

CONNECTICUT INFORMED CONSENT FORM

NOTICE TO INSUREDS

The Automobile Insurance Reform Act, Public Law 93-297 is effective January 1, 1994. It affects your coverage in several ways. You should read this notice carefully make your selections and place your return instructions here.

REPEAL OF NO FAULT

Beginning January 1, 1994, new or renewed policies are not required to include Basic Reparations Benefits (BRB). BRB provided up to \$5,000 for medical expenses and lost wages caused by auto accidents.

You may have other coverage provided by your employer, or by health or disability insurance. If you don't, you should consider providing for BRB type protection. Otherwise, you may bear the cost yourself. Your options to provide for such losses are shown below.

Of course, if someone else is responsible for your losses you may seek recovery from that person.

OPTIONS TO CONSIDER

Those who need the coverage no longer required should consider the following option. You should review your existing coverages and employee benefits to avoid duplicating benefits.

Optional Medical Payments (Med Pay) Coverage

You may choose to buy Medical Payments coverage to help cover your medical bills from auto accidents.

UNINSURED MOTORIST COVERAGE

Types of Coverage

Our law requires you to buy uninsured motorist (UM/UIM) coverage. Generally, this coverage only applies where the person who causes an accident is not an insured under your policy.

Anyone injured in an accident may seek to recover damages from the person causing the loss. These losses include your medical bills, lost wages (past and future), as well as payment for disabilities, pain and suffering and loss of enjoyment of life's activities.

Normally, these damages would be paid by the other person's insurance company. UM/UIM coverage protects you, your family and others in your car for injuries caused by someone who did not buy insurance.

You have the right to choose the amount of coverage. It can be as low as \$20,000 per person and \$40,000 per accident, or as high as twice your policy's bodily injury liability coverage. The amount of liability coverage you buy will govern the maximum amount of UM/UIM coverage you can buy.

This coverage also includes standard Underinsured Motorists (UIM) coverage. It protects you where injuries are caused by someone whose insurance is not enough to pay your damages and is less than your UM/UIM limits. UIM coverage will pay your damages to fill in the difference between those limits. However, the protection available under standard UIM coverage is usually reduced by amounts paid by worker's compensation, or by or on behalf of the person at fault.

Under our new law, you can convert standard UIM coverage to UNDERINSURED MOTOISTS CONVERSION (UIMC) coverage. This coverage is not reduced by payments from any source. If your damages exceed the amount of the at fault person's insurance, or other payments, your UIMC coverage will be available for damages not paid.

Both standard (UIM) and conversion (UIMC) coverages only become available after the liability insurance of the at fault person has been fully paid.

STACKING

To make a wise decision as to the amount of UM/UIM coverage to buy, you need to understand "stacking." Stacking allows insureds to add together UM/UIM coverage under separate policies or, in multi-car policies, the insurance applicable to each car.

Unless you agreed to non-stacked coverage, all policies in effect before January 1, 1994 provide for stacking. **Policies issued or renewed beginning in 1994 will no longer provide for stacking.**

With stacking, if you had two insured cars and you purchased \$100,000 of UM/UIM coverage you received (and you paid for) \$200,000 of protection. Under the new law the purchased amount (\$100,000) would not be multiplied by the number of cars insured.

Also, your UM/UIM coverage will be limited to the highest available limit under any of the policies that apply to the accident. If you are injured in a car you own you are limited to the amount of coverage for that car.

ELECTION OF COVERAGE

POLICY NUMBER _____

BODILY INJURY LIABILITY LIMIT _____

___ **A. OPTIONAL MED PAY COVERAGE**

If you do not check a box in this section and sign below your policy will be issued/renewed without Med Pay coverage.

MED PAY Coverage MED PAY Premium
[Limit] \$

___ SELECT ONE

- I WISH TO BUY OPTIONAL MED PAY COVERAGE AT THE PREMIUM SHOWN ABOVE.
- I DO NOT WISH TO BUY MED PAY COVERAGE.

___ **B. UNINSURED MOTORISTS (UM/UIM) COVERAGE**

If you do not check a box below your policy will be issued/renewed with standard UIM coverage (not Conversion UIMC coverage) with limits equal to your Bodily Injury Liability (BI) coverage.

If you check more than one box your policy will be issued/renewed with the highest level of coverage selected.

SELECT ONE OPTION UNDER EITHER STANDARD UIM COVERAGE OR CONVERSION UIMC COVERAGE.

DO NOT CHECK MORE THAN ONE BOX BELOW.

___ UM WITH STANDARD UIM COVERAGE

	Total Coverage
	Premium
* <input type="checkbox"/> [\$40,000 Statutory minimum limit]	\$
<input type="checkbox"/> [Policy BI Limit]	\$
<input type="checkbox"/> [Double the Policy BI Limit]	\$
* <input type="checkbox"/> [Optional Limit - specify] \$ _____	\$

NOTE: An asterisk preceding a box may indicate a reduction in coverage below your Bodily Injury Liability limit

___ UM CONVERSION UIMC COVERAGE

(Do not check a Box below if you have checked a Box for one of the standard UIM coverages above)

	Total Coverage
	Premium
* <input type="checkbox"/> [\$40,000 Statutory minimum limit]	\$
<input type="checkbox"/> [Policy BI Limit]	\$
<input type="checkbox"/> [Double the Policy BI Limit]	\$
* <input type="checkbox"/> [Optional Limit - specify] \$ _____	\$

NOTE: An asterisk preceding a box may indicate a reduction in coverage below your Bodily Injury Liability limit

IF YOU HAVE CHECKED ONE OF THE BOXES PRECEDED BY AN ASTERISK, WHEN YOU SIGN THIS FORM, YOU MAY BE CHOOSING A REDUCED PREMIUM, BUT YOU MAY ALSO BE CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY. IF YOU ARE UNCERTAIN ABOUT HOW THIS DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INSURANCE AGENT OR ANOTHER QUALIFIED ADVISOR.

Signature of Named Insured

Date