

# FIRST PARTY BENEFITS NOTICE

## FIRST PARTY BENEFITS

- A. MEDICAL EXPENSE BENEFIT**      *Coverage to reimburse you for reasonable and necessary medical treatment and services incurred.*
- B. INCOME LOSS BENEFIT**      *Coverage to replace a portion of lost income and reimburse you for expenses in securing replacement services.*
- C. ACCIDENTAL DEATH BENEFIT**      *A death benefit paid in the event of the death of an insured person due to a covered auto accident.*
- D. FUNERAL BENEFIT**      *Coverage to pay for direct funeral, burial and other related expenses incurred as a result of the death of an insured person due to a covered accident.*

Effective July 1, 1990 Act 6 changes what is required to be taken for first party benefits. You are required to purchase a minimum of \$5,000 Medical Expenses. All other options listed below (including a higher limit of Medical Payments) are choices for you to make. Indicate your choice of options shown below for each coverage. Then date and sign this form and return to your Agent.

**BENEFIT LEVEL OPTIONS:** (Include your choice by marking the box for each coverage or for your choice of Combination Benefits option; a selection from F and either one from each of A, B, C, and D or one selection from E)

- A. MEDICAL EXPENSES:**      ( indicates your choice)
- |                                    |                          |           |          |         |
|------------------------------------|--------------------------|-----------|----------|---------|
| <input type="checkbox"/> \$5,000   | per person, per accident | (Minimum) | \$ _____ | Premium |
| <input type="checkbox"/> \$10,000  | per person, per accident |           | \$ _____ | Premium |
| <input type="checkbox"/> \$25,000  | per person, per accident |           | \$ _____ | Premium |
| <input type="checkbox"/> \$50,000  | per person, per accident |           | \$ _____ | Premium |
| <input type="checkbox"/> \$100,000 | per person, per accident | (Maximum) | \$ _____ | Premium |

- B. INCOME LOSS:**      ( indicates your choice)
- |   |                                      |           |          |         |
|---|--------------------------------------|-----------|----------|---------|
| <input type="checkbox"/> None – Rejected    | per month / per accident, per person | (Minimum) |          |         |
| <input type="checkbox"/> \$1,000 / \$5000   | per month / per accident, per person |           | \$ _____ | Premium |
| <input type="checkbox"/> \$1,000 / \$10,000 | per month / per accident, per person |           | \$ _____ | Premium |
| <input type="checkbox"/> \$1,500 / \$15,000 | per month / per accident, per person |           | \$ _____ | Premium |
| <input type="checkbox"/> \$2,500 / \$50,000 | per month / per accident, per person | (Maximum) | \$ _____ | Premium |

- C. ACCIDENTAL DEATH:**      ( indicates your choice)
- |  |                          |           |          |         |
|--|--------------------------|-----------|----------|---------|
| <input type="checkbox"/> None – Rejected | per person, per accident | (Minimum) |          |         |
| <input type="checkbox"/> \$5,000         | per person, per accident |           | \$ _____ | Premium |
| <input type="checkbox"/> \$10,000        | per person, per accident |           | \$ _____ | Premium |
| <input type="checkbox"/> \$25,000        | per person, per accident | (Maximum) | \$ _____ | Premium |

**D. FUNERAL EXPENSE:** (☒ indicates your choice)

- None – Rejected per person, per accident (Minimum)
- \$1,500 per person, per accident \$\_\_\_\_\_ Premium
- \$2,500 per person, per accident (Maximum) \$\_\_\_\_\_ Premium

**OR**

**E. COMBINATION BENEFITS:** Single Limit for all coverages, with specific benefit limits as shown (☒ indicates your choice)

- \$50,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$\_\_\_\_\_ Premium
- \$100,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$\_\_\_\_\_ Premium
- \$177,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits) \$\_\_\_\_\_ Premium

**AND**

**F. EXTRAORDINARY MEDICAL BENEFIT (EMB):** (☒ indicates your choice)

- I wish to purchase EMB coverage at the following limit:
  - \$100,000     \$300,000     \$500,000     \$1,000,000
- I do not wish to purchase EMB coverage.

In accordance with 1989 Pa. Laws 4, your first party benefits coverage may be extended to provide an extraordinary medical benefit (EMB) which will pay the medical and rehabilitation costs for you and your family members residing in your household which are more than \$100,000 for each person injured as the result of an automobile accident, up to a lifetime benefit limits of \$1,000,000 for each person. Since you are only required to carry \$5,000 medical expense coverage under your first party benefits and EMB coverage only pays expenses that exceed \$100,000, you may have a gap in coverage between your selected first party benefits above an EMB coverage. We recommend you consider this when you make your medical expense selections.

I have had the coverages, benefit levels and options as set out above, fully explained to me and have indicated my choices (☒ indicates my choices) as shown. I understand that this is simply a summary of the coverages and benefits, and that the forms and endorsements attached to my policy actually make up my coverage.

\_\_\_\_\_  
 Witness to signature of Named Insured(s)

\_\_\_\_\_  
 Date

**X**\_\_\_\_\_  
 Signature of Named Insured(s)

\_\_\_\_\_  
 Named Insured  
 Typed or printed name

**THE CHOICES AND OPTIONS AS INDICATED ABOVE WILL CONTINUE IN FORCE AND EFFECT UNTIL WRITTEN REPLACEMENT NOTICE IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE.**

**IMPORTANT NOTICE**

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for your purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle.

