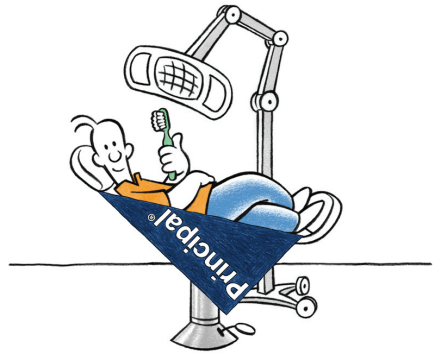
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1 DES MOINES, IA

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN DENTAL MANAGED CARE K-5-W40
PRINCIPAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES IA 50309-9982



Principal Plan Dental Network

Dentist Referral Form

Please consider my dentist for potential membership in the Principal Plan® Dental Network. I understand your dental network has the authority to make the final decision about membership approvals. I also understand my name may be mentioned as the person who referred the dentist to you.

Your Name: _____

Your Employer: _____

Your Dentist's Information:

Name: _____

Address: _____

City/State/ZIP code: _____

Phone Number: _____

To submit your referral online, visit us at **www.principal.com.**
Click **Provider Directory** and then **Refer A Dental Provider.**

Principal® Financial Group

WE'LL GIVE YOU AN EDGE®