



Mailing Address: Des Moines, IA 50392-0002 | Principal Life Insurance Company | Employer Application for Group Insurance - FL

PLEASE USE BLACK INK

To avoid processing delays, please make sure you answer all questions completely and accurately. For an amendment to an existing account, if no changes are noted in the sections below, current elections will remain in effect.

This form is for: [X] new case [ ] amendment Account number \_\_\_\_\_

Requested effective date: 01/01/2020

Employer Information (if this is an amendment, only complete information that is changing)

Legal name of company: Florida Housing Finance Corp Federal tax ID number: 59-3451366
DBA name (if applicable):

Physical street address: 227 N Bronough St, Suite 5000 City: Tallahassee State: FL ZIP code: 32301

Affiliate/Subsidiary Information (if this is an amendment, only complete information that is changing)

Are employees of any associated business organizations (e.g. parent-subsidiary, brother-sister relationships, affiliated groups, etc.) to be covered? [ ] yes [X] no If yes, please list the affiliate or subsidiary below.

Participating unit is an entity that is an affiliate or subsidiary related to the employer through common control or ownership.

Table with 4 columns: Unit name/address/federal tax ID, Nature of business, Relationship to company, Number of employees. Rows 1 and 2 are empty.

Request for Benefits (if adding new coverage(s) to an existing account, provide new proposal number)

By signing this Application form, you are confirming that you agree with all the benefit plan provisions that you are applying for as outlined in your proposal # 10211910068-10. Do you agree? [X] yes [ ] no

Please complete the following section if electing group life insurance.

Does this life insurance replace existing life insurance or an annuity? [X] yes [ ] no

Total Disability Benefit - unless requested otherwise, your coverage will include the standard Principal Life benefit (waiver of premium after six months of continuous total disability).

[ ] other \_\_\_\_\_

Employee Eligibility (if this is an amendment, only complete information that is changing)

[X] standard - An employee must work at least 30 hours per week to be eligible for insurance.

[ ] other (select between 20 and 40 hours): \_\_\_\_\_

Do you have employees or their dependents residing or working outside the United States and requesting coverage?

[ ] yes [X] no If yes, please include a separate sheet including their name(s), dates of birth, salary and class of employee, where they are located and how long they will be located there for work.

It is understood that Principal Life shall not be responsible for any tax or legal aspects of the plan. The employer assumes responsibility for these matters. The employer acknowledges that they have counseled to the extent necessary with selected legal and tax advisors. The obligations of Principal Life shall be governed solely by the provisions of its contracts and policies. Principal Life shall not be required to look into any action taken by the named fiduciary or the employer and shall be fully protected in taking, permitting, or omitting any action on the basis of the employer's actions. Principal Life shall incur no liability or responsibility for carrying out actions as directed by the named fiduciary or the employer.

It is further understood that by signing this application, the employer is purchasing insurance and not making an investment. No reserves, undeclared or unpaid experience premium refunds, or interest with respect to claim payments, nor claim proceeds themselves shall be considered plan assets under ERISA.

The Employee Retirement Income Security Act of 1974 (ERISA) requires that each employee benefit plan subject to the Act designate a "Named Fiduciary who shall have authority to control and manage the operation and administration of the plan."

**If this plan is subject to ERISA, you must indicate a Named Fiduciary for this plan. Principal Life may not be designated as Named Fiduciary.**

