



FIRST PARTY BENEFITS NOTICE

The options that you requested for Pennsylvania First Party Benefits are reproduced below. **These options determined your policy premium, but your policy may be changed by contacting the party listed below. Changing these indications may result in changes to your premium.** The State of Pennsylvania requires you to purchase a minimum of \$5,000 for the Medical Expense Benefit. All of the other options listed below (including a higher limit of Medical Expenses) are choices you may make. The premium associated with each option is also listed.

If you are satisfied with your level of First Party Benefits this notice may be disregarded.

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.*

BENEFIT LEVEL OPTIONS: (Coverage is comprised of a selection from each one of A, B, C, and D or one selection from E. Coverage is also comprised of a selection from F.)

A. MEDICAL EXPENSES: (☒ indicates the option you selected)

- \$5,000 per person, per accident (Minimum) \$ _____ Premium
- \$10,000 per person, per accident \$ _____ Premium
- \$25,000 per person, per accident \$ _____ Premium
- \$50,000 per person, per accident \$ _____ Premium
- \$100,000 per person, per accident (Maximum) \$ _____ Premium

B. INCOME LOSS: (☒ indicates the option you selected, if any)

- None – Rejected per month / per accident, per person (Minimum)
- \$1,000 / \$5,000 per month / per accident, per person \$ _____ Premium
- \$1,000 / \$10,000 per month / per accident, per person \$ _____ Premium
- \$1,000 / \$15,000 per month / per accident, per person \$ _____ Premium
- \$1,500 / \$25,000 per month / per accident, per person \$ _____ Premium
- \$2,500 / \$50,000 per month / per accident, per person (Maximum) \$ _____ Premium

C. ACCIDENTAL DEATH: (☒ indicates the option you selected, if any)

- None – Rejected per person, per accident (Minimum)
- \$5,000 per person, per accident \$_____ Premium
- \$10,000 per person, per accident \$_____ Premium
- \$25,000 per person, per accident (Maximum) \$_____ Premium

D. FUNERAL EXPENSE: (☒ indicates the option you selected, if any)

- 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 the option you selected, if any)

- \$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 the option you selected, if any)

In accordance with Pennsylvania Law 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 requested First Party Benefits and EMB coverage. We recommend you consider this when you make your medical expense selections.

- I purchased no EMB coverage.
- I purchased EMB coverage at the following limit:
 - \$100,000 \$300,000 \$500,000 \$1,000,000

If you desire to change your coverage please contact: