SPECIAL NOTICE
UTAH PERSONAL INJURY PROTECTION COVERAGE

NOTICE AND WAIVER OF LOSS OF INCOME BENEFIT

There is a special option available under Utah Personal Injury Protection (PIP) Coverage that may be of interest to you.

One of the benefits provided by Utah Personal Injury Protection (PIP) coverage is Work Loss Benefits. This coverage provides protection for loss of income and earning capacity of an “insured,” who sustains bodily injury caused by an accident involving a motor vehicle. An “insured” generally means you, your spouse, if you are married, or any family member and certain other people. (Please refer to your Personal Injury Protection Endorsement for a definition of “insured” and a complete description of PIP coverage.)

You may choose to waive or otherwise exclude the loss of gross income benefit for you and your spouse if you agree in writing that:

- within 31 days of applying for coverage, if you are new to Unigard, or within 31 days of your renewal effective date, neither you or your spouse received any earned income from regular employment; and

- for at least 180 days from the date of the writing and during the period of insurance, neither you or your spouse will receive earned income from regular employment.

So, if you are not gainfully employed, for example, you may wish to consider waiving or excluding the loss of income benefit and receiving a premium credit of 11% off of the base premium for Utah Personal Injury Protection Coverage.

If you wish to exercise this option, please sign below. If you received this Notice with your renewal declarations and billing notice and wish to waive loss of gross earnings, you may return this form to us with your payment and we will adjust your premium. Or, you may send it or give it to your independent Unigard agent. His or her name and address (and phone number) are shown in the declarations. He or she can answer any questions that you might have too.

I have read this notice and understand the Personal Injury Protection option available to me.

☐ I wish to waive or otherwise exclude the loss of gross income benefit that is afforded by the Utah Personal Injury Protection Endorsement. I understand that this signed form shall constitute my written rejection of this coverage for all vehicles insured under this policy. I further understand that this rejection also applies to all future changes, continuations, replacements and reinstatements of this policy unless I advise my agent or Unigard otherwise in writing.

Date ________________________  Accepted ______________________________

Named Insured’s Signature

Policy Number ______________________________

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