

MEDICAL PAYMENTS REJECTION FORM

We are required by State Statutes (Act 28) to include \$10,000 Medical Payments as a part of your policy.

You have the option to reject this coverage. However, it must be rejected in its entirety. You cannot select a lower limit. If you reject this coverage, we will not provide the rejected coverage to future renewals of your policy unless you notify us in writing that coverage is desired.

The Medical Payments Coverage was explained to me, and I understand that by signing this form, I do not desire it on this policy.

Signature of Named Insured/Applicant

Policy Number

Date

Signature of Named Insured/Applicant

WISCONSIN MUTUAL INSURANCE COMPANY
MPRF 11/09