

**PROGRAM DIVISION
BULLETIN**

2007-29

October 8, 2007

**New Hampshire New Requirement of Election/Rejection Form for
Uninsured Motorists Coverage**

Effective September 11, 2007, the New Hampshire Legislature enacted Bill I-SB-38, which amended the Uninsured Motorist Coverage statute 264:15, to now require that rejection by the insured of uninsured motorist coverage **MUST BE IN WRITING**.

Effective immediately, you must obtain a signed written rejection of Uninsured Motorist Coverage for all policies, new and renewal, effective September 11, 2007 or later. Written and signed rejections of UM coverage should be obtained on all first renewals after September 11, 2007. Once a written rejection is obtained, it does not need to be obtained for subsequent renewals, and shall be valid until such time as the insured requests the coverage in writing.

A copy of the Uninsured Motorist coverage Selection/Rejection form for New Hampshire is attached. A revised version of the UM coverage chart, as well as a copy of the Selection/Rejection form will be uploaded to our website shortly.

If you have any questions, please contact your Program Manager.



New Hampshire-UM
Rejection.doc

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AIG

PROGRAM DIVISION

100 Summer Street/19th Floor, Boston, MA 02110
phone 617-330-1100 / fax 617-330-8595

Named Insured

Policy Number

**NEW HAMPSHIRE NOTICE
UNINSURED MOTORISTS COVERAGE**

THE SELECTION(S) YOU MAKE BELOW AFFECT YOUR UNINSURED MOTORISTS COVERAGE. PLEASE REVIEW YOUR POLICY CAREFULLY TO ENSURE THAT YOU UNDERSTAND THE PROTECTION AFFORDED BY THIS COVERAGE. CONTACT YOUR INSURANCE REPRESENTATIVE IF YOU HAVE ANY QUESTIONS ABOUT THIS COVERAGE OR HOW TO COMPLETE THIS NOTICE.

New Hampshire law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to New Hampshire's minimum requirement, which is split limits of \$25,000 each person and (subject to the each person limit) \$50,000 each accident. Otherwise, if you elect liability coverage greater than the minimum financial responsibility limits, the uninsured motorist limits must automatically equal your policy liability limits.

You are not required to accept Uninsured Motorists Coverage, thus you may reject Uninsured Motorist Coverage in its entirety.

In accordance with New Hampshire law, the undersigned Named Insured, for each insured in the policy: (mark applicable item(s) with an "X")

- rejects Uninsured Motorists Coverage in its entirety. (If you choose this option, you need not make any other marks. Please proceed to the signature block and execute this Notice.)
- selects Uninsured Motorists Coverage with a coverage limit equal to New Hampshire requirements of the coverage limits on your policy.

I understand the protection afforded by Uninsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured Motorists Coverage. I further understand and agree that my selection(s) will apply to this policy and all future transfers, substitutions, amendments, alterations, modifications, reinstatements or replacements of this policy, unless I make a written request to change my selection(s), and such request is received and approved by the Company.

All other terms, conditions, and exclusions of the policy remain unchanged.

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title