

PENNSYLVANIA AUTOMOTIVE ASSOCIATION
Group Insurance Enrollment Form
LIFE and AD&D

Control Number: 08450

A	1. Dealer Name _____ Dealer Address _____ 2. Dealer Number _____ Phone # _____
B	3. Name of new employee a. Last _____ First _____ Middle _____ Address: _____ _____ Street _____ City _____ State _____ Zip _____ b. Social Security Number _____ - _____ - _____ c. Birth Date ____/____/____ d. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> e. Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
C	4. a. DATE EMPLOYED ____/____/____ b. CLASS: <input type="checkbox"/> I - Owners, Partners, Officers <input type="checkbox"/> II - Department Heads <input type="checkbox"/> III - All Others c. Average Number of hours worked per week _____ * An employee must work a minimum of 20 hours a week to maintain this benefit. d. Average Weekly Salary _____
D	5. PLEASE INDICATE THE AMOUNT OF LIFE, ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE DESIRED IN THE SPACE PROVIDED. LIFE/AD&D _____ / _____ NEW ADD <input type="checkbox"/> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> Effective Date of Add or Change _____ </div> <p>NOTE: THE AMOUNT OF LIFE AND AD&D MUST BE EQUAL.</p> <p>AT THE AGE OF 65 THE AMOUNT OF LIFE INSURANCE AND AD&D ARE REDUCED AUTOMATICALLY BY 25%. AT AGE 70 THE AMOUNTS ARE REDUCED BY LIKE AMOUNTS.</p>
E	6. Beneficiary Name _____ Social Security Number _____ Relationship _____ _____ _____ If more than 1 beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured, unless otherwise provided in the Group Policy.

The effective date of coverage will be delayed when enrollment forms are received subsequent to your waiting period.

Pennsylvania Notice of Compensation

Why this Notice is Being Provided - Title 40 of the PA Statutes, Section 532.7c. requires Prudential to provide the following information to those enrolling in group life insurance under a contract issued in Pennsylvania to this Contract Holder:
 Be advised that the Contract Holder may receive and/or retain a portion of the contributions paid under the plan to be used for general purposes of the Contract Holder and/or members.

Employee Signature _____ Date _____
 Authorized Signature _____ Date _____