



Simplifying the Claim Process

Your Principal Absence Management Family Medical Leave Act (FMLA) and Short-Term Disability (STD) programs are administered by Principal Life Insurance Company. If you need to file for FMLA and/or STD, submitting the claim is probably one of the last things on your mind. The Principal Absence Management Center simplifies this process.

When to Report a Claim

If you need to miss work due to:

- your own serious health condition, which would include any illness, injury or maternity.
- care for your spouse, child or parent with a serious health condition.
- adoption or foster placement of a child.
- care for an injured service member.
- qualified exigence leave.

How to Report a Claim

Your claim specialists are as close as the nearest phone or computer. Follow these steps:

- Consult your benefit booklet or benefit department for the amount of time associated with your STD coverage before benefits may be payable (elimination period) and any deadlines for submitting claims.
- Sign, date and submit the Authorization form on the back of this document when your disability begins to authorize the release of information to our claims specialists. *We cannot process your information without this form.*

Email, fax or mail a copy of the completed authorization to:

Principal Life Insurance Company
Attn: Life and Disability Claims
Des Moines, IA 50392

Fax: 800-255-6609

Email: dlsbdclaims@exchange.principal.com

- Choose your preferred claim filing method:
 - Call Principal Absence Management Center to submit your claim at **877-734-3652 (877-PFG-FMLA)** Monday through Friday from 7:30 AM to 9:30 PM Central Standard Time.
 - File online at: www.principal.absencemgmt.com

Information Needed to File a Claim

Be prepared with the following information when you make your claim request. If someone makes the call on your behalf, he or she will need to provide this information:

- Employer name:
- Policy number:
- Your name and Identification Number
- Address and phone number
- Date of birth
- Marital status
- Occupation (or job title)
- Reason for the claim: Your health condition of FMLA for a family member
- Location where you are employed

For your own serious health condition:

- Physician's name, address, fax and phone number.
- A brief description of your leave, which may include a summary of your condition including cause of condition (injury/illness), date of injury or beginning of illness, and whether or not it's work-related.
- The dates of your first visit, your most recent visit and your next scheduled visit with your physician for this condition.
- Your last day worked and your first day absent from work due to this condition.
- The date you expect to return to work (if known), or the actual date if you already returned to work at the time of your call.
- Work restrictions or limitations advised by your physician, (if applicable).

We suggest a call up to 30-days in advance of a planned medical absence, such as prescheduled surgery or an expected maternity leave, to ensure your STD and/or FMLA claim is ready when you need it.

