

**MICHIGAN SELECTION OF PERSONAL INJURY PROTECTION (PIP)
MEDICAL COVERAGE -- INDIVIDUALS**

AGENCY:	APPLICANT/NAMED INSURED:	
	INSURANCE COMPANY: Philadelphia Indemnity Insurance Company	
	POLICY/QUOTE NO.:	EFFECTIVE DATE:

READ THIS ENTIRE FORM CAREFULLY

THE PURPOSE OF THIS FORM

The purpose of this form is to explain the choice you have regarding your Personal Injury Protection medical (**PIP medical**) coverage and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences.

Definitions for all terms in bold type on this form have been provided on the next page.

This form is divided into three sections, which are described below.

- Section A will review your PIP medical coverage options and the risks and benefits of each option.
- Section B will ask you to choose ONE coverage option.
- Section C will ask you to certify your choice and acknowledge the information within this form.

Personal Injury Protection (PIP) Coverage Explained

Personal Injury Protection (PIP) pays allowable expenses for a covered person's care, recovery, rehabilitation, wage loss, and replacement services. PIP coverage also includes some funeral expense benefits and survivor's benefits, which are paid to a covered person's dependents if injuries from an auto accident result in their death. This form allows you to select the level of **PIP medical** coverage you want included with your auto policy.

NOTICE

New Policies: You may choose the level of **PIP medical** coverage you wish to have under your auto policy. If you make NO selection from the options listed, your policy will be issued with unlimited **PIP medical** coverage and you will be charged the appropriate premium for this coverage.

Your selection of Option 4, Option 5 OR Option 6 requires documentation of current Medicaid, Medicare or qualified health coverage as outlined in Section A of this document. If you do NOT provide documentation AND:

- Your **PIP medical** coverage selection is \$50,000 OR you rejected **PIP medical** coverage, your policy will be issued with unlimited **PIP medical** coverage and you will be charged the appropriate premium for this coverage.
- Your **PIP medical** coverage selection is \$250,000 with exclusions, your policy will be issued with \$250,000 **PIP medical** coverage with no exclusions and you will be charged the appropriate premium for this coverage.

Renewal Policies: You may choose the level of **PIP medical** coverage you wish to have under your auto policy. If you make NO selection from the options listed, your policy will be issued with the same **PIP medical** coverage as your expiring policy and you will be charged the appropriate premium for this coverage. If that premium is paid, Michigan law provides that there is a rebuttable presumption that the amount paid accurately reflects the level of coverage applicable to the policy.

Your selection of Option 4, Option 5 or Option 6, OR a renewal of one of these options without a selection, requires documentation of current Medicaid, Medicare or qualified health coverage as outlined in Section A of this document. If you do NOT provide documentation, renewal policies will be issued as noted in the bullet points above.

Qualified Health Coverage Proof Requirements

All policies with a **PIP medical** coverage selection of \$250,000 with some or all persons excluded (Option 4) OR \$50,000 per person per accident (Option 5) OR No **PIP medical** coverage (Option 6) must provide current updated documentation every year for Medicaid, Medicare, or other **qualified health coverage** as applicable to the chosen coverage. If you do not provide the documentation AND:

- Your **PIP medical** coverage selection is \$250,000 with some or all persons excluded (Option 4), your policy

will be issued with \$250,000 **PIP medical** coverage with no excluded persons (Option 3) and you will be charged the appropriate premium for this coverage.

- Your **PIP medical** coverage selection is \$50,000 per person per accident (Option 5) OR no **PIP medical** coverage (Option 6), your policy will be issued with unlimited **PIP medical** coverage (Option 1) and you will be charged the appropriate premium for this coverage.

Proof of Medicaid coverage may be in the form of a current Medicaid ID card or a letter from the Michigan Department of Health and Human Services.

Definitions

The terms in bold letters throughout this form are defined below for informational purposes only and are not intended to limit or expand coverage that may be available in a particular policy.

