

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## 7. HEALTH INSURER FOR PERSONAL INJURY PROTECTION (PIP) OPTION

**Please note:** If your medical coverage is provided by Medicare or Medicaid, you are not eligible for this option.

I choose the health insurer for PIP option – for High Point or Teachers policies, see Buyer’s Guide page 7; for Palisades policies, see Buyer’s Guide page 5.

The name of my health insurer(s) is (are):

1. \_\_\_\_\_

Policy/Group #/Certificate # \_\_\_\_\_

2. \_\_\_\_\_

Policy/Group #/Certificate # \_\_\_\_\_

**SIGNATURE of NAMED INSURED:** \_\_\_\_\_

**ADDRESS of NAMED INSURED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_