NATIONAL AUTOMOBILE DEALERS ASSOCIATION SPONSORED INSURANCE

TIERED GROUP EMPLOYEE ENROLLMENT FORM

NADA INSURANCE

DEALERSHIP INFORMATION

NAME OF DEALERSHIP	TELEPHONE NUMBER	FAX NUMBER

DEALERSHIP ADDRESS (Street, City, State, Zip)	REQUESTED EFFECTIVE DATE

Employer Paid Tiered Group Life Insurance
Please select the Coverage Plan option below that you would like to provide to your eligible full-time employees:

Group 1: Owners, Partners, Chairman of the Board, President, Officer or their Successors owning 10% of an INCLUDED EMPLOYER'S stock
Group 2: Managers
Group 3: All Other Employees

☐ Plan 1		☐ Plan 2		☐ Plan 3	
Group 1	$200,000	Group 1	$100,000	Group 1	$50,000
Group 2	$100,000	Group 2	$50,000	Group 2	$25,000
Group 3	$50,000	Group 3	$25,000	Group 3	$10,000

Optional AD&D: ☐ Yes ☐ No **Dependent Coverage** ($10,000 Spouse / $5,000 Child(ren): ☐ Yes ☐ No

Premiums will automatically be billed to the Dealership. (Note: Amounts above $50,000 may 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 for life coverage.

Last Name	First Name	Date of Birth	Date of Hire	Group

Submitted By:

DEALERSHIP NAME: _____ DATE: _____

AUTHORIZED SIGNATURE _____ TITLE: _____

Please return this completed form to: **NADA Insurance Program Administer**
P.O. Box 998 Covington, LA 70434