Applicant means a person who has submitted an application for insurance but is not yet insured under a policy.

Attendant care means services that are provided for the particular needs of an injured person, i.e., services that would not have been required before the injury and that are not performed for the benefit of the whole household.

- Attendant care generally includes, but is not limited to, serving meals in bed, bathing, dressing, grooming, administering medication, escorting, supervising, or transporting for medical treatment.
- Attendant care generally does not include providing transportation that is not for medical treatment, preparing family meals, or maintaining the house, automobile, or yard—even if such tasks would have been performed by the injured person but for the covered injury.

Excess attendant care means additional coverage purchased for attendant care above the PIP medical coverage limit selected for your policy.

Michigan Assigned Claims Plan is a program that may pay benefits to people injured in an accident involving a motor vehicle when there is no applicable automobile insurance policy.

Named insured means the individual(s) named in an insurance policy.

Personal Injury Protection (PIP) medical is coverage under an auto insurance policy issued in Michigan that pays allowable expenses for medical care, recovery, rehabilitation, and some funeral expenses.

Qualified health coverage means either of the following:

- Health and accident coverage that does not exclude or limit coverage for injuries related to auto accidents and has an annual individual deductible of \$6,579 or less; OR
- Coverage under both Medicare Parts A and B (or a Medicare Advantage plan).

Medicaid and health care sharing ministries are examples of coverages that are NOT considered **qualified health coverage**.

Resident relative means a relative of either you or your spouse who lives in the same household.

Section A: Your PIP Medical Choices and the Risks and Benefits of Each

Option 1: Unlimited Coverage

This option provides the most coverage. It will pay for all allowable expenses for your care, recovery, and rehabilitation if you are injured in an auto accident.

Risks	The premiums for this option are higher than premiums for other options.
Benefits	PIP medical will cover costs that may not be covered by health insurance, such as rehabilitation and attendant care . This choice will significantly limit the risk that you will have out-of-pocket costs for your care.

Option 2: Limited Coverage of \$500,000 per person per accident or

Option 3: Limited Coverage of \$250,000 per person per accident

If you choose one of these limits, this amount is the most your auto insurance company will pay per person per accident for an injured person's expenses under **PIP medical** coverage.

NOTE: If you choose Option 2 or Option 3, your insurance company must offer **excess attendant care** coverage, which you may purchase for an additional premium. Check with your agent or company for additional information.

Risks	Limited PIP medical coverages may not be enough to cover your medical expenses. If your PIP medical limit is reached, you may need to rely on other health coverage, which may not cover all medical, rehabilitation or attendant care costs. If you do not have other health coverage, you may be personally responsible for paying these expenses.
Benefits	Lower coverage limits have less expensive premiums than plans with higher or unlimited PIP medical coverage. Up to the limit chosen, PIP medical will cover the cost of products and services that may not be covered by health insurance, such as rehabilitation and attendant care .

Section A (Continued)

Option 4: Limited Coverage of \$250,000 per person per accident with some or all persons excluded

You may select this option if both of the following are true:

- The **applicant** or **named insured** has **qualified health coverage** that is not Medicare; AND
- Each spouse or **resident relative** excluded from **PIP medical** has **qualified health coverage**.

Anyone who is excluded will have no **PIP medical** coverage. A person listed as excluded in Section B of this form will only be excluded if proof of **qualified health coverage** is provided for that person. Any person who is not excluded will be limited to \$250,000 in **PIP medical** coverage and will be required to pay the premium for that coverage.

NOTE: If you choose this option, your insurance company must offer **excess attendant care**, which you may purchase for an additional premium. This coverage is only available to those who are not excluded from **PIP medical** coverage. Check with your agent or company for additional information.

