

NATIONAL AUTO DEALERS ASSOCIATION INSURANCE



Underwritten by:

PRUDENTIAL INSURANCE COMPANY
OF AMERICA
751 Broad Street
Newark, NJ 07102

SPONSORED
LIFE INSURANCE PLAN
GROUP APPLICATION

I AM A MEMBER OF: NADA NIADA

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:

Dealer-paid coverage. 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) **\$50,000** (Monthly Cost: \$10.50 per Employee)
 \$25,000 (Monthly Cost: \$5.25 per Employee) **\$100,000*** (Monthly Cost: \$21.00 per Employee)

Amounts will automatically be billed to the Dealership.

*Available to dealerships with 50 or more employees enrolled on the plan.

(Note: Amounts above \$50,000 may be subject to imputed income.)

Select EMPLOYEE ELIGIBILITY WAITING PERIOD: 30 DAYS 60 DAYS 90 DAYS OTHER _____

BILLING OPTIONS: Monthly Draft (Requires Pre-Authorized Checking (PAC) Form) Monthly Premium Notice via email

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

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