NATIONAL AUTOMOBILE DEALERS ASSOCIATION INSURANCE

SPONSORED RETIREMENT ACCUMULATION INSURANCE GROUP ROSTER

		I. DEALI	ERSHIP II	NFORMATION			
NAME OF DEALERSHIP	TELEPHO	TELEPHONE NUMBER		FAX NUMBER			
DEALERSHIP ADDRESS (Street, City, State, Zip)					EMAIL ADDRESS		
DEALERSHIP CONTACT	7						
DEALERSHIP NUMBER							
		Roste	r/Mainten	<u>iance</u>			
Last Name	First Name	Estimated Annual Salary (EAS)	Gender	SSN	Effective Date	Date of Birth	Date of Hire



Please return completed form to: Coverage Issued By:

NADA Insurance Program Administrator New York Life Insurance
PO Box 1590 51 Madison Avenue
Covington, LA New York, NY 10010
70434 Group Policy # G-29611