Risks	<p>ANYONE YOU EXCLUDE WILL NOT HAVE PIP MEDICAL COVERAGE.</p> <p>In addition:</p> <ul style="list-style-type: none"> • Persons relying on qualified health coverage to pay for auto accident injuries should be aware that, unlike auto insurance, health insurance stops paying when the policy ends or is canceled. • If any excluded person loses qualified health coverage, you must notify your insurer within 30 days of loss of coverage. • Within 30 days of losing qualified health coverage, if an excluded person is injured in an auto accident, coverage will be provided by the Michigan Assigned Claims Plan up to \$2,000,000 if they have no other qualified health coverage or PIP medical coverage. • A person who has not obtained qualified health coverage or PIP medical coverage within 30 days of the loss of qualified health coverage will not be entitled to any PIP medical benefits.
Benefits	<p>You will pay a reduced premium because you will not be charged a premium for PIP medical coverage for anyone who is excluded.</p>

Option 5: Limited Coverage of \$50,000 per person per accident

If you choose this limit, \$50,000 is the most your auto insurance company will pay per person per accident for an injured person's expenses under **PIP medical** coverage.

You may select this option if:

- The **applicant** or **named insured** is enrolled in Medicaid; AND
- Any spouse and all **resident relatives** have one of the following:
 - a) **qualified health coverage**;
 - b) coverage under Medicaid, or
 - c) coverage under another Michigan auto policy with **PIP medical** coverage.

NOTES:

- Proof of Medicaid coverage may be in the form of a current Medicaid ID card or a letter from the Michigan Department of Health and Human Services.
- Your insurance company must offer **excess attendant care** coverage, which you may purchase for an additional premium. Check with your agent or company for additional information.

Risks	<p>Limited PIP medical coverages may not be enough to cover the cost of your medical care. If your PIP medical limit is reached, you may need to rely on other health coverage, which may not cover all medical, rehabilitation, or attendant care costs. If you do not have other health coverage, you may be personally responsible for paying these expenses.</p>
Benefits	<p>Lower coverage limits have less expensive premiums than plans with higher or unlimited PIP medical coverage.</p> <p>Up to the limit chosen, PIP medical will cover the cost of products and services that may not be covered by health insurance, such as rehabilitation and attendant care.</p>

Section A (Continued)

Option 6: No **PIP medical** coverage for anyone covered by this policy

You may select this option if:

- The **applicant** or **named insured** has coverage under both Medicare Parts A and B (or a Medicare Advantage plan), AND
- Any spouse and all **resident relatives** covered by the policy have **qualified health coverage** or are covered under another auto policy with **PIP medical** coverage.

Risks	<p>NO PIP MEDICAL COVERAGE WILL BE PROVIDED UNDER YOUR POLICY.</p> <p>You and any other persons covered by this policy will not have PIP medical coverage. You and those persons may have to rely on other health coverage to pay for medical expenses resulting from an auto accident, which may not cover all products and services that PIP medical provides.</p> <ul style="list-style-type: none">• Persons relying on qualified health coverage to pay for auto accident injuries should be aware that, unlike auto insurance, health insurance stops paying when the policy ends or is canceled.• If anyone covered by the policy loses qualified health coverage, you must notify your insurer within 30 days of loss of the coverage.• Within the 30 days of losing qualified health coverage, if anyone covered by the policy is injured in an auto accident, coverage will be provided by the Michigan Assigned Claims Plan up to \$2,000,000 if they have no other qualified health coverage or PIP medical coverage.• A person who has not obtained qualified health coverage or PIP medical coverage within 30 days of the loss of coverage will not be entitled to any PIP medical benefits.
Benefits	You will pay a reduced premium because your policy will not be charged a premium for PIP medical coverage.

Section B: PIP Medical Coverage Options and Certification

INITIAL ONE AND ONLY ONE option on the line next to your choice. Make your selection carefully because the choice you make will have financial consequences. If you choose more than one option, your insurer will provide you with the option that has the highest level of benefits and will charge the appropriate premium for that option.

