

Name Insured:	Policy #:
Mailing Address:	Company:
Income Replacement: ☐ Standard Benefit - \$400	☐\$600 ☐\$800 ☐\$1,000
• · · · · · · · · · · · · · · · · · · ·	I in the policy (\$400 per week maximum) can be increased by purchasing options
coverage. All income replacement benefits are base	
	Changes effective June 1st, 2016**
Medical, Rehabilitation and Attendant Care	☐ Standard Benefit ☐ Med./Rehab & Attendant Care increase to \$130,00
(applies only to Non-Catastrophic injuries)	
☐ Med./Rehab & Attendant Care increase to \$2,00	
☐ Med./Rehab & Attendant Care ALL injuries increa	ase \$1,000,000
T	
	al, rehabilitation and attendant care expenses, 5 year period for non-catastrophic medically eligible. If catastrophically impaired, the standard benefit pays up to
\$1,000,000 for medical, rehabilitation and attendar	
1 51,000,000 for medical, renabilitation and attendar	te care expenses. Optional benefits are available.
*If you purchase BOTH the additional Medical Reha	bilitation and Attendant Care benefit for catastrophic injuries and for all injuries
the total eligible benefit amount for catastrophic in	npairment would be \$3,000,000
Caregiver, Housekeeping and Home Mainte	
	aintenance expenses benefit is available only for a person who is catastrophicall
impaired. You can purchase an optional benefit to p	provide this coverage for all impairments.
Panandant Cara Nano Ontional Pana	ofit.
Dependent Care □None □Optional Bene	rsons who are employed and care for dependents. You can purchase an optiona
	e expenses of \$75 for the first dependant, and \$25 for each additional
dependant, up to \$150 per week.	C CAPOLICCO OF \$7.0 for the most depondent, and \$7.0 for call a c
Death and Funeral Benefit ☐ Standard Ben	nefit 🔲 Increased Optional Benefit
	viving spouse and dependent of a person who is killed (\$25,000 to surviving
• • • • • • • • • • • • • • • • • • • •	ubled by purchasing this optional coverage. This coverage also increases the
standard funeral expense benefit from \$6,000 to \$8	3,000.
Indevention Penalit	Danafit
Indexation Benefit None Optional I	kly benefit payments and monetary limits will increase on an annual basis to
reflect changes in the cost of living.	kly beliefft payments and monetary innits will increase on an annual basis to
reflect changes in the cost of hving.	
Coverage to Offset Tort Deductible – OPCF 4	18 ☐ None ☐ Reduce deductible by \$10,000
	deductible currently imposed by the Insurance Act on any settlements you should
be awarded for pain and suffering following an auto	
	<u>cknowledgement Statement</u>
I understand that my selections for these coverages will	l affect the potential amount that I or any other individual(s) who may qualify for
	nent should I or the other individual(s) who may qualify for coverage be injured in an proker at Murray Jackson Insurance Brokers Ltd. has fully explained the coverages and
	on Insurance Brokers Ltd. shall place on my behalf the coverage limits and options
selected above.	
Cinnet we of Incomed	Data
Signature of Insured	.Date
Signature of Insured	Date