



NYSADA
New York State
Automobile Dealers Association

REQUEST FOR QUOTE FOR GIT Plans!

The Group Insurance Trust (GIT) Medical Insurance Program rates are guaranteed for one year from effective date.

The GIT has provided dealers with a strong choice for their medical coverage as well as options for other employee benefit plans for over 67 years. The GIT medical and high deductible plans are underwritten by Blue Shield of Northeastern NY and Excellus BlueCross BlueShield are available to dealers throughout New York State and for any insurable dealerships and entities in and outside New York.

If you are enrolled in a different health insurance program, and want to be sure that you are getting the best possible selection and cost available, now is the time to start the process of getting a quote. Just a few minutes of your time could result in savings to you and your employees.

Options/Choices To Consider The GIT For Your Medical, Dental, Vision, and NYS Disability:

- All GIT health plans are Health Care Reform compliant
- Plans Are Designed and Underwritten by Blue Shield of NENY and Excellus BlueCross BlueShield
- Can Insure Dealers In New York State, and in all States Via BlueCross BlueShield Plan Network in US
- Large Dealer Group Experience Rating Done
- 10 Different Prescription Plans To Choose To Match With Your Medical (Only) Plans Selected
- Quarterly Rates—Guaranteed For 1 Year (Enroll at Any Time For 1 Year)
- Multiple Dental Plans, (Low/High/DHMO), and a stand alone Pediatric Plan administered By Guardian
- 1 PPO; 3 EPO's; High Deductible Plans, and a Bronze Plan (Safe Harbor plan)
- NYS Short-Term Disability/PFL administered by the NYSIF
- Voluntary Vision administered by Guardian

For more information, please contact, Jeff Scardino, at 518-463-1148, ext. 321, or jeff@nysada.com

Yes, I would like to receive a quote for my dealership's health and other insurance benefits. Please have someone contact me for the necessary information needed to generate a quote.

Dealership: _____ Phone: _____ Email: _____

Address: _____

Contact: _____ Current health insurance carrier: _____

My current health plan renews as of: _____ County: _____

Fax to NYSADA at 518-434-1757 or email to jeff@nysada.com