

**PENNSYLVANIA 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 you are required to purchase for First Party Benefits coverage. You are only required to purchase \$5,000 Medical Expenses. All other options, including a higher limit for Medical Expenses, are choices you may make. Indicate your choice of the options shown for each coverage. Then date and sign this form and return it to your agent.

BENEFIT LEVEL OPTIONS: (Indicate your choice by marking one box for each of options A.-D. or one box for option E.).

- A. **MEDICAL EXPENSES:** ([X] indicates your choice)
 \$5,000 \$10,000 25,000 \$50,000 \$100,000 per person, per accident
(Minimum) (Maximum)
- B. **INCOME LOSS:** ([X] Indicates your choice)
 None-Rejected \$1,000/\$5,000 \$1,000/\$15,000 \$1,500/\$25,000
(Minimum) (Maximum)
 \$2,500/\$50,000 per month/per accident, per person
- C. **ACCIDENTAL DEATH:** ([X] Indicates your choice)
 None-Rejected \$5,000 \$10,000 \$25,000 per person, per accident
(Minimum) (Maximum)
- D. **FUNERAL EXPENSE:** ([X] Indicates your choice)
 None-Rejected \$1,500 \$2,500 per person, per accident
(Minimum) (Maximum)

OR

- E. **COMBINATION BENEFITS:** Single Limit for all coverages, with specific benefit limits as shown ([X] indicates your choice)
 \$50,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits)
 \$100,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits)
 \$177,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits)
 \$277,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits)
(Maximum)

I have had the coverages benefit levels and options as set out above, fully explained to me and have indicated 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.

NAMED INSURED: _____ x
Type or print name Signature of Named Insured(s)

DATE: _____

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.