



**PENNSYLVANIA
PERSONAL INJURY PROTECTION
SUPPLEMENTAL APPLICATION**

**WARNING NOTICE
MOTOR VEHICLE INSURANCE FRAUD**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

PENNSYLVANIA AUTOMOBILE SUPPLEMENTAL APPLICATION

IMPORTANT NOTICE

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:

- (1)** Medical benefits, up to at least \$100,000.
- (1.1)** Extraordinary medical benefits from \$100,000 to \$1,000,000 that may be offered in increments of \$100,000.
- (2)** Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (3)** Accidental death benefits, up to at least \$25,000.
- (4)** Funeral benefits, \$2,500.
- (5)** As an alternative to paragraphs (1), (2), (3) and (4), a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) (relating to availability of adequate limits).

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above. Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

If you do not select any of the optional coverage described in further detail below, your policy will have the minimum \$5,000 medical expense coverage required by law.

Added First Party Benefits

If you wish to select additional benefits, please mark only one option from each category below: The aggregate limits are the combined limits for basic first party benefits and additional first party benefits.

A. Medical Expense Benefit Aggregate Limit	B. Work Loss Benefit Monthly/Total	C. Accident Death Benefit	D. Funeral Expense
<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$ 1,000/ \$ 5,000	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 1,500
<input type="checkbox"/> 25,000	<input type="checkbox"/> 1,000/ 15,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,500
<input type="checkbox"/> 50,000	<input type="checkbox"/> 1,500/ 25,000	<input type="checkbox"/> 25,000	
<input type="checkbox"/> 100,000	<input type="checkbox"/> 2,500/ 50,000		

Combination First Party Benefits

Combination first party benefits must be made available as an alternative to additional first party benefits. All of the Combination First Party Benefits options are payable up to stated limits or up to 3 years after accident, whichever comes first.

Total Benefit Limit	Funeral Expense Benefit (included in total benefit limit)	Accidental Death Benefit (included in total benefit limit)
<input type="checkbox"/> \$ 50,000	\$ 2,500	\$ 10,000
<input type="checkbox"/> 100,000	2,500	10,000
<input type="checkbox"/> 177,500	2,500	25,000
<input type="checkbox"/> 277,500	2,500	25,000

Extraordinary Medical Benefits

Extraordinary medical benefits are available to you 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 limit of \$1,000,000 for each person. Please mark only one option below if coverage is desired. Only vehicles insured for First Party Benefits Coverage under your Coverage Form are eligible for this coverage.

As the extraordinary medical benefits coverage does not begin providing protection until your medical and rehabilitative expenses exceed \$100,000, it is important that you carry appropriate underlying coverage in order to avoid a gap in coverage.

<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 500,000
<input type="checkbox"/> \$ 300,000	<input type="checkbox"/> \$ 1,000,000

Broadened Personal Injury Protection Coverage

You may also select Broadened First Party or Combination First Party Benefits for named individuals. If you wish to select Broadened Personal Injury Protection, please indicate the names of the individuals below.

Named individual(s) _____

I understand these coverage selections will apply to all future renewals, continuations, and changes in my policy unless I notify you otherwise.

Named Insured

Policy Number

Effective Date

Signature of Named Insured

Date