
Named Insured

Policy Number

**NEVADA
MEDICAL PAYMENTS COVERAGE
SELECTION/REJECTION FORM**

Nevada law requires us to offer you (the Named Insured) under a policy covering the use of a passenger car, as defined under Nevada law, the option of purchasing Medical Payments Coverage in an amount of at least \$1,000.

Medical Payments Coverage provides insurance protection, without regard to legal liability, to an insured for reasonable medical expenses that result from an automobile accident.

In accordance with Nevada law, you (for each insured in the policy) may choose to select or reject Medical Payments Coverage below (**applicable items are to be marked with an [X]**):

1. Selection of Medical Payments Coverage

I select Medical Payments Coverage at the following limit (Choose one):

<u>Selection</u>	<u>Medical Payments</u>
<input type="checkbox"/>	\$ 500 (available only for covered automobiles that are not passenger cars)
<input type="checkbox"/>	1,000
<input type="checkbox"/>	2,000
<input type="checkbox"/>	5,000

2. Rejection of Medical Payments Coverage

I reject Medical Payments Coverage.

I understand the protection afforded by Medical Payments Coverage and the selection/rejection I have made on this form regarding Medical Payments Coverage. I further understand and agree that my selection/rejection will apply to this policy and all future transfers, substitutions, amendments, alterations, modifications, reinstatements or replacements of this policy, and all future renewals of this policy, unless I make an election in writing to change my selection/rejection which is received and approved by the Company.

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

Authorized Signature of Named Insured

Date Signed

Name and Title

Effective Date

123166 (10/22)

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