

IMPORTANT NOTICE

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following optional additional benefits:

| | |
|---|---|
| (1) Medical Expense Benefits, | up to \$100,000. |
| (2) Loss of Income Benefits, | up to \$2,500 per month; up to a maximum benefit of \$50,000. |
| (3) Accidental Death Benefits, | up to \$25,000. |
| (4) Funeral Benefits, | \$2,500. |
| (5) Combination First Party Benefits, | \$50,000 to \$277,500. |
| <p>As an alternative to options (1), (2), (3) and (4), you may elect a combination benefit, up to \$277,500 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. Nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of 75 Pa.C.S. § 1715 section (d).</p> | |
| (6) Extraordinary Medical Benefits | from \$100,000 to \$1,100,000 available in increments of \$100,000. |

YOUR SIGNATURE ON THIS NOTICE OR YOUR PAYMENT OF ANY RENEWAL PREMIUM EVIDENCE YOUR 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 DO NOT UNDERSTAND ALL OF THE VARIOUS OPTIONS AVAILABLE TO YOU, CONTACT YOUR AGENT OR BROKER. IF YOU DO NOT UNDERSTAND ANY OF THE PROVISIONS CONTAINED IN THIS NOTICE, CONTACT YOUR AGENT OR BROKER BEFORE YOU SIGN.

TO BE CERTAIN THAT WE ISSUE YOUR POLICY WITH THE BENEFITS OF YOUR CHOOSING, YOU MUST INDICATE YOUR CHOICE OF THE OPTIONS SHOWN **FOR EACH COVERAGE**. PLEASE DATE AND SIGN THE FORM WHERE INDICATED AND RETURN IT TO YOUR AGENT/BROKER. **YOUR ELECTIONS WILL REMAIN IN EFFECT UNTIL YOU OR YOUR AGENT REPRESENTATIVE ADVISE US IN WRITING OTHERWISE.**

AVAILABLE BENEFITS AND LIMIT OPTIONS (indicates your choice)

Medical Expense Benefit:

| | |
|---------------------|----------|
| None (beyond Basic) | \$10,000 |
| \$25,000 | \$50,000 |
| \$100,000 | |

Work Loss Benefits, per month, per accident:

| | |
|--|--|
| None | \$1,000 per month/\$5,000 total benefit |
| \$1,000 per month/\$15,000 total benefit | \$1,500 per month/\$25,000 total benefit |
| \$2,500 per month/\$50,000 total benefit | |

Funeral Expense Benefits:

| | |
|---------|---------|
| None | \$1,500 |
| \$2,500 | |

Accidental Death Benefits:

| | |
|---------------|----------|
| None-Rejected | \$5,000 |
| \$10,000 | \$25,000 |

Combination First Party Benefits:

| |
|---------------|
| None-Rejected |
|---------------|

Total Benefit/Funeral Expense/Accidental Death Benefit:

| | |
|----------------------------|----------------------------|
| \$50,000/\$2,500/\$10,000 | \$100,000/\$2,500/\$10,000 |
| \$177,500/\$2,500/\$25,000 | \$277,500/\$2,500/\$25,000 |

Extraordinary Medical Benefits Coverage:

| | |
|---------------|-----------|
| None-Rejected | \$100,000 |
| \$300,000 | Other: |

I have had the coverages, benefit levels, and options as set out above fully explained to me and have indicated my choices (checking the box indicates my choice) as shown. I understand that this is simply a summary of the coverages and benefits and that the forms and endorsements attached to my policy will fully address the coverages and terms.

| | |
|-----------------------------|-------------|
| <i>SIGNATURE OF INSURED</i> | <i>DATE</i> |
| <i>TITLE/POSITION</i> | |