

# Optional Accident Benefits Confirmation Form



My Insurance Broker Corp.  
50 West Wilmot Street, Unit 6  
Richmond Hill ON L4B 1M5  
Tel: (905) 695-2080  
Fax: (905) 695-8820

Applicant's Name: \_\_\_\_\_

**Income Replacement Benefit** (this will pay the amount selected below, or up to 70% of your gross income, whichever is lower)

- Standard \$400/week
- Optional \$600/week
- Optional \$800/week
- Optional \$1,000/week

**Caregiver Benefit** (\$250/week for the first dependant and \$50/week for each additional)

- Standard (only available for catastrophic impairment)
- Optional (available for non-catastrophic impairment)

**Housekeeping & Home Maintenance Benefit** (\$100/week for up to 104 weeks)

- Standard (only available for catastrophic impairment)
- Optional (available for non-catastrophic impairment)

**Medical & Rehabilitation and Attendant Care Benefits**

- Standard Benefits (\$50,000 Medical & Rehabilitation and \$36,000 Attendant Care)
- Optional Medical & Rehabilitation Benefit \$100,000
- Optional Attendant Care Benefit \$72,000
- Optional Combined Medical & Rehabilitation \$1,100,000 & Attendant Care \$1,072,000

**Death & Funeral Benefit**

- Standard (\$6,000 funeral expense, \$25,000 spouse, and \$10,000 per dependant)
- Optional (\$8,000 funeral expense, \$50,000 spouse, and \$20,000 per dependant)

**Dependant Care Benefit**

- Standard (Not Included)
- Optional Included (\$75/week for first dependant and \$25/week for each additional, to a maximum of \$150/week)

**Indexation Benefit**

- Standard (Not Included)
- Optional Included (increases some accident benefits with the Canadian Consumer Price Index)

**Added Coverage to Offset Tort Deductibles (OPCF48)**

- Standard (tort deductible is \$30,000)
- Optional Included (reduced tort deductible to \$20,000)

I understand that my selections for these coverage options will affect the potential amount that I can receive toward a settlement should I be injured in an automobile accident. I warrant that the broker has fully explained the coverage and options outlined above and I request that the broker places automobile coverage on my behalf with the coverage limits and options selected.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date