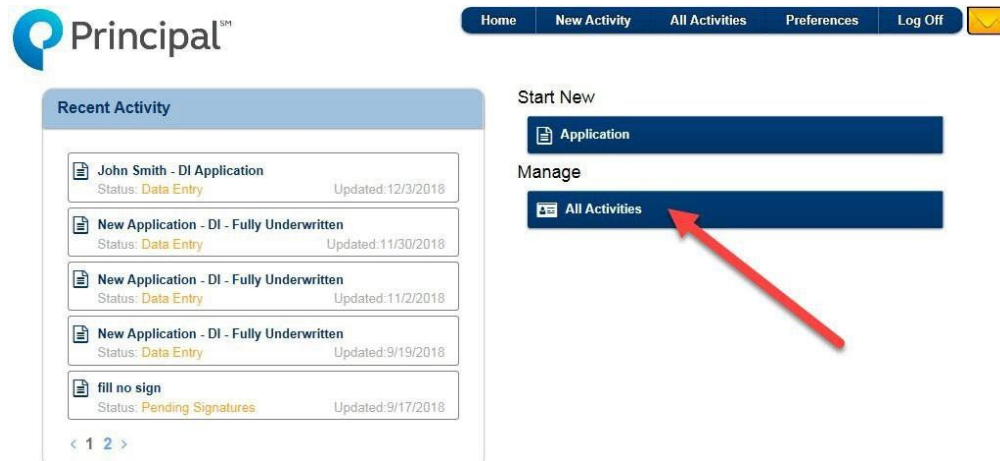

2. Then select the *Document Type*, select a PDF document to upload, and select *Upload*.
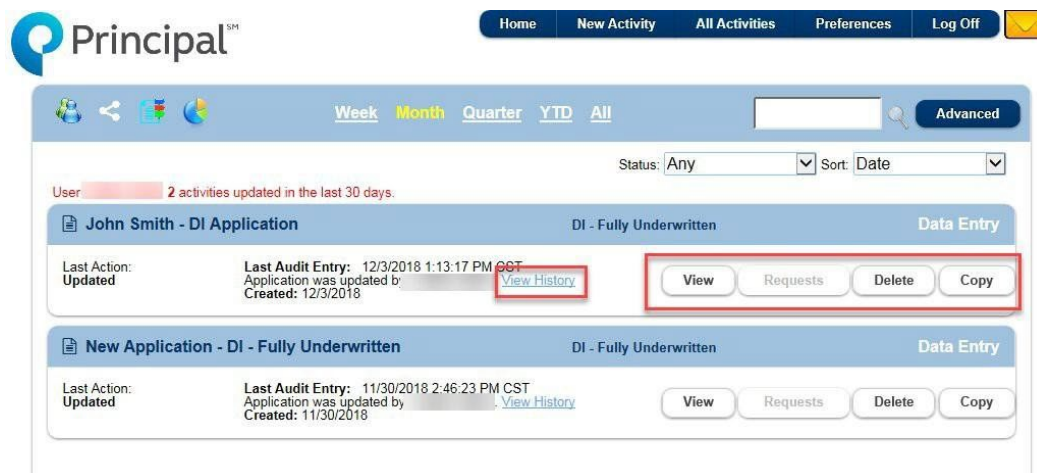
All Activities

When you click the **All Activities** button, a list of the applications you have created or been given access to displays. This is where the applications can be viewed and managed.

When on the main page, click on the **All Activities** button to access the applications.

When selected, the applications appear:

- o Use the **View** button to see the entire application.
- o Depending on the status of the application, you can see what **requests** have been made or re-send requests if necessary (if this is grayed out, there are no requests on this application).
- o Use the **Delete** button to delete an application. You will receive a prompt to verify that you wish to delete the application. This can only be used to delete the application from the tool.
- o Use the **Copy** button to create a new application that is a copy of that application (including data). You can re-name the copied application.
  - Click on the **View History** link to see a complete history of the application.