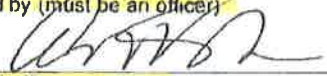
- The employer has been informed of the eligibility requirements. The employer agrees that insurance applied for shall not become effective or remain effective unless the employer: a) is actively engaged in business for profit within the meaning of the Internal Revenue Code, or is established as a legitimate nonprofit organization within the meaning of the Internal Revenue Code; or is a government agency; and b) meets the participation and contribution requirements.
- The employer agrees that insurance applied for shall not become effective unless the application and any attached page(s) are received, accepted and approved by Principal Life. The employer acknowledges and understands that if this application is approved, the group policy will determine all rights and benefits.
- The preexisting condition restrictions for critical illness and long term disability insurance have been explained to and understood by the employer. Actively at work and period of limited activity for life, disability and critical illness coverage have been explained to and understood by the employer.
- The employer understands receipt and deposit of advanced payment is not a guarantee of coverage. If a policy is issued from this application and is accepted by the proposed policyholder, we will apply the premium deposit to the first premium due for such policy. If no policy is put into force, the premium deposit will be refunded. Premium payment will be monthly unless otherwise indicated.
- Acceptance by the employer of any policy or policies issued with this application shall constitute approval of any corrections, additions, or changes specified in the space "For Principal Life Use Only" or as otherwise indicated on this application.
- The employer understands that the insurance policy and certificates of coverage may, at the discretion of Principal Life, be provided to the employer in paper or electronic format. The employer agrees to promptly distribute the certificates of coverage to insured employees at the beginning of their coverage under the group policy and to redistribute them from time to time thereafter as reasonably required by Principal Life.
- Your agent or broker cannot change or waive any provision of this application or the policy or policies without the written approval of an officer of Principal Life in the home office.
- As a result of this sale and any subsequent renewal, your broker and marketing organization, if any, may receive commissions, administrative service fees, other compensation including non-cash compensation, and bonuses based on factors such as, volume of new sales, member and case counts, total premium volume, maintaining a certain percentage of business with Principal Life, selling a certain mix of products, and/or the profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for the product(s) you have applied for on this application form. This compensation is in addition to any compensation the broker may receive from you. Contact us at 1-800-388-4793 for further details on your case. We have placed a more detailed description of our compensation programs on [www.principal.com/group/compensation](http://www.principal.com/group/compensation).
- The person signing this form for the employer has legal authority to bind the employer for whom application is being made.
- The employer agrees to make timely notification of any employee termination, status change, or other material changes that may affect the eligibility of employees or their dependents. Timely notification is no more than 31 days past the actual date of such change.

**Agreement and Signatures (continued)**

210

- The employer understands that failure to pay premium when due will be considered a default in premium payment and coverage will terminate at the end of the grace period. If coverage is terminated for nonpayment of premium, premium through the grace period is due and will be collected. The employer understands that coverage may also be terminated for other reasons as provided in the group policy.
- The employer understands their rights and responsibilities if electing self accounting status.

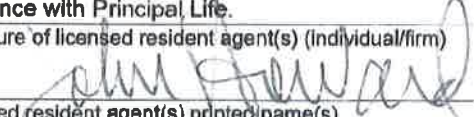
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed by (must be an officer)	Officer's title	Date signed
X 	CEO	12/5/19

Printed officer name  
**Angeliki G. Sellers**

Employer (company name)  
**Florida Housing Finance Corp**

I am aware of no other replacement life insurance except as otherwise disclosed by the employer in their request for insurance with Principal Life.

Signature of licensed resident agent(s) (individual/firm)	Agent's license number	Date signed
X 	A124134	12.5.19

Licensed resident agent(s) printed name(s)  
**JOHN HOWARD**

**For Principal Life Use Only**



Mailing Address:  
Des Moines, IA 50392-0002

Principal Life  
Insurance Company

Addendum to Employer  
Application  
for Group Insurance

**PLEASE USE BLACK INK**

To avoid processing delays, please make sure you answer all questions completely and accurately.

This form is for:  new case  amendment to add Life/Disability/Critical Illness Account number \_\_\_\_\_

**Life/Disability/Critical Illness**

If requesting life, disability or critical illness insurance, are there any employees not Actively at Work?  yes  no

If yes, please list employees not Actively at Work, reason not Actively at Work, their last day worked and expected return to work date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures**

Employer (company name)

Florida Housing Finance Corp

Signed by (must be an officer)

Officer's title

Date signed

X

CEO

12-5-2009

Printed officer name

Angeliki G. Sellers



## Policyholder Responsibilities and Electronic Consent

Doing business electronically makes sense in today's world. Not only does it create a more efficient process for you, it allows quicker updates and eliminates stacks of paperwork. Please enter a few pieces of information below and sign at the bottom. If you would like paper copies of booklets or billing statements, please contact your local sales office. Thanks for your willingness to utilize our online services.

