NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW ELECTION OF OPTION – OPTIONAL BASIC ECONOMIC LOSS COVERAGE

Preferred Mu	utual Insurance Company			
PO Box 541	NW 10411			
New Berlin,	NY 13411			
		T =		
Date Date	Policyholder Insured First Name Insured Last Nam	Policy Number Policy Number	Date of Accident Date of Occurrence	Claim Number Claim Number
Dear No-Fault	Claimant:			
	njury you sustained in the captioned acc			
economic loss coverage ("Optional Basic Economic Loss" or "OBEL" coverage). Our records indicate that the expenses incurred because of your injuries may come within this additional \$25,000 of basic economic loss coverage. The No-Fault law gives you the opportunity to				
	want the additional \$25,000 of coverage			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
In order that we may continue to process your claim, please make your designation by placing a check mark in one of the boxes				
below, next to	the option you wish to elect.			
[1] basic economic loss which includes health service expenses, loss of earnings from work, and other reasonable and necessary				
expenses; or (2) loss of earnings from work, less statutory offsets; or				
(3) psychiatric, physical or occupational therapy and rehabilitation; or				
(4) a c	combination of options (2) and (3)			
	e return this completed form to the insur			
	ou are advised that if you fail to compley OBEL coverage to option (1) above. Y			
	N WHO KNOWINGLY AND WITH I SON FILES AN APPLICATION FOR			
FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY				
FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR				
CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF				
ANY MOTOR	VEHICLE TO A LAW ENFORCEM	IENT AGENCY, THE DE	PARTMENT OF MOTOR \	/EHICLES
	RANCE COMPANY, COMMITS A F D BE SUBJECT TO A CIVIL PENAI			
VALUE OF T	HE SUBJECT MOTOR VEHICLE O	R STATED CLAIM FOR	EACH VIOLATION.	
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DATE		SIGNATURE OF CLAIM A	NT OR LEGAL REPRESEN	TATIVE
NYS FORM N	F-13 (Rev 1/2004)	PRINT NAME OF LEGAL	L REPRESENTATIVE, IF AF	PLICABLE)