

## ARKANSAS PERSONAL INJURY PROTECTION SELECTION/REJECTION OF COVERAGE

Arkansas law requires every automobile liability insurance policy to provide minimum medical and hospital benefits, income disability, and accidental death benefits without regard to fault, unless you reject the coverage, **in writing**. This coverage is called Personal Injury Protection (PIP). It covers you and members of your family residing in the same household who are injured in a motor vehicle accident, passengers injured while occupying the insured motor vehicle, and pedestrians struck by the insured motor vehicle. The coverage options are listed below. Please read the options carefully and make your selection/s in **each** of the boxes. Return the completed and signed form to the Servicing Office that is listed on your Declarations Page.

If you have already completed and returned this form with your application there is no need to complete it again. If you now want to make changes to your current coverage you may use this form to do so.

### PERSONAL INJURY PROTECTION MEDICAL PAYMENT BENEFITS

**Statutory Limit:** \$5,000 per person

- I select the **statutory** Personal Injury Protection Medical Payment Benefit limit of \$5,000 per person.
- I reject the **statutory** Personal Injury Protection Medical Payment Benefit limit of \$5,000 so that I may choose a higher limit (**YOU MUST REJECT THE STATUTORY LIMIT TO CHOOSE A HIGHER LIMIT**).
- I select the Personal Injury Protection Medical Payment Benefit limit of:  
(Make sure that you first select to reject the statutory limit above)
- |  |   |
|--|---|
| <input type="checkbox"/> \$10,000 per person | <input type="checkbox"/> \$75,000 per person  |
| <input type="checkbox"/> \$25,000 per person | <input type="checkbox"/> \$100,000 per person |
| <input type="checkbox"/> \$50,000 per person |   |
- I reject Personal Injury Protection Medical Payment Benefits **entirely** and understand that this coverage will not be provided on my policy.

In addition and separate from your selection of PIP Medical Payment Benefits above, you will be provided with both Income Disability (Work Loss Coverage) and Accidental Death Benefit unless you reject either or both of these coverages, **in writing**.

### INCOME DISABILITY (WORK LOSS COVERAGE)

**Maximum Limits per person:**

- (1) For income earner - 70% if loss of income for maximum limit of \$140 per week for up to 52 weeks.
- (2) For non-income earner - maximum limit of \$70 per week for up to 52 weeks.

- I select Work Loss Coverage.
- I reject Work Loss Coverage and understand that this coverage will not be provided on my policy.

**See the back of this form for additional coverage options and acknowledgment.**

**ACCIDENTAL DEATH BENEFIT**

**Limit per person:** \$5,000

- I select the Accidental Death Benefit.
- I reject the Accidental Death Benefit and understand that this coverage will not be provided on my policy.

IF YOU DO NOT MAKE VALID SELECTIONS IN THE OPTION BOXES ABOVE, YOUR POLICY WILL BE PROVIDED WITH THE MINIMUM STATUTORY LIMITS FOR PERSONAL INJURY PROTECTION MEDICAL PAYMENT BENEFIT, WORK LOSS BENEFIT AND ACCIDENTAL DEATH BENEFIT.

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Signature

\_\_\_\_\_  
Date

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