

**First Party Benefits Coverage**

First Party Benefits Coverage pays you, the policyholder, and others covered by the policy in the event of injury, regardless of who caused the accident.

Medical expense benefit insurance pays your medical bills regardless of fault. This coverage is mandatory by Pennsylvania law with a required minimum of \$5,000.

Other optional First Party Benefits Coverages include work loss insurance, funeral benefit insurance, and accidental death. Work loss coverage provides reimbursement for lost wages due to an auto accident. The funeral benefit provides money to pay for a funeral where the death is the result of an auto accident. Accidental death pays when you or a family member dies in a car crash.

These benefits may be purchased separately or as a combination of benefits.

The First Party Benefits Coverage options and available limits are shown below.

Please indicate the coverage(s) and limit(s) you want by placing an "X" in the appropriate box and then sign and date this form and give it to your agent.

**Basic First Party Benefits Coverage Limits Options**

<p><b>Medical Benefit</b></p> <input type="checkbox"/> \$ 5,000 (BASIC) <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> \$ _____ (Other)	<p><b>Work Loss Benefit Monthly/Maximum</b></p> <input type="checkbox"/> None <input type="checkbox"/> 1,000/5,000 <input type="checkbox"/> 1,000/15,000 <input type="checkbox"/> 1,500/25,000 <input type="checkbox"/> 2,500/50,000 <input type="checkbox"/> \$ _____ (Other)	<p><b>Funeral Expense Benefit</b></p> <input type="checkbox"/> None <input type="checkbox"/> 1,500 <input type="checkbox"/> 2,500 <input type="checkbox"/> \$ _____ (Other)	<p><b>Accidental Death Benefit</b></p> <input type="checkbox"/> None <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> \$ _____ (Other)
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\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**Combination First Party Benefits Coverage Option**

This coverage is a combination of benefits. Do not complete this section if you have elected to purchase any of the above options.

<p><b>Option</b></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><b>Total Benefit Limit</b></p> <p>\$ 50,000                  100,000                  177,500                  277,500                  \$ _____ (Other)</p>	<p><b>Funeral Expense Benefit</b></p> <p>\$ 2,500                  2,500                  2,500                  2,500                  2,500                  \$ _____ (Other)</p>	<p><b>Accidental Death Benefit</b></p> <p>\$ 10,000                  10,000                  25,000                  25,000                  25,000                  \$ _____ (Other)</p>
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\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**Extraordinary Medical Benefits Coverage Limits Option**

Extraordinary Medical Benefits Coverage is an optional coverage. It pays the medical expenses of eligible persons for accidents covered under your policy. Payments under this coverage begin only when covered medical expenses exceed \$100,000 and are capped at the lifetime limit of \$1,000,000.

Please "X" the appropriate box.

- Include Extraordinary Medical Benefits Coverage of \$100,000 on my policy.
- Include Extraordinary Medical Benefits Coverage of \$300,000 on my policy.
- Include Extraordinary Medical Benefits Coverage of \$500,000 on my policy.
- Include Extraordinary Medical Benefits Coverage of \$1,000,000 on my policy.
- Do not include Extraordinary Medical Benefits Coverage.

The first \$100,000 of medical expenses are not covered by this coverage. If you select the Extraordinary Medical Benefits Coverage and your First Party Medical Benefits limit is less than \$100,000 you will be responsible for the difference.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date