

# NATIONAL AUTOMOBILE DEALERS ASSOCIATION INSURANCE

## SPONSORED LIFE INSURANCE PLAN GROUP APPLICATION



Coverage Issued by The Prudential Insurance Company of America

NADART CODE  
\_\_\_\_\_

### I. DEALERSHIP INFORMATION

NAME OF DEALERSHIP	TELEPHONE NUMBER	FAX NUMBER
DEALERSHIP ADDRESS (Street, City, State, Zip)		EMAIL ADDRESS
DEALERSHIP CONTACT	REQUESTED EFFECTIVE DATE	NUMBER OF FULL-TIME EMPLOYEES (working min. 20 hrs/week)
DEALERSHIP NUMBER:		

### Non-Contributory Basic Term Life Plan:

Please select the amount of life insurance below that you would like to provide to all Eligible Full-Time Employees:

- \$10,000** (Monthly Cost: \$2.10 per Employee)     
  **\$25,000** (Monthly Cost: \$5.25 per Employee)  
 **\$50,000** (Monthly Cost: \$10.50 per Employee)     
  **\$100,000\*** (Monthly Cost: \$21.00 per Employee)

Please select Employee Eligibility Waiting Period:

- 30 DAY   
  60 DAYS   
  90 DAYS   
  OTHER \_\_\_\_\_     
 Billing Option:  Monthly Draft (Requires Pre-Authorized Checking (PAC) Form)

**YES!** Send me information on voluntary employee-paid life insurance coverage that I can share with my employees.

**Dealer-paid coverage. Amounts will automatically be billed to the Dealership.**

\*Available to dealership with 50 or more employees enrolled on the plan. (Note: Amounts above \$50,000 may be subject to imputed income.)

**Note:** A new employee's information must be submitted within 31 days from the date they are eligible using the Group Roster Form. If submitted after 31 days from the date they are eligible, the employee will have to complete a Request For Coverage Form and will be subject to underwriting.

Last Name	First Name	Date of Birth	Date of Hire	Home Address	City /Zip	Home Phone	Beneficiary Name

Agreed to By:

DEALERSHIP NAME \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

Please return this completed form to:



NADA Insurance  
P.O. Box 998 Covington, LA 70434  
Fax to: 985-898-1818