

## **IMPORTANT NOTICE**

**Insurance Companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse or other relatives or minors in your custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:**

- 1. Medical benefits, up to at least \$100,000.**
- 1.1. Extraordinary medical benefits, from \$100,000 to 1,100,000 which may be offered in increments of \$100,000.**
- 2. Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least 50,000.**
- 3. Accidental death benefits, up to at least \$25,000.**
- 4. Funeral benefits, \$2,500.**
- 5. As an alternative to paragraph 1, 2, 3 and 4, a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715 (d) (relating to availability of adequate limits).**
- 6. Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also at least \$5,000 for damage to property of others in any one accident under the liability coverage.**

**Additionally insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.**

**Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.**

**If you have any questions or you do not understand all of the various options available to you, contact your agent or company.**

**If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.**

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Signature of First Named Insured

Date