



Third Party Access to
Principal Life e-Service

Principal Life
Insurance Company

Outside Party as
Primary Administrator
– Employee Benefit
Service CenterSM
(Fully Insured Groups)

Policyholder name: _____

Account number: _____

Outside party business name: _____

Street address: _____

Phone number: _____

I represent and warrant the following:

1. That I am duly authorized to represent the above named policyholder and have entered into an agreement to perform certain administrative functions for policyholder for their insured account(s), by internet using Principal Life Insurance Company e-Service functionalities. I acknowledge that access to these e-Service functionalities will not involve either the receipt from or disclosure to Principal Life of any personal health information as defined by the HIPAA Privacy Rule other than enrollment data or summary health information.
2. That the administrative functions I may perform for the above named policyholder include, but is not limited to enrollment and termination, billing, eligibility determinations, delinquency management and premium remittance.
3. That in performing these administrative services, I act as an agent for the policyholder. In performing these services I do not act as an agent or employee for Principal Life.
4. That I have executed any appropriate Business Associate Agreement regarding the use and disclosure of personal health information.
5. That I agree to indemnify and hold Principal Life harmless for any and all liability, including but not limited to reasonable attorney's fees, arising in any way from a claim based on breach of this agreement, the performance of administrative services for policyholder or access to Principal Life e-Service.

Signature of authorized representative

Name of signatory

Title

Date

This form is to be submitted with GP 50892.

Principal Life Insurance Company
Des Moines, Iowa 50392-0002
www.principal.com

© 2006 Principal Financial Services, Inc