Irwin, Sargent & Lowes Limited INSURANCE BROKERS

Statutory Accident Benefits Changes

Confirmation Form

* Please choose an option for each of the 7 coverages below. If you wish to choose additional coverage please contact our office immediately for correct pricing.

1. Increased Medical, Rehabilitation and Attendant Care – The standard benefit pays up to \$65,000 for medical, rehabilitation and attendant care expenses for non-catastrophic injuries. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical, rehabilitation and attendant care expenses. You can purchase optional medical, rehabilitation and attendant care benefits for non-catastrophic injuries of \$130,000. You can purchase optional benefits for catastrophic injuries to \$2,000,000 or increase medical, rehabilitation and attendant care benefits to \$1,000,000 for non-catastrophic injuries and \$2,000,000 for catastrophic injuries.

 Requested standard medical rehabilitat Increase for non-catastrophic \$130,000 Increase to \$2,000,000 for catastrophic 						
2. Caregiver, Housekeeping and Home Maintenance Expenses – The standard caregiver, housekeeping and home maintenance expenses benefit is available only for a person who is catastrophically impaired. You can purchase an optional benefit to provide this coverage for all impairments.						
 Requested standard caregiver, housekeeping & home maintenance coverage Requested extended benefit to cover serious + minor injuries (as well as catastrophic) 						
3. Increased Income Replacement – The standard level of income replacement provided in the policy, \$400/week maximum, can be increased to \$600/week, \$800/week or \$1,000/week.						
Requested income replacement option:	\$400 (standard)	\$600 🛛	\$800 🛛	\$1,000 🛛		
What Income Replacement Benefit (IRB) is best for you?	Is your income close \$30,000 \$45,000 \$60,000)/year?)/year?	\$60 \$80	nsider an IRB at this le 0/week 0/week 000/week	vel	
4. Dependant Care – There is no standard dependant care benefit for persons who are employed and care for dependants. You can purchase an optional benefit to receive additional weekly dependant care expenses of \$75/week for the first dependant and \$25/week for each additional dependant, up to \$150/wk.						
No dependant care requested	Requested dependant care coverage					
5. Increased Death and Funeral – The standard level of death benefits paid to the surviving spouse and dependant of a person who is killed - \$25,000 to surviving spouse, \$10,000 to surviving dependant can be doubled by purchasing this optional coverage. This coverage also increases the standard funeral expense benefit from \$6,000 to \$8,000.						
Requested standard death & funeral benefit						
Requested optional death + funeral benefit \$50,000 to spouse/\$20,000 to each dependant/\$8,000 for funeral						
 Indexation Benefit – This optional coverage will ensure that certain weekly benefit payments and monetary limits will increase on an annual basis to reflect changes in the cost of living. 						
□ No optional indexation benefit requested □ Requested optio			sted optional i	nal indexation benefit		
7. Tort Deductible – OPCF 48 – This endorsement will provide a buy down on the deductible currently imposed by the Insurance Act on any settlement you may be awarded for pain and suffering following an automobile accident.						
□ No reduced deductible requested		Reques	sted to include	e reduced deductible op	vtion	
I/we warrant that the broker has fully explained the automobile insurance coverage and options outlined above. I/we understand that my/our selections for these coverages will affect the potential amount I/we can receive toward settlement should I/we be injured in an automobile accident. I/we have read, understood and agree to the selections made to my/our coverage set out above and warrant that I/we have had a reasonable opportunity to consider the effect of these changes on my/our coverage. As such, I/we request that the broker obtains automobile insurance coverage on my/our behalf with the coverage limits and options selected above.						

Name:	Policy #:
Signature:	Date:

Please complete, scan and email to reception@islinsurance.ca or Fax to (705)742-4304