



OPCF 47R Broker Client Consultation Form

Please refer to the Certificate of Automobile Insurance for a breakdown of the coverage available to the covered persons.

Selections made by the covered person will impact their automobile policy coverages – acceptance or declination of coverage will change the insurance contract.

WARNING - By declining coverage, you agree you cannot make a claim for the declined Accident Benefits Coverage(s).

Benefit		Standard Coverage		Increased Option	
Medical, Rehabilitation and Attendant care	(1) All Injuries**	Standard Stand Alone Catastrophic and Non-Catastrophic Coverage described in (2) and (3) only.		\$1,000,000 for non-catastrophic & \$2,000,000 for catastrophic	Accept
					Decline Standard coverage will apply.
	(2) Stand Alone Catastrophic Coverage*	\$1,000,000	Included in Standard Benefits	An additional \$1,000,000 for catastrophic injuries	Accept
					Decline Standard coverage will apply.
	(3) Stand Alone Non-Catastrophic Coverage	\$65,000	Included in Standard Benefits	\$130,000	Accept
					Decline Standard coverage will apply.

** Recommended coverage option

* Recommended additional coverage for catastrophic injuries

- If you purchase both (1) and (2) above, the maximum amount for catastrophic impairment would be \$3,000,000

- Medical, Rehabilitation and Attendant Care benefits for minor injuries are fixed at a maximum limit of \$3,500

Benefit	Description <i>For full description of benefits, please refer to the Statutory Accident Benefits Schedule.</i>	Example <i>For illustration purposes only</i>	Indicate if consumer has accepted or declined each coverage below	
Income Replacement	This benefit may compensate you and other covered persons for lost income.	If you are employed and sustain injuries in a car accident that prevents you from working, you may receive payments for income you are no longer able to earn.		Accept
			If accepted, note limit amount (up to \$ per week) \$	
				Decline
Non-Earner	This benefit may provide compensation if you and other covered persons are completely unable to carry on a normal life.	If you are a student or unemployed and sustain injuries that prevent you from leading a normal life, you may receive weekly non-earner compensation.		Accept
			If accepted, note limit amount \$	
				Decline
Caregiver – Catastrophic Impairment only	This benefit may provide compensation for some expenses incurred if a covered person has been catastrophically injured and cannot continue as the main caregiver for a member of the household who is in need of care.	If you care for a dependant and can no longer do so due to catastrophic injuries, you may receive compensation for hired caregiver support.		Accept
			If accepted, note limit amount \$	
				Decline
Caregiver – Impairment	This benefit may provide compensation for some expenses incurred if a covered person has been injured and cannot continue as the main caregiver for a member of the household who is in need of care.	If you care for a dependant and can no longer do so due to injuries, you may receive compensation for hired caregiver support.		Accept
			If accepted, note limit amount \$	
				Decline

Benefit	Description <i>For full description of benefits, please refer to the Statutory Accident Benefits Schedule.</i>	Example <i>For illustration purposes only</i>	Indicate if consumer has accepted or declined each coverage below	
Lost Educational Expenses	This benefit may provide compensation if you and other covered persons are unable to continue a program of elementary, secondary, post-secondary or continuing education as a result of an accident.	If you are enrolled in a program and unable to continue due to accident injuries, lost tuition, book costs, or other related expenses may be covered.		Accept
			If accepted, note limit amount \$	
				Decline
Expenses of Visitors	This benefit may provide compensation for reasonable and necessary expenses incurred by visitors if you and other covered persons sustain an impairment as a result of an accident.	If your parents or children travel to visit you during recovery, their transportation and lodging costs may be covered.		Accept
			If accepted, note limit amount \$	
				Decline
Housekeeping & Home Maintenance – Catastrophic Impairment only	This benefit may provide compensation if you and other covered persons suffer a substantial inability to perform the housekeeping and home maintenance services that you or they normally performed before the accident, as a result of a catastrophic injury.	If you are catastrophically injured and unable to maintain your home, expenses for a cleaning or maintenance service may be covered.		Accept
			If accepted, note limit amount \$	
				Decline
Housekeeping & Home Maintenance – Impairment	This benefit may provide compensation if you and other covered persons suffer a substantial inability to perform the housekeeping and home maintenance services that you or they normally performed before the accident.	If you are injured and unable to maintain your home, expenses for a cleaning or maintenance service may be covered.		Accept
			If accepted, note limit amount \$	
				Decline

