



**New York State Automobile Dealers Association
Group Insurance Trust**

Dealer Application to Participate

The undersigned NYSADA member hereby applies for participation in the New York State Automobile Dealers Association Group Insurance Trust (GIT) for the coverages selected below.

Medical Insurance (select up to 2 plans)		Dental Insurance (select 1)		Other Insurance (select)	
<input type="checkbox"/>	PPO	<input type="checkbox"/>	Schedule Plan	<input type="checkbox"/>	NY Statutory Disability Benefits
<input type="checkbox"/>	EPO 80% Share Plan	<input type="checkbox"/>	PPO High Option Plan	<input type="checkbox"/>	Employee Life Insurance
<input type="checkbox"/>	EPO 100% Co-Pay Plan	High Deductible Plans (select)		<input type="checkbox"/>	Dependent Life Insurance
<input type="checkbox"/>	POS (Western NY only)			<input type="checkbox"/>	HSA
		<input type="checkbox"/>	HRA	<input type="checkbox"/>	Long-Term Care

Please select one prescription (co-pay) option for each medical plan selected above.

	OPTION 1 co-pay \$10/\$25/\$40	OPTION 2 co-pay \$15/\$30/\$50	OPTION 3 co-pay \$5/\$25/\$100	OPTION 4 co-pay \$10 Generic
PPO				
EPO 80% Share Plan				
EPO 100% Co-Pay Plan				
POS (Western NY only)				

The above plan(s) are requested to be effective for all employees on _____ (Please provide date).

Dealership: _____
(Show Full or Corporate Name)

Address: _____
(Number and Street Address, or P.O. Box)

(City, State and Zip) _____ (County)

Telephone: _____ Fax: _____

Contact Name: _____ Title: _____

E-Mail: _____

The GIT is: 1. _____ Replacing another plan which was underwritten by: _____
2. _____ Adding to other GIT plan(s) we offer which are: _____



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Please check who will contribute to the cost of the insurance. Check **both** columns if the cost will be **shared** by both the employee and the employer.

	Employee	Employer
Employee Medical Insurance	_____	_____
Employee High Deductible Plan	_____	_____
Employee Dental Insurance	_____	_____
Employee Life Insurance	_____	_____
Dependent Major Medical Insurance	_____	_____
Dependent High Deductible Plan	_____	_____
Dependent Dental Insurance	_____	_____
Dependent Life Insurance	_____	_____

Participation and Eligibility:

If any coverage is paid for entirely by the employer, then 100 percent of the eligible employees must be insured. If employer's contribution is less than 100 percent, then 75 percent of eligible employees must participate in the GIT medical and/or high deductible plan(s). An eligible employee is defined by the GIT as one who works at least 28 hours per week, in and for the dealership, and is on the dealership payroll and appears on the NYS (45) Quarterly Wage Report. Eligible dependents are defined as a domestic partner based on properly submitted documentation, wedded spouse and children up to the age of 19. Children between the ages of 19 and not yet 25 are eligible provided they are unmarried, full-time students, (carrying a minimum of 12 credit hours per semester), in an accredited educational institution, and depend upon the insured employee for support and maintenance that can be demonstrated by supporting documentation submitted to the GIT as is required twice a year. It is understood that participation in the GIT medical and dental plans is minimally one year from the effective date of coverage and coverage will renew on the anniversary date unless otherwise requested by the Dealer/Member formally (written) communicated to the GIT in advance, at the appropriate rate.

In the past three (3) months we have averaged: _____ Full Time Employees _____ Part Time Employees.

Waiting Period for Coverage:

The employer may elect to impose a waiting period for coverage of new employees – those employed after the effective date of this plan. During this period, the individual must not work less than the full-time standard elected by the employer that is at least 28 hours per week to be applied equitably to all qualifying employees. The GIT will apply this waiting period to all new employees, unless instructed otherwise by an authorized representative of the dealership. The GIT should be notified immediately of all new hires even if there is a waiting period. The GIT will activate coverage when the employee has satisfied the waiting period, as stipulated by the employer.

We elect to impose:
 _____ no waiting period for coverage(s), _____ a 30-day, _____ a 60-day, _____ a 90-day waiting period for coverage. (check one)

Effective Date:

Coverage will be effective the first of the month following date of employment, or, if a waiting period is imposed the first of the month following its completion, providing a correctly completed and signed enrollment form is received in the GIT office prior to the requested date the coverage is to be effective. Except for NYS Disability Insurance, all GIT coverages run from the first of the month through the end of the month. Premium is not prorated for employees who work a portion of a month.

It is agreed that any insurance provided for an individual under the group is governed subject to its effective date and in every other respect to the terms of the policy.

It is further agreed that the employer will furnish the Group Insurance Trust with all information necessary to properly administer the Trust program, including but not limited to the NYS (45) Quarterly Wage Report, including immediate notification of all added and deleted employees for this coverage. In addition, the employer will make all efforts to maintain a 75 percent eligible employee participation in the medical program, if applicable. Dealer/Member must notify the GIT with any immediate change of ownership or operating status and the effective date of the change, or they may be responsible for all claims incurred as of the date of the change of ownership or operating status. It is further understood that the GIT must receive formal (written) notice a minimum of 30-days prior to the requested termination date regardless of the reason for it.

All dealer/members are required to pay their premium timely by the 10th of each month. A two (2) percent late fee will be assessed as of the 20th of each month if payment is not recieved as of that date.

Should the above Dealer/Member fail to qualify as a valid member in the Group Insurance Trust, any monies deposited by, or on account of, the undersigned for the purpose specified above shall not become part of said Trust, but shall be returned and there shall be no further obligations whatsoever on the part of the trustees in connection therewith, if applicable.

 Authorized Signature _____
 Title

 Date