

**NEVADA – SELECTION/REJECTION OF MEDICAL PAYMENTS COVERAGE AND
UNINSURED AND UNDERINSURED MOTORIST COVERAGE****THIS FORM AFFECTS COVERAGE UNDER YOUR POLICