



Arkansas-Louisiana Conference of Seventh-day Adventists

Request for Automobile Insurance Assistance

I request Automobile Insurance Assistance on the following car(s) which are owned by and used primarily by myself and my spouse.

Car 1: Year _____ Make/Model _____

Car 2: Year _____ Make/Model _____

Employee Signature _____ Date _____

Employee Printed Name _____

Include the following:

- Declarations page showing (1) coverage dates of the policy, (2) coverage amounts for the items listed below, (3) premium amount.
- Proof of payment.

Eligibility – Those eligible for automobile insurance assistance shall be full-time employees of the ARKLA Conference including officers, departmental directors, associate departmental directors, and pastors earning 70 percent or more of the Remuneration Factor. Educational, secretarial and other personnel are excluded.

Coverage – Employees eligible for assistance shall be required to carry insurance with the following minimum limits when such limits are readily available:

*Body Injury Liability	\$250,000/\$500,000
*Property Damage Liability	\$50,000
Medical Payments	\$5,000
Comprehensive	\$100 Deductible
Collision	\$500 Deductible

*Optional \$300,000 single limit policy is acceptable.

Assistance – Assistance may be granted on annual automobile insurance expense that exceeds 16.50% of the current monthly Remuneration Factor.

The amount of assistance shall be determined by applying the appropriate factors to the average premiums to two insured automobiles owned by and used primarily by the employee and spouse. Premiums in excess of those typical of standard type cars shall not be considered.

Driving Records Surcharge Points	Allowance Factor One Automobile Owner	Allowance Factor Multi-Automobile Owner
0 – 2	100%	160%
3	90%	144%
4	75%	120%

An unmarried denomination employee, if eligible, shall receive assistance on one automobile only. Married denominational employees, where both spouses are eligible for additional insurance, shall each receive assistance on one automobile only.

To find out about your insurance company, contact the Department of Insurance

Arkansas:	800-282-9134	www.insurance.arkansas.gov
Louisiana:	800-259-5300	www.Ldi.la.gov
Texas:	800-578-4677	www.tdi.texas.gov

Return this form to Payroll.

Please keep a copy for your personal records.