



**NATIONAL AUTOMOBILE DEALERS  
ASSOCIATION SPONSORED INSURANCE  
RETIREMENT ACCUMULATION INSURANCE (RAI)**



**Request for Group Insurance from New York Life Insurance Company  
51 Madison Avenue New York, NY 10010 – Group Policy # G-29611**

**DEALERSHIP INFORMATION**

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

**Employer Paid RAI Group Life Insurance**

**Please select the Coverage Plan option below that you would like to provide to your employees who are eligible/participating in your qualified retirement plan:**

Plan Number	Minimum Amount of Insurance	Maximum Amount of Insurance
<input type="checkbox"/> 1	\$25,000	\$75,000
<input type="checkbox"/> 2	\$50,000	\$150,000
<input type="checkbox"/> 3	\$75,000	\$225,000

Premiums will automatically be billed to the Dealership. (Note: Amounts above \$50,000 may subject to imputed income.)

- Yes! Send me information on the dealer-paid group life insurance coverage.
- Yes! Send me information on supplemental employee-paid life insurance coverage that I can share with my employees.

**Note:** Information for new employees must be submitted within 31 days from the date they are eligible using the RAI Employee Enrollment Form (or spreadsheet including all information below).

Last Name	First Name	Estimated Annual Salary (EAS)	SSN	Effective Date	Date of Birth	Date of Hire

May attach separate spreadsheet to include above information for all employees.

**Agreed to By:**

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

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

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