



Insurance & Financial Services Inc.

People you trust ~ Insurance that works!

OPTIONAL ACCIDENT BENEFITS CONFIRMATION FORM

Policy Number: _____ Date: _____

Client Name(s): _____

* 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.

- ☐ Requested 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.

- ☐ Requested Standard Caregiver, Housekeeping and Home Maintenance Coverage (Catastrophic injury only).
- ☐ Requested 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.

Requested Income Replacement Option: ☐ \$400 (standard) ☐ \$600 ☐ \$800 ☐ \$1000

What Income Replacement Benefit (IRB) is right for you?	Is your income close or greater than:	Consider an IRB at this level:
	\$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.

- ☐ Requested 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.

- ☐ Requested Standard Death and Funeral Benefit
- ☐ Requested Optional Death and funeral Benefit \$50,000 to spouse/\$20,000 to each dependant/\$8,000 for funeral.



2160 Dunwin Drive, Unit #6, Mississauga, Ontario L5L 5M8

Tel: 904-828-5544 Fax: 905-828-7849

Toll Free: 1-800-463-4272

www.martinandwright.com Email: mail@martinandwright.com

MW-AB-i1



Martin & Wright

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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.

☐ Requested 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.

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: _____ Date: _____

Signature: _____ Date: _____

OTHER IMPORTANT CHANGES TO YOUR AUTOMOBILE INSURANCE POLICY AS OF JUNE 1ST, 2016

Minor Accident: Insurer can no longer use a minor at-fault accident **meeting certain criteria*** to increase your premiums. Speak to a licensed Broker at **Martin & Wright Insurance and Financial Services Inc.** for more information.

Interest Rate for Monthly Payment Plans: the maximum amount that can be charged for monthly premium payments is now 1.3% for one-year policies, with corresponding reductions for shorter terms.

Comprehensive Deductible: The standard deductible for COMPREHENSIVE coverage has been increased from \$300 to \$500.

Non-Earner Benefit: The six-month waiting period for people who are not working has been reduced to four weeks. Benefits can only be received for up to two years after the accident.

Duration of Medical, Rehabilitation and Attendant Care Benefits: for all claimants except children, duration of this standard benefit is now five years for non-catastrophic injuries and will be paid only as long as you remain medically eligible.

Criteria*: includes no payment by any insurer, no injuries, and damages less than \$2,000 are paid by the at-fault driver, and this provision is limited to one minor accident every three years. If the vehicle was involved in more than one minor accident in the previous three years, and in each accident the driver of that vehicle was at fault, then an Insurer may consider the minor accident when deciding whether to issue, renew or cancel a contract or in determining premium.

If you have previously purchased any optional benefits, please review your renewal documents as they may have changed.

Acknowledgement of **“Other important changes effective June 1st, 2016”**:

Signature: _____ Date: _____

Signature: _____ Date: _____



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Tel: 904-828-5544 Fax: 905-828-7849

Toll Free: 1-800-463-4272

www.martinandwright.com Email: mail@martinandwright.com

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