

The Prudential Insurance Company of America

751 Broad Street, Newark, NJ 07102



National Automobile Dealers Association
8400 Westpark Drive • McLean, VA 22102

Spouse Life Coverage Request Form

Please complete the Form and return it to Gilsbar Insurance Services, P.O. Box 998, Covington, LA 70434. Do not include payment now. You will be billed on a monthly basis when notified of your coverage effective date. Please note: National Automobile Dealers Association (NADA) membership is required for this insurance coverage. **If you have any questions, please call NADA Insurance at 1-888-461-6232.**

Group Contract No. 34371

Member Information *(Please print in black ink)*

First Name MI Last Name

Street Apt. City State

ZIP Code - Date of Birth (mm/dd/yyyy) Gender Male Female Stock Owned %

Social Security Number - - Daytime Telephone Number - - Evening Telephone Number - -

Dealership Name Dealership Address Dealer Account ##

E-Mail NADA Member #

Spouse Life Coverage Amounts—Choose the coverage amount for which you are applying. *Note: you will be billed on a monthly basis.*

NADA Spouse Life Insurance Coverage Amount Requested *(please check one):*

\$1,000,000
 \$500,000
 \$350,000
 \$200,000
 \$100,000
 \$750,000
 \$400,000
 \$300,000
 \$150,000
 \$50,000
 Other Coverage Amount (in \$25,000 increments up to a maximum of 50% of member's Dealer Life Coverage Amount): \$ _____

Monthly Rate per \$1,000 of Spouse Coverage:	Age <25:	Age 25-29:	Age 30-34:	Age 35-39:	Age 40-44:	Age 45-49:	Age 50-54:	Age 55-59:	Age 60-64:	Age 65-69:	Age 70-over:
	\$.02	\$.02	\$.03	\$.05	\$.07	\$.13	\$.20	\$.32	\$.52	\$.86	\$ 1.68

Beneficiary Information—Beneficiary information listed here, or attached will replace what is currently on file.

Full Name of Beneficiary	Social Security No.	Relationship	Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
Address <input type="text"/>			
<input type="checkbox"/> Please check here if additional beneficiary designation is attached.			Total (Must equal 100%) <input type="text"/> 100%

Florida Residents: 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.

I acknowledge that I have read and understood the Fraud Warnings appearing on another part of this Request Form.

In order to be eligible to maintain the insurance indicated above, I acknowledge: (a) that I am a member of the National Automobile Dealers Association; (b) that I must continue such membership to keep this insurance in force; (c) that spouse coverage will not become effective while my spouse is confined for medical care or treatment at home or elsewhere; (d) I hereby request participation in the NADA Insurance Trust and agree to be bound by its terms; and (e) I will remit required contributions for such insurance when due. By providing my e-mail address, I hereby agree to receive e-mails relating to the medical underwriting process as well as other information pertaining to my membership.

X

Signature of Member _____
Date

The Spouse Life Insurance is issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102, 1-800-524-0542, a New Jersey Company. Contract Series 83500. Please refer to the Booklet Certificate for all plan details including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Certificate of Insurance issued by Prudential, the terms of the Certificate of Insurance will govern. Contract provisions may vary by state. California COA #1179, NAIC #68241.



NATIONAL AUTOMOBILE DEALERS INSURANCE TRUST

Short Form Health Statement Questionnaire (Please print in black ink)

Group Contract No. 34371

Member's First Name MI Last Name

Member Social Security Number

Spouse's First Name MI Last Name

Street Apt.

City State ZIP Code

Date of Birth Social Security Number

Gender: Male Female Height: ft. in. Weight: lbs.

Please answer these questions by checking "Yes" or "No".

- Yes No Do you currently have any disorder, condition...
Yes No During the last five years, have you been in a hospital...
Yes No During the last five years, have you had life, disability...
Yes No Within the last five years, have you been diagnosed with...

Prudential reserves the right to request additional health information on the basis of responses given to the above questions.

I consent to this coverage and I declare that, to the best of my knowledge and belief, the statements made on this application are complete and true.

X Spouse's Signature (unless a minor) Date

X If applicant is a minor, Signature of Parent, Guardian, or Person Liable for Support of Applicant Date

Important Notice: For residents of all states except Florida, New Jersey, New York, Pennsylvania, Utah, Vermont, Virginia and Washington:

Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is or may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto. **New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **Pennsylvania and Utah Residents:** 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. **Vermont Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law. **Virginia Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto. **Washington Residents:** Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

Please keep this notice for your records.

Beneficiary Designation: If you name more than one beneficiary, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) that survive you, unless otherwise provided in the designation. If no named beneficiary survives you, settlement will be made to your estate. The beneficiary named herein will be the beneficiary for your total amount of insurance coverage issued pursuant to the Plan of Insurance of the National Automobile Dealers Insurance Trust.

Notice—Thank you for choosing The Prudential Insurance Company of America (Prudential) for your insurance needs. Before we can issue coverage we must review your application/enrollment form. To do this, we need to collect and evaluate personal information about you. This notice is being provided to inform you of certain information practices Prudential engages in, and your rights, with regard to your personal information. We would like you to know that: Personal information may be collected from persons other than yourself or other individuals, if applicable, proposed for coverage; this personal information as well as other personal or privileged information subsequently collected by us may, in certain circumstances, be disclosed to third parties without authorization; you have a right of access and correction with respect to personal information we collect about you; and upon request from you, we will provide you with a more detailed notice of our information practices and your rights with respect to such information. Should you wish to receive this notice, please contact: The Prudential Insurance Company of America, Group Medical Underwriting, P.O. Box 8796, Philadelphia, PA 19176

Any information we obtain regarding a person's insurability will be treated as confidential. We may, however, make a brief report of it to the Medical Information Bureau (the Bureau), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. When you apply for life, disability, or health insurance to any company, including Prudential, which is a member of the Bureau, or submit a claim for benefits to such a company, the Bureau will, on request, give the company the information in its files. In addition, upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If the information came from the Bureau and you question the accuracy of the information in the Bureau's files, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: P.O. Box 105, Essex Station, Boston, MA 02112, (617) 426-3660.