

## NEW JERSEY NOTICE OF PERSONAL INJURY PROTECTION COVERAGE

Policy Number (if known) \_\_\_\_\_

New Jersey statutes 39:6A-10 39:6A-4.1, 39:6A-4.3 and 39:61-10 require an insurer to offer specific options regarding personal injury protection. Personal injury protection coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services.

**Please select the coverage's that would be most beneficial to you from each of the following, if you should have any question regarding the coverage or how the coverage's will effect your premium, please contact your broker or agent.**

### 1. PERSONAL INJURY PROTECTION (PIP)

- A.  Basic PIP Coverage which includes income continuation, essential services, death benefits and funeral expense benefits as well as medical expense benefits.

Personal Injury Protection Coverage's include:

- Medical Expense Benefits: \$250,000 maximum per person per accident.
- Income Continuation Benefits: \$100 weekly payment maximum, subject to a \$5,200 maximum for an injury to any one person for any one accident.
- Essential Services Benefits: \$12 per day, subject to \$4,380 maximum for any one person for any one accident.
- Death Benefits: Can be the same as Income Continuation Benefits or Essential Services Benefits depending on the relationship of the beneficiary and the deceased.
- Funeral Expense Benefits-\$1,000 maximum

If you elect this Coverage "1A.," you may request Additional PIP Coverage "1B."

- B.  Additional PIP Coverage.(Contact your agent or broker for details.)

### 2. PIP MEDICAL EXPENSES DEDUCTIBLE - Choose only one:

- A.  \$250 deductible, minimum required by law.  
B.  \$500 deductible.  
C.  \$1,000 deductible.  
D.  \$2,500 deductible.

### 3. PIP HEALTH INSURANCE OPTION

Please select, Coverage "3A" if you want your health insurer, other than Medicare or Medicaid, to be your primary carrier to pay your auto accident-related medical benefits.

**IMPORTANT:** Please check with your employer or health insurer, whether you are eligible for coverage "3A" and request a response in writing. Additionally, if you want Coverage "3A" the health coverage must cover the Named Insured and members of the named insured's family residing in the household.

- A.  Yes, I choose the PIP health insurer option.

**IMPORTANT:** The auto insurance company may deny this option, if the company cannot verify that you have valid and collectible health coverage and your health insurer will provide primary coverage for you auto accident related medical expenses.

My health insurer is:

1. Name \_\_\_\_\_

2. Type of insurance:

- Policy
- Plan
- Membership
- Group Certificate Number

3. Number \_\_\_\_\_

My health insurer is:

1. Name \_\_\_\_\_

2. Type of insurance:

- Policy
- Plan
- Membership
- Group Certificate Number

3. Number \_\_\_\_\_

B.  No, I do not want the PIP health insurer option.

I have read this notice and understand the effects my selections may have on my coverage and premium.

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Date