Company's legal name (Include Doing Business As), known as "Policyholder":

Florida Housing Finance Corp

Account number/s: \_\_\_\_\_

### I. Establishment/Definitions

- A. Principal Life Insurance Company (Principal Life) has issued one or more group insurance policies ("policies") to the Policyholder.
- B. Policyholder requests that certain administrative functions, as specified below, be performed electronically. Policyholder desires that records and information relating to the policies be sent and received using Electronic Records, consistent with applicable law. Both Policyholder and Principal Life are prepared to administer various policy terms and provisions via Electronic Records, including the use of Electronic Signatures.
- C. "Audit Trail" means documentation and Electronic Records evidencing the delivery, display, consent to, and/or signing, and ongoing integrity and accuracy, of Electronic Records that are consented to, delivered to, or signed by, applicant(s) electronically.
- D. "Electronic Record" means information that is stored in an electronic medium and is retrievable in perceivable form.
- E. "Electronic Signature" means an electronic sound, symbol, or process, attached to or logically associated with a contract or other Electronic Record and executed or adopted by a person with the intent to sign the Electronic Record.
- F. "Participant" means employees and their eligible dependents who are covered under a group insurance policy issued by Principal Life.

### II. Administrative Functions

#### A. Paperless Booklets, Certificates, and Policies

The Policyholder:

- a. Provide electronic media access (desktop internet, kiosk, public PC) to allow participants access to the Principal Life web site for viewing their booklet/certificate.
- b. Furnish paper copies of the booklet/certificate, and any other plan documents, to all participants who do not have access to electronic media.
- c. Upon termination of the insurance agreement with Principal Life, inform all participants and beneficiaries of the termination and that the booklet/certificate will remain on-line for a limited period of time (3 months) following the termination date.
- d. Hold Principal Life Insurance Company harmless from any damages resulting from the employer's failure to take the necessary steps to make the documents available electronically.

#### B. Electronic Records

The Policyholder shall:

- a. Obtain completed group enrollment data (with a valid signature) from each eligible participant applying for or waiving coverage, or for coverage increases or decreases, and provide Principal Life with such enrollment data via electronic means whenever possible.
- b. Maintain the enrollment records and other necessary records to enable Principal Life to determine the current job class, benefits, home addresses of participants, and termination date for each participant.
- c. Maintain current beneficiary designations and changes in beneficiary designations.
- d. Preserve signed Electronic Records and accompanying Audit Trails evidencing the electronic presentation and signing process.

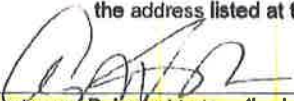
#### C. Paperless Bills

The Policyholder agrees:

- a. To provide the Policyholder's email address for Principal to use to notify them the bill is available for viewing on the Principal Life web site.
- b. The date and time Principal Life sends the email notifying them the bill is available is also the date and time the Policyholder receives the notice.
- c. Principal Life has no liability for billing email notification transmission errors.
- d. To view the bill on the Principal Life web site promptly after receiving email notification.
- e. To save and/or print the bill as needed for their records.
- f. Paper bills won't be sent by United States postal mail or any other courier service.
- g. Contractual provisions related to non-payment of the bill as described in the policies apply.