Benefit	Description <i>For full description of benefits, please refer to the Statutory Accident Benefits Schedule.</i>	Example <i>For illustration purposes only</i>	Indicate if consumer has accepted or declined each coverage below	
Damage to Personal Items (clothing, glasses, hearing aids, etc.)	This benefit may provide compensation if you and other covered persons sustain damage to clothing, prescription eyewear, dentures, hearing aids, prostheses and other medical or dental devices that were lost or damaged as a result of the accident.	If your eyeglasses or clothing are damaged in a motor vehicle accident, these expenses may be covered.		Accept
			If accepted, note limit amount \$	
				Decline
Death	This benefit may pay money to some members of the family if you or other covered persons has been killed.	If the named insured dies due to a motor vehicle accident, surviving family members may receive a death benefit.		Accept
			If accepted, note limit amount \$	
				Decline
Funeral	This benefit may pay for some funeral expenses.	Funeral expenses for an insured person who dies as a result of a collision may be paid.		Accept
			If accepted, note limit amount \$	
				Decline
Dependant Care	This benefit may cover reasonable and necessary expenses incurred in caring for dependants.	If the named insured is not receiving a caregiver benefit, was employed at the time of the accident, and sustains an impairment, daycare services for a dependant may be paid.		Accept
			If accepted, note limit amount \$	
				Decline

Benefit	Description <i>For full description of benefits, please refer to the Statutory Accident Benefits Schedule.</i>	Example <i>For illustration purposes only</i>	Indicate if consumer has accepted or declined each coverage below	
Indexation	This benefit provides that certain weekly benefit payments and monetary limits will be adjusted on an annual basis to reflect changes in the cost of living.	Each year, the income replacement benefit payable is adjusted to reflect cost of living changes.		Accept
			If accepted, note limit amount \$	
				Decline
			Accept	
			If accepted, note limit amount \$	
				Decline
			Accept	
			If accepted, note limit amount \$	
				Decline
			Accept	
			If accepted, note limit amount \$	
				Decline

Customer Acknowledgement

I, _____, acknowledge that I have voluntarily declined to purchase the optional
INSURED NAME
statutory accident benefits as indicated above in respect of _____ effective from
POLICY NUMBER
_____ to _____ insuring
EFFECTIVE DATE EXPIRY DATE

VEHICLE MODEL VIN # (the "Policy").

I confirm that _____, of _____
BROKER NAME BROKERAGE

(the "Broker") has fully explained the particulars of all of the optional statutory accident benefits above and their applicability to my current life circumstances. I further confirm that the Broker has recommended I purchase of all of the optional statutory accident benefits above that are applicable to my current life circumstances on the Policy.

I accept and acknowledge that I may be declining to purchase optional statutory accident benefits as indicated above that are applicable to my current life circumstances. I further understand that should my life circumstances change (e.g. change of employment, enrollment in post-secondary education, etc.), I should immediately review the Policy with the Broker or my insurance company to ensure that the optional statutory accident benefits on the Policy are appropriate.

I understand and acknowledge that in the event myself or any person insured under the Policy makes a claim for statutory accident benefits against the Policy, there will be no entitlement to the optional statutory accident benefits as indicated above that I am declining to purchase. I confirm that I am voluntarily assuming any and all risks associated with my decision to not purchase the optional statutory accident benefits indicated above.

INSURED SIGNATURE

SIGNATURE DATE

PRINT NAME

Broker Attestation (Initial each line)

I explained each optional benefit to the client _____

I recommended options based on the client's customer profile _____

Client had the opportunity to ask questions _____