

APPLICATION FOR BENEFITS- AUTOMOBILE PERSONAL INJURY PROTECTION

TO ENABLE US TO DETERMINE IF YOU ARE ENTITLED TO BENEFITS UNDER THE AUTOMOBILE PERSONAL INJURY PROTECTION LAW, PLEASE COMPLETE THIS FORM AND RETURN IT PROMPTLY.

YOUR NAME		HOME PHONE	BUSINESS PHONE
YOUR ADDRESS (NO., STREET, CITY OR TOWN, STATE AND ZIP CODE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
DATE AND TIME OF ACCIDENT		PLACE OF ACCIDENT (STREET, CITY OR TOWN AND STATE)	
BRIEF DESCRIPTION OF ACCIDENT AND AUTOMOBILE YOU OCCUPIED, OR WERE STRUCK BY			
OTHER AUTOMOBILES IN YOUR FAMILY			
AUTO	OWNER	INSURANCE COMPANY	
ARE YOU A MEMBER OF OUR POLICYHOLDER'S HOUSEHOLD?		YES	NO
AS A RESULT OF THIS ACCIDENT WHERE YOU INJURED?		YES	NO
IF YOUR ANSWER IS YES, COMPLETE THE REST OF THIS FORM. IF NO, SIGN HERE AND RETURN THIS FORM TO US			
SIGNATURE:		DATE:	
DESCRIBE YOUR INJURY			
WHERE YOU TREATED BY A DOCTOR?		DOCTOR'S NAME AND ADDRESS, AND DATE OF 1ST TREATMENT	
YES NO			
IF YOU WERE TREATED IN A HOSPITAL, WAS IT		HOSPITAL'S NAME AND ADDRESS	
IN-PATIENT OUT-PATIENT			
AMOUNT OF MEDICAL BILLS TO DATE	WILL YOU HAVE MORE MEDICAL EXPENSES?	AT THE TIME OF THIS ACCIDENT WERE YOU WORKING FOR YOUR EMPLOYER?	
\$	YES NO	YES NO	
DID YOU LOSE TIME FROM WORK AS A RESULT OF YOUR INJURY?	IF YES, AMOUNT LOST TO DATE	WHAT IS YOUR AVERAGE WEEKLY WAGE OF SALARY?	
YES NO	\$	\$	
HAVE YOU RECEIVED OR ARE YOU ELIGIBLE FOR WAGE LOSS AND/OR MEDICAL BENEFITS UNDER		IF YES, AMOUNT OF MEDICAL & WAGE	
(1) ANY WORKMAN'S COMPENSATION LAW? YES NO		\$ _____ PER WEEK	
(2) ANY OTHER SOURCE? YES NO NAME _____		PER MONTH	
LIST NAMES AND ADDRESSES OF YOUR EMPLOYER AT THE DATE OF THE ACCIDENT OR LAST PREVIOUS EMPLOYER AND GIVE OCCUPATION AND DATES OF EMPLOYMENT.			
EMPLOYER AND ADDRESS	OCCUPATION	FROM	TO
AS A RESULT OF YOUR INJURY HAVE YOU HAD ANY OTHER EXPENSES? YES NO			
SIGNATURE		DATE	

- IMPORTANT:**
1. TO PRESENT CLAIM FOR BENEFITS YOU MUST COMPLETE AND SIGN THIS APPLICATION
 2. YOU MUST ALSO SIGN ANY ATTACHED AUTHORIZATIONS
 3. RETURN PROMPTLY WITH ANY MEDICAL BILLS YOU HAVE RECEIVED TO DATE