### III. General Provisions

- A. The Policyholder shall:
- a. Execute this agreement consistent with all Federal Laws, your State laws, including, but not limited to ERISA and
  - b. Meet any necessary disclosure and timing obligations under such law(s); and
  - c. Ensure that the system used by the Policyholder to furnish documents to participants results in actual receipt of the electronic documents.
  - d. Agree to request a PIN to access the Principal Life's eService application.
  - e. Ensure that the processes employed for (i) delivering and presenting a document to a representative of the Policyholder or a Participant as an Electronic Record, and (ii) creating any Electronic Signatures on such Electronic Records submitted to Principal Life by Policyholder or its Participants, comply with all applicable laws and regulations, including without limitation the federal Electronic Signatures in Global and National Commerce Act ("ESIGN" or "ESIGN Act") and all applicable state laws governing the use of electronic records and signatures, including without limitation the applicable state's version of the Uniform Electronic Transactions Act ("UETA") or similar state electronic signature laws. Employ commercially reasonable standards for utilizing Electronic Records and Electronic Signatures in connection with documents signed electronically and submitted to Principal Life, including (i) establishing authentication procedures for signers that will facilitate attributing an Electronic Signature to the signer, (ii) effectively presenting Electronic Records for review and signature, (iii) establishing the signer's intent to create an Electronic Signature, (iv) preserving the integrity of the Electronic Records during and after the signing process, and (v) providing the signer with an opportunity to retain a copy of the signed Electronic Record.
- B. The Policyholder will cooperate with reasonable requests by Principal Life for written or electronic documentation, testimonial, affidavit or other support to evidence (i) compliance with the terms of this Agreement and (ii) transactions authorized by this Agreement. Policyholder will cooperate with any reasonable requests by Principal Life to use system records, written documentation or other materials which are owned or in the possession of Policyholder and may be required by Principal Life for potential use in litigation support, for the purpose of internal and external audits and controls, and for compliance with regulatory requirements.
- C. There is no employer-employee or agency relationship between the Policyholder and Principal Life. The duties and obligations of this agreement are neither assignable nor transferable by either party without the consent, in writing, of the other party.
- D. If a Policyholder with a self-funded Plan requests Principal Life post the self-funded Plan benefit booklet summaries on Principal Life's website, Principal Life will be doing so as a convenience to Policyholder and Principal Life is not taking on any Plan Administrator duties related to the distribution of Summary Plan Descriptions (SPDs) or other ERISA-required reports or disclosures. Principal Life does not warrant that the posting of the documents on its website will satisfy any of the requirements of ERISA, even if it is informed that Policyholder wishes to use the website for that purpose. Principal Life, at its discretion, may use disclaimers and other notices in connection with the display of the documents to make it clear that Principal Life is not the plan insurer or Plan Administrator and that the Policyholder is solely responsible for the content and currency of the documents.
- E. Principal Life will provide HIPAA Privacy Notices to the Policyholder who will then distribute to their employees.
- F. The Policyholder and Principal Life acknowledge and agree that whenever electronic transactions are not possible, transactions will be conducted in a manner that is consistent with insurance industry standards.
- G. This agreement may be amended by mutual consent, in writing, by the Policyholder and Principal Life.
- H. This agreement will continue until it is terminated. This Agreement will terminate automatically without notice upon termination of all Policies the Policyholder has with Principal Life. This agreement may be terminated upon notice by either the Policyholder or Principal Life. The Policyholder may terminate this agreement by notifying Principal Life in writing at the address listed at the bottom of this form. Termination of this agreement does not relieve the Policyholder of its obligations under applicable state or federal law. The duties described in Paragraph II.A.c of this Agreement shall remain in effect until such time as they are fully satisfied.
- I. Policyholder and Principal Life acknowledge and agree that Electronic Records and Electronic Signatures, as well as facsimile signatures, may be used in connection with the execution of certain documents in connection with the Plan, including but not limited to policy application, enrollment forms, and statements of health ("Documents") and shall be legal and binding and shall have the same full force and effect as if a paper original of the Documents had been signed using a handwritten signature. Policyholder and Principal Life (i) intend to be bound by the signatures (whether original, faxed or electronic) on any Document sent or delivered by facsimile, electronic mail, or other electronic means, (ii) are aware that the other party will rely on such signatures, and (iii) hereby waive any defenses to the enforcement of the terms of a Document based on the foregoing forms of signature.
- J. The Policyholder may request paper copies of electronically signed or delivered documents by contacting Principal Life at the address listed at the bottom of this form.

