



Administered by
Principal Life Insurance Company

Prescription Drug Expense Claim

Please complete this claim form and send it to the address on your ID card. Sending it to Principal Life Insurance Company's home office will delay processing. For information about a claim, please call the toll-free number on your ID card.

Statement of Employee

Employee's name _____ Employee's date of birth _____

Account number (as printed on employee's benefit card) _____ I.D. Number (as printed on employee's benefit card) _____

Is claim for: _____ Patient's date of birth _____

self wife husband son daughter stepchild foster child

Patient's illness or injury: (If injury, describe accident, including date and place)

Did condition result from employment? _____ Date you last worked prior to treatment for which claim is made _____

yes no

Is patient covered by any other medical benefit plan, group policy pre-payment plan, Medicare or other government plan? _____ **If "yes", give name of person carrying the other coverage.**

yes no

Name of group (employer, association etc.) _____

Name of insurance company or plan _____ Policy or plan number _____

Address of other insurance company's claim office _____

Statement of Pharmacist - List below prescribed drugs purchased by or for patient named.

Patient's name _____

Prescription number	Prescribed by	Drug name	Quantity	Number of days this quantity should last	Generic		If no, is it available in generic form?		Charge	Date of purchase
					yes	no	yes	no		

Name of pharmacy _____ Address _____

Date _____ Signature of pharmacist _____

▶

See Page 2 for Necessary Signature

Notice Requirements

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime any may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. A In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Virginia: Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of employee	Social security number	Date
▶		

Address of employee (street number, city, state, ZIP code)

	Is this a new address?
	<input type="checkbox"/> yes <input type="checkbox"/> no