

Statutory Accident Benefits Changes Confirmation Form

* Please choose an option for each of the 7 coverages below. If you wish to choose additional coverage please contact our office immediately for correct pricing.

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1. Increased Medical, Rehabilitation and Attendant Care – The standard benefit pays up to \$65,000 for medical, rehabilitation and attendant care expenses for non-catastrophic injuries. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical, rehabilitation and attendant care expenses. You can purchase optional medical, rehabilitation and attendant care benefits for non-catastrophic injuries of \$130,000. You can purchase optional benefits for catastrophic injuries to \$2,000,000 or increase medical, rehabilitation and attendant care benefits to \$1,000,000 for non-catastrophic injuries and \$2,000,000 for catastrophic injuries.			
☐ Requested standard medical rehabilita	ation and attendant Care		
☐ Increase for non-catastrophic \$130,00	00 <u>OR</u>	rease for non-catastrophic \$1,000,000	
☐ Increase to \$2,000,000 for catastroph	ic		
	e only for a person who is catastro	tandard caregiver, housekeeping and home ophically impaired. You can purchase an optional	al
☐ Requested standard caregiver, house	keeping & home maintenance cov	verage	
☐ Requested extended benefit to cover	serious + minor injuries (as well as	s catastrophic)	
3. Increased Income Replacement – Th can be increased to \$600/week, \$800/week		ement provided in the policy, \$400/week maxim	um,
Requested income replacement option:	\$400 (standard) ☐ \$600 □	3 \$800 □ \$1,000 □	
What Income Replacement Benefit (IRB) is best for you?	Is your income close to or green \$30,000/year? \$45,000/year? \$60,000/year?	ceater than Consider an IRB at this level \$600/week \$800/week \$1,000/week	
	e additional weekly dependant car	ons who are employed and care for dependants re expenses of \$75/week for the first dependan	
☐ No dependant care requested	□ Re	equested dependant care coverage	
	e, \$10,000 to surviving dependant	id to the surviving spouse and dependant of a p can be doubled by purchasing this optional fit from \$6,000 to \$8,000.	ersor
☐ Requested standard death & funeral I	penefit		
☐ Requested optional death + funeral be	enefit \$50,000 to spouse/\$20,000 f	to each dependant/\$8,000 for funeral	
6. Indexation Benefit – This optional covincrease on an annual basis to reflect cha		kly benefit payments and monetary limits will	
☐ No optional indexation benefit reques	ted □ Re	equested optional indexation benefit	
7. Tort Deductible - OPCF 48 - This end Insurance Act on any settlement you may		on the deductible currently imposed by the gollowing an automobile accident.	
☐ No reduced deductible requested	☐ Re	equested to include reduced deductible option	
coverages will affect the potential amount I/we can reagree to the selections made to my/our coverage set	eceive toward settlement should I/we be inju out above and warrant that I/we have had a	outlined above. I/we understand that my/our selections for the ured in an automobile accident. I/we have read, understood a reasonable opportunity to consider the effect of these change on my/our behalf with the coverage limits and options set	and nges
Name:		Policy #:	
Signature:		Date:	