- (1) Medical benefits, up to at least \$100,000.
- (1.1) Extraordinary medical benefits, from \$100,000 to \$1,100,000 which may be offered in increments of \$100,000.
- (2) Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (3) Accidental death benefits, up to at least \$25,000.
- (4) Funeral benefits, \$2,500.
- (5) As an alternative to paragraphs (1), (2), (3) and (4), a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) (relating to availability of adequate limits).
- (6) Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least \$5,000 for damage to property of others in any one accident.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

I have read and acknowledge the information set out above.

X \_\_\_\_\_  
Signature of First Named Insured                      Date                      Witness

## **UNDERINSURED MOTORIST COVERAGE**

Underinsured Motorist Coverage provides protection for damages incurred which exceed the limit of liability carried by the driver of a vehicle who injures you in an automobile accident. You have the right to purchase Underinsured Motorist Coverage in an amount equal to the amount of Bodily Injury Liability Coverage provided in your policy. The law does not require you to purchase Underinsured Motorist Coverage, and you have the right to reject this coverage. You also have the option to purchase Underinsured Motorist Coverage with limits of coverage less than that of your Bodily Injury Liability Coverage limit. Underinsured Motorist Coverage is an optional coverage, however, we are required to include it in your policy unless you take steps to reject it.

**INDICATE YOUR CHOICE BY EITHER COMPLETING THE REJECTION OF  
UNDERINSURED MOTORIST COVERAGE FORM OR BY COMPLETING THE SELECTION  
OF UNDERINSURED MOTORIST COVERAGE AND STACKING OPTIONS FORM**

## REJECTION OF UNDERINSURED MOTORIST COVERAGE

By signing this waiver I am rejecting Underinsured Motorist Coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

X \_\_\_\_\_  
Signature of First Named Insured      Date Signed      Witness

**THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.**

## SELECTION OF UNDERINSURED MOTORIST COVERAGE AND STACKING OPTIONS

- A. Selection of UIM Coverage:** I do wish to purchase Underinsured Motorist Coverage at \$ \_\_\_\_\_ per person, \$ \_\_\_\_\_ per accident split limits of liability or \$ \_\_\_\_\_ per accident single limit of liability. (Your UIM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)
- B. Stacking Options:** If you have chosen to purchase Underinsured Motorist Coverage, and you are not a legal corporation, your next option is to determine if you want to stack the limits of your policy. Stacking means you can claim a total of the amounts of Underinsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Underinsured Motorist Coverage. There is an additional premium for this coverage.
- Purchase of Stacking: I wish to purchase stacking of Underinsured Motorist Coverage (Not applicable if named insured is a legal corporation).
  - Rejection of Stacking: I wish to reject stacking of Underinsured Motorist Coverage. By signing this waiver, I am rejecting stacked limits of Underinsured Motorist Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

X \_\_\_\_\_  
Signature of First Named Insured                      Date Signed                      Witness

**THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.**

## **UNINSURED MOTORIST COVERAGE**

Uninsured Motorist Coverage provides protection for damages incurred as a result of an accident with an uninsured motor vehicle. You have the right to purchase Uninsured Motorist Coverage in an amount equal to the amount of Bodily Injury Liability coverage provided in your policy. The law does not require you to purchase Uninsured Motorist Coverage, and you have the right to reject this coverage. You also have the option to purchase Uninsured Motorist Coverage with limits of coverage less than that of your Bodily Injury Liability Coverage limit. Uninsured Motorist Coverage is an optional coverage, however, we are required to include it in your policy unless you take steps to reject it.

**INDICATE YOUR CHOICE BY EITHER COMPLETING THE REJECTION OF UNINSURED  
MOTORIST COVERAGE FORM OR BY COMPLETING THE SELECTION OF UNINSURED  
MOTORIST COVERAGE AND STACKING OPTIONS FORM**

## REJECTION OF UNINSURED MOTORIST COVERAGE

NOTE: Rejection of uninsured motorist coverage is not allowed for "Common Carriers by Motor Vehicle" as defined in 66CPA.C.S. Section 102.

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

X \_\_\_\_\_  
Signature of First Named Insured                      Date Signed                      Witness

**THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.**



## SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKING OPTIONS

- A. Selection of UM Coverage:** I do wish to purchase Uninsured Motorist Coverage at \$ \_\_\_\_\_ per person, \$ \_\_\_\_\_ per accident split limits of liability or \$ \_\_\_\_\_ per accident single limit of liability. (Your UM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)
- B. Stacking Options:** If you have chosen to purchase Uninsured Motorist Coverage, and you are not a legal corporation, your next option is to determine if you want to stack the limits of your policy. Stacking means you can claim a total of the amounts of Uninsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Uninsured Motorist Coverage. There is an additional premium for this coverage.
- Purchase of Stacking: I wish to purchase stacking of Uninsured Motorist Coverage (Not applicable if named insured is a legal corporation).
  - Rejection of Stacking: I wish to reject stacking of Uninsured Motorist Coverage. By signing this waiver, I am rejecting stacked limits of Uninsured Motorist Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

X \_\_\_\_\_  
Signature of First Named Insured                      Date Signed                      Witness

**THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.**

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**