_____ Option 1: Unlimited coverage

(Initial)

_____ Option 2: \$500,000 per person per accident

(Initial)

_____ Option 3: \$250,000 per person per accident

(Initial)

_____ Option 4: \$250,000 per person per accident with some or all persons excluded

(Initial)

To select Option 4, **both** of the following must be true and proof must be provided:

- A **named insured** who is excluding PIP medical has **qualified health coverage** that is not Medicare.
- Any **resident relative** or spouse who is excluding **PIP medical** has **qualified health coverage**.

Full Name of Each Excluded Person on the Policy	Date of Birth

Current documentation of qualified health coverage **must be provided** for each excluded person.

_____ **Option 5:** \$50,000 per person per accident **OR**

(Initial)

To select Option 5, **both** of the following must be true and proof must be provided:

- The **applicant** or **named insured** is enrolled in Medicaid; AND
- Any spouse and all **resident relatives** have **qualified health coverage**, is enrolled in Medicaid, or are covered under another auto policy with **PIP medical** coverage.

Full Name of the Named Insured, Spouse and All Resident Relatives	Date of Birth

Current documentation of the named insured's Medicaid coverage and a spouse or all resident relatives' qualified health coverage or coverage under another auto policy **must be provided**.

_____ **Option 6:** No **PIP medical** coverage.

(Initial)

To select Option 6, **both** of the following must be true and proof must be provided:

- The **applicant** or **named insured** has coverage under both Medicare Parts A and B (or a Medicare Advantage plan); AND
- **Any** spouse and all **resident relatives** have **qualified health coverage** or are covered under another auto policy with **PIP medical** coverage.

Full Name of the Named Insured, Spouse and All Resident Relatives	Date of Birth

Current documentation of the named insured's Medicare Parts A and B coverage and a spouse or all resident relatives' qualified health coverage or coverage under another auto policy **must be provided**.

Initial your selection, complete other information as needed and return this page.

Section C: Additional Excluded Persons (Option 4 Only)

Full Name of Each Excluded Person on the Policy	Date of Birth

Section D: Certification

You must initial each line and sign and date this form.

_____ I have read this form. I understand the **PIP medical** options available to me and the benefits and risks associated
(Initial) with those options.

_____ I have made a **PIP medical** coverage selection and I understand that the selection I have made applies to me and
(Initial) any other person claiming benefits under this policy.

_____ I understand that selection of Option 4 has additional documentation requirements for proof of qualified health
(Initial) coverage. I also understand that if I fail to provide the documentation required for my selection, my policy will be issued with \$250,000 PIP medical coverage with no exclusions and I will be charged the premium for this option.

_____ I understand that selection of Option 5 or Option 6 has additional documentation requirements that include: proof
(Initial) of qualified health coverage, Medicare, Medicaid or PIP medical coverage under another auto policy. I also understand that if I fail to provide the documentation required for my selection, my policy will be issued with unlimited PIP medical coverage and I will be charged the premium for this option.

_____ I understand that if this is a new policy and I have not made a **PIP medical** coverage selection, my policy will be
(Initial) issued with unlimited **PIP medical** coverage and I will be charged the premium for this option.

_____ I understand that if this is a renewal policy and I have not made a **PIP medical** coverage selection, my policy will
(Initial) be issued with the same **PIP medical** coverage as the expiring policy and I will be charged the premium for this option. However, if the expiring coverage is Option 4, Option 5 or Option 6, I also understand that I must provide updated required documentation and if I fail to do this, my policy will be issued as noted above.

_____ I understand that if I have chosen Option 4 or Option 6, I must notify my insurer within 30 days if a person who has
(Initial) **qualified health coverage** loses their **qualified health coverage**. A person who has not obtained **qualified health coverage** or **PIP medical** coverage within 30 days of the loss of coverage will not be entitled to any **PIP medical** benefits.

APPLICANT/NAMED INSURED SIGNATURE	DATE	APPLICANT/NAMED INSURED SIGNATURE	DATE

Initial your certifications, sign, date, and return this page.