

Valid as of 1/1/25

New Jersey Conference of SDA
Auto Insurance Subsidy Request Application
(Pastors, Departmental & Administrative Staff)



LOVING+LOVABLE
PEOPLE

Name: _____ Emp. # _____ Date: _____

Address: _____ Zip Code _____

Automobile #1

Make _____ Model _____ Year _____

Primary Driver of Vehicle: _____ Coverage From: _____ to _____

Total Premium for ONE year: \$ _____ for six months: \$ _____

Automobile #2

Make _____ Model _____ Year _____

Primary Driver of Vehicle: _____ Coverage From: _____ to _____

Total Premium for ONE year: \$ _____ for Six months: \$ _____

Employee Signature: _____ Date _____

Subsidy is granted on a six-month basis. Surcharges deducted before subsidy is calculated.

Please attach a copy of the COMPLETE policy to this request form. Estimates and/or quotes are not acceptable. The vehicle(s) covered by this subsidy must be driven primarily by the employee and/or spouse. Premiums in excess of those typical of standard type cars shall not be considered. To qualify for subsidy, vehicles(s) MUST carry coverage limits specified below.

Policy Specification (NADWP Y 29 15 3):

- Bodily Injury: \$250,000/\$500,000, or a \$300,000 single limit policy
- Property Damage: \$50,000 * Medical Payments: \$5,000
- Collision Deductible: \$500 (If current value of car is less than \$1000, waive collision coverage)
- Comprehensive Deductible \$100 * Uninsured Motorist: Statutory
(In case of collision or comprehensive damage, the employee pays the first \$50.00 of the deductible: the NJ Conference subsidizes the balance). If you choose to carry a higher deductible; then your reimbursement will be based on the suggested deductible.

This form replaces all previous ones. Subsidy is subject to change.

Please do not write below - For Office use only

Table with 3 columns: Description, (One Auto), (Two Autos). Rows include Total premium for 6 months, 80% of 6 months premium, Deductible: 16.5% of Wage Factor, Allowance for 6 months.

Authorized Signature: _____ Date: _____