Optional Accident Benefits Confirmation Form

Diagno shapes on antion for each of the 7 sever	acaa balaw. If yay wiah ta abaasa additianal aay	verage please contact our office immediately for correct pricing
Flease choose an obnormor each or the 7 covers	ades delow ii vou wish lo choose addillohal cov	reface please confact our office infinedialety for correct pricing

ncreased Medical, Rehabilitation and Attendant Cattendant care expenses for non-catastrophic injuries. medical, rehabilitation and attendant care expenses. Youn-catastrophic injuries of \$130,000. You can purchate the publication and attendant care benefits to \$1,000,000.	If catastrophically impaire ou can purchase optional se optional benefits for car	d, the standard be medical, rehabilita tastrophic injuries	enefit pays up to ation and attenda to \$2,000,000 o	\$1,000,000 for ant care benefits for r increase medical,
Requested Standard Medical, Rehabilitati	ion and Attendant Care (n	o options purchas	sed)	
Option A: Increase coverage for non-cata	strophic injuries to \$130,0	000	•	
Option B: Add "all injury" benefit at \$1,000	0,000 for non-catastrophic	injuries (\$2,000,0	000 for catastrop	hic injuries)
Option C: Increase catastrophic injury cov	verage by \$1,000,000 (a to	otal of \$2,000,000	0)	
Option A + C			•	
Option B + C (total eligible benefit amoun	t for catastrophic injuries	at \$3,000,000)		
Caregiver, Housekeeping and Home Maintenance expenses benefit is available only for a person who is his coverage for all impairments.				
Requested Standard Caregiver, Houseke	eping & Home Maintenan	ce Coverage (cat	astrophic injury	only)
Requested extended benefit to cover seri	ous + minor injuries			
ncreased Income Replacement – The standard lev ncreased to \$600/wk, \$800/wk or \$1,000/wk	el of income replacement	provided in the po	olicy, \$400/wk m	aximum, can be
Requested Income Replacement Option	\$400 (standard)	\$600	\$800	\$1,000
ls your ind	come close to or greater	than Co	onsider an IRB	at this level
What Income Replacement Benefit (IRB) is best for you?	\$30,000/year? \$45,000/year? \$60,000/year?		\$600/wee \$800/wee \$1,000/we	k
Dependant Care – There is no standard dependant opurchase an optional benefit to receive additional wester each additional dependant, up to \$150/wk.				
Requested Dependant Care coverage				
ncreased Death and Funeral – The standard level of skilled - \$25,000 to surviving spouse, \$10,000 to surviverage also increases the standard funeral expense	viving dependant can be	doubled by purch		
Requested Standard Death and Funeral I	Benefit			
Requested optional Death and Funeral Bo	enefit \$50,000 to spouse/	\$20,000 to each o	dependant/\$8,00	0 for funeral
ndexation Benefit – This optional coverage will ensuan annual basis to reflect changes in the cost of living		nefit payments ar	nd monetary limit	ts will increase on
Requested optional Indexation Benefit				
Fort Deductible – OPCF 48 – This endorsement will on any settlement you may be awarded for pain and s			ently imposed by	y the Insurance Act
Requested to include reduced deductible	option			
/we warrant that the broker has fully explained the automobile insuran- coverages will affect the potential amount I/we can receive toward settle to the selections made to my/our coverage set out above and warrant of coverage. As such, I/we request that the broker obtains automobile ins	ement should I/we be injured in al that I/we have had a reasonable o	n automobile accident. opportunity to consider t	I/we have read, unde he effect of these cha	rstood and agree inges on my/our

Date _____

Your Best Insurance is an Insurance Broker

Signature _____