

Beginning September 1, 2010, if you are buying a new auto insurance policy or renewing an existing one

You have the following options with respect to Statutory Accident Benefits

<i>Benefit</i>	<i>Coverage under your former auto insurance policy</i>	<i>Coverage under New Standard Auto Insurance Policy effective September 1, 2010</i>	<i>Options available to increase your benefits</i>	<i>Our Recommendation</i>	<i>Optional Increase Required?</i>
Medical, Rehabilitation and Attendant Care Benefits (for non-catastrophic injuries)	\$100,000 for medical and rehabilitation benefits, \$72,000 for attendant care benefits	\$50,000 for medical and rehabilitation benefits, including assessment costs; \$36,000 for attendant care benefits	\$100,000 or \$1,100,000 for medical and rehabilitation benefits including assessment costs; \$72,000 or \$1,072,000 for attendant care benefits	This increased benefit is recommended for anyone who feels the basic limit of coverage is not sufficient; and/or anyone who does not have group or individual plan for medical, rehabilitation or attendant care	Yes No
Medical, Rehabilitation and Attendant Care Benefits (for catastrophic injuries)	\$1,000,000 for medical and rehabilitation benefits; \$1,000,000 for attendant care benefits	\$1,000,000 for medical and rehabilitation benefits including assessment costs; \$1,000,000 for attendant care benefits	An additional \$1,000,000 for medical, rehabilitation and attendant care benefits including assessment costs	This increased benefit is recommended for anyone who feels the basic limit of coverage is not sufficient; and/or anyone who does not have group or individual plan for medical, rehabilitation or attendant care	Yes No
Caregiver Benefit	Up to \$250 per week for the first dependant plus \$50 for each additional dependant; available for all injuries	Up to \$250 per week for the first dependant plus \$50 for each additional dependant; available <u>only for catastrophic injuries</u>	Up to \$250 per week for the first dependant plus \$50 for each additional dependant; available for all injuries	Increased benefit is recommended for primary caregivers of children and/or invalid family members, if the caregiver does not feel the basic benefit is enough	Yes No
Housekeeping and Home Maintenance Expenses	Up to \$100 per week; available for all injuries	Up to \$100 per week available for <u>only catastrophic injuries</u>	Up to \$100 per week available for all injuries	Anyone who feels they would require this coverage regardless of their type of injury	Yes No
Income Replacement Benefit	80% of net income up to \$400 per week	70% for gross income up to \$400 per week	Weekly limit can be increased to \$600, \$800, or \$1000 per week	If you weekly income is greater than \$500 per week or \$37,000 annual and you do not have a long term disability policy	Yes No

Dependant Care Benefit	Not Provided	Not Provided	Up to \$75 per week for the first dependant and \$25 per week for each additional to a maximum of \$150 per week	Increased benefit is recommended if you are eligible for employment benefits and may also require reimbursement for child care expenses	Yes No
Funeral and Death Benefits	\$25,000 lump sum of an eligible spouse; \$10,000 lump sum for each dependant; maximum \$6,000 for funeral expenses	\$25,000 lump sum of an eligible spouse; \$10,000 lump sum for each dependant; maximum \$6,000 for funeral expenses	\$50,000 lump sum of an eligible spouse; \$20,000 lump sum for each dependant; maximum \$8,000 for funeral expenses	Married persons, and/or those with dependants should purchase this coverage. Also those who feel the basic funeral benefit is not enough	Yes No
Indexation Benefit (applicable to Income Replacement, non-earner benefit, attendant care benefit, or medical and rehabilitation benefit)	Not Provided	Not Provided	Annual adjustment according to the Consumer Price Index for Canada	Coverage is recommended for all drivers especially those with young dependents	Yes No
If you have a minor injury due to an auto accident, your medical and rehabilitation accident benefits are limited to \$3,500 regardless of the coverage level you have selected					

Name _____

Signature _____

Date _____