

## Optional Accident Benefits 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.

**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.

- Request Standard Medical, Rehabilitation and Attendant Care (no options purchased)
- Option A: Increase coverage for non-catastrophic injuries to \$130,000
- Option B: Add "all injury" benefit at \$1,000,000 for non-catastrophic injuries (\$2,000,000 for catastrophic injuries)
- Option C: Increase catastrophic injury coverage by \$1,000,000 (a total of \$2,000,000)
- Option A + C
- Option B + C (total eligible benefit amount for catastrophic injuries at \$3,000,000)

**Caregiver, Housekeeping and Home Maintenance Expenses** – The standard caregiver, housekeeping and home maintenance expenses benefit is available only for a person who is catastrophically impaired. You can purchase an optional benefit to provide this coverage for all impairments.

- Request Standard Caregiver, Housekeeping & Home Maintenance Coverage
- Request extended benefit to cover serious + minor injuries

**Increased Income Replacement** – The standard level of income replacement provided in the policy, \$400/wk maximum, can be increased to \$600/wk, \$800/wk or \$1,000/wk.

Request Income Replacement Option      \$400 (standard)       \$600       \$800       \$1,000

	Is your income close to or greater than:	Consider an IRB at this level:
<b>What Income Replacement Benefit (IRB) is best for your customer?</b>	\$30,000/year	\$600/week
	\$45,000/year	\$800/week
	\$60,000/year	\$1,000/week

**Dependant Care** – There is no standard dependant care benefit for persons who are employed and care for dependants. You can purchase optional benefit to receive additional weekly dependant care expenses of \$75/wk for the first dependant and \$25/wk for each additional dependant, up to \$150/wk.

- Request Dependant Care coverage
- Decline Dependant Care coverage

**Increased Death and Funeral** – The standard level of death benefits paid to the surviving spouse and dependant of a person who is killed - \$25,000 to surviving spouse, \$10,000 to surviving dependant - can be doubled by purchasing this optional coverage. This coverage also increases the standard funeral expense benefit from \$6,000 to \$8,000.

- Request Standard Death & Funeral Benefits
- Request optional Death & Funeral Benefit - \$50,000 to spouse/\$20,000 to each dependant/\$8,000 for funeral

**Indexation Benefit** – This optional coverage will ensure that certain weekly benefit payments and monetary limits will increase on an annual basis to reflect changes in the cost of living.

- Request optional Indexation Benefit
- Decline optional Indexation Benefit

**Tort Deductible – OPCF 48** – This endorsement will provide a buy down on the deductible currently imposed by the Insurance Act on any settlement you may be awarded for pain and suffering following an automobile accident.

- Request to include reduced deductible option
- Decline to include reduced deductible option

*I/we warrant that the broker has fully explained the automobile insurance coverage and options outlined above. I/we understand that my/our selections for these coverages will affect the potential amount I/we can receive toward settlement should I/we be injured in an automobile accident. I/we have read, understood and agree to the selections made to my/our coverage set out above and warrant that I/we have had a reasonable opportunity to consider the effect of these changes on my/our coverage. As such, I/we request that the broker obtains automobile insurance coverage on my/our behalf with the coverage limits and options selected above.*

Signature of all Named Insureds: \_\_\_\_\_

Date: \_\_\_\_\_

