

## ACCIDENT BENEFITS AMENDMENT SUMMARY

Coverage	Your Old Policy	Coverage under New Standard Policy	Options available to increase your benefits <i>Please check the boxes for the increases you wish to purchase.</i>
Medical, Rehabilitation and Attendant Care benefits <i>- for non-catastrophic injuries</i>	\$100,000 for medical and rehabilitation benefits; \$72,000 for attendant care benefits.	\$50,000 for medical and rehabilitation benefits, including assessment costs; \$36,000 for attendant care benefits.	\$100,000 <input type="checkbox"/> or \$1,100,000 <input type="checkbox"/> - <i>for medical and rehabilitation benefits including assessment costs;</i> \$72,000 <input type="checkbox"/> or \$1,072,000 <input type="checkbox"/> - <i>for attendant care benefits.</i>
Medical, Rehabilitation and Attendant Care benefits <i>- for catastrophic injuries</i>	\$1,000,000 for medical and rehabilitation benefits; \$1,000,000 for attendant care benefits.	\$1,000,000 for medical and rehabilitation benefits, including assessment costs; \$1,000,000 for attendant care benefits.	An additional \$1,000,000 for medical, rehabilitation and attendant care benefits including assessment costs <input type="checkbox"/>
Caregiver Benefits	Up to \$250 per week for the first dependant plus \$50 for each additional dependant; available for all injuries.	Up to \$250 per week for the first dependant plus \$50 for each additional dependant; <b>available only for catastrophic injuries.</b>	Up to \$250 per week for the first dependant plus \$50 for each additional dependant; available for all injuries <input type="checkbox"/>
Housekeeping and Home Maintenance expenses	Up to \$100 per week available for all injuries.	Up to \$100 per week, available <b>only for catastrophic injuries.</b>	Up to \$100 per week available for all injuries <input type="checkbox"/>
Income Replacement	80 % of net income up to \$400 per week	70% of gross income up to \$400 per week	Weekly limit can be increased to \$600/week <input type="checkbox"/> , \$800/week <input type="checkbox"/> , or \$1000/week <input type="checkbox"/>
Dependant Care Benefits	Not Provided	Not Provided	Up to \$75/ week for the first dependant and \$25/ week for each additional dependant to a maximum of \$150/ week. <input type="checkbox"/>
Death and Funeral Benefits	\$25,000 lump sum to an eligible spouse; \$10,000 lump sum to each dependant; maximum \$6,000 funeral benefits.	\$25,000 lump sum to an eligible spouse; \$10,000 lump sum to each dependant; maximum \$6,000 funeral benefits.	\$50,000 lump sum to an eligible spouse; \$20,000 lump sum to each dependant; maximum \$8,000 for funeral benefits. <input type="checkbox"/>
Indexation Benefit – applicable to income replacement benefit, non-earner benefit, caregiver benefit, and attendant care benefit or medical and rehabilitation benefit.	Not provided.	Not provided.	Annual adjustment according to the Consumer Price Index for Canada. <input type="checkbox"/>
Pain and Suffering Tort Deductible	\$30,000	\$30,000	Reduced to \$20,000 <input type="checkbox"/>

Please make the changes indicated above – *An additional premium will apply*

I accept the current renewal offer – I understand the additional benefits offered to me however I do not wish to make any changes – *No additional renewal premiums will be charged.*

\_\_\_\_\_  
Insured - Printed Name

\_\_\_\_\_  
Co-Insured Printed Name

\_\_\_\_\_  
Client Code

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## STATUTORY ACCIDENT BENEFITS DEFINITIONS

These are benefits you receive if you are injured in an auto accident, regardless of fault

### **MEDICAL AND REHABILITATION BENEFIT:**

Covers the cost of reasonable and necessary medical and rehabilitation expenses for example physiotherapy, prescriptions that are not covered by OHIP or your disability insurance plan.

### **ATTENDANT CARE BENEFIT:**

Pays for an aide or attendant to look after you if you have been seriously injured in an accident.

### **CATASTROPHIC INJURY:**

If you suffer an injury in an accident, you can apply for a determination of whether your injury qualifies as "catastrophic" (e.g. loss of a limb, paraplegia). If the injury qualifies as "catastrophic," you are eligible for an increased level of benefits.

### **CAREGIVER BENEFIT:**

If you are providing full-time care to dependants and can no longer provide that care as the result of an auto accident, you may be eligible for caregiver benefits to reimburse you for your expenses to hire someone to care for your dependants.

### **HOUSEKEEPING AND HOME MAINTENANCE EXPENSES:**

If you are unable to perform your usual duties due to your injuries, this benefit pays for reasonable and necessary additional expenses for someone to complete your usual duties.

### **INCOME REPLACEMENT BENEFIT:**

If you cannot work as the result of an auto accident, you may be eligible for basic weekly income replacement benefits of up to \$400. This benefit commences after one week.

### **DEPENDANT CARE BENEFIT:**

Pays for additional expenses incurred to care for your dependants if you are employed and are injured in an auto accident.

### **DEATH AND FUNERAL BENEFIT:**

If you die as a result of an auto accident, the death benefit provides a lump sum payout to your spouse and your dependant; the funeral benefit provides a lump sum payout to cover the cost of your funeral expenses.

### **INDEXATION BENEFIT:**

The automatic adjustment of the income replacement benefit, non – earned benefit, attendant care benefit or medical and rehabilitation benefit according to the consumer Price Index for Canada to compensate for inflation.

## OTHER DEFINITIONS

### **THIRD PARTY LIABILITY:**

Claims made by a driver against another driver who causes an accident.

### **TORT DEDUCTIBLE:**

The amount that is deducted from a settlement or court awarded for pain and suffering.