  
\_\_\_\_\_  
Signature of Policyholder's authorized representative  
Angeliki G. Sellers  
Printed name of signer

12-5-19  
\_\_\_\_\_  
Date  
CEO  
\_\_\_\_\_  
Title

Principal Life Insurance Company  
Des Moines, IA 50392-0002  
[www.principal.com](http://www.principal.com)  
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Mailing Address:  
 USIS Finance & Accounting  
 750-7A24  
 711 High Street  
 Des Moines, IA 50392-0002

Principal Life  
 Insurance Company

Agency Agreement for Federal  
 Insurance Contributions Act  
 Employer Contributions and  
 Form W-2 Reporting

This Agency Agreement for Federal Insurance Contributions Act Employer Contributions and Form W-2 Reporting ("Agreement") applies to long-term disability reporting and remittance requirements is made by and between Florida Housing Finance Corp ("Employer") and Principal Life Insurance Company ("Principal"), an Iowa corporation.

WHEREAS, Employer has certain reporting and remittance requirements under the Federal Insurance Contributions Act ("FICA") related to disability income insurance benefits paid by Principal under Policy No. \_\_\_\_\_ (the "Policy"), and corresponding reporting requirements for Form W-2, Wage and Tax Statement;

WHEREAS, Employer requests and Principal agrees to perform Employer's reporting and remittance requirements under FICA related to those disability income insurance benefits paid by Principal under the Policy, and Employer's reporting obligation with respect to Form W-2;

NOW, THEREFORE, Principal and Employer agree as follows:

1. With respect to FICA Contributions:
  - a. Principal will perform the requirements of FICA for employee tax withholding, remittance and reporting for payments of disability income insurance benefits paid by Principal to an employee of Employer; and
  - b. Principal will calculate, report and remit monthly the amount of employer tax due under FICA ("FICA employer contribution") for payments of disability income insurance benefits paid by Principal to an employee of Employer; and
  - c. Principal will incorporate the amount of such Employer contribution and the costs hereof in the premium for the disability income insurance, and therefore, the amount of Employer tax due under FICA will be the obligation of Principal and no reimbursement will be made to Principal by Employer.
2. With respect to Form W-2 Reporting:
  - a. Employer hereby designates and appoints Principal to act as an agent for Employer for fulfilling the requirements under IRC Sec. 6051 for employees receiving disability income insurance benefits under the Policy; and
  - b. Principal agrees to provide Form W-2 to each such employee of Employer, by mail, on or before January 31<sup>st</sup> of each year, while this Agreement is in effect. Such Form W-2 will include name, address, and the Employer identification number from Principal if "Sick Pay Statement Furnished under an Agency Agreement with your Employer" appears on the information sent with Form W-2. Copies of Form W-2's, or information included therein, will be submitted to the appropriate government entities; and
  - c. Principal agrees to provide to Employer Daily Disability Payment Summary, a Quarterly Disability Summary, and an Annual Disability Pay & Withholding Report; and
  - d. In the event of any incorrect reporting, Principal agrees to submit a corrected Form W-2 to the appropriate government entities, provide a copy of such correction to the employee, and provide any updated reports necessary to Employer.

This Agreement becomes effective on the later of the dates it is executed by the Parties.

This Agreement shall terminate upon the expiration of sixty (60) days following the receipt of written notice given by either party; and, notwithstanding any other provision of this Agreement, with or without cause.

Florida Housing Finance Corp  
 Company name  
 Signature: [Signature]  
 Printed Name: Angeliki G. Sellers  
 Title: CEO  
 Date: 12-5-19

Principal  
 By: Alicia Schlan  
 Title: Sales Representative  
 Date: 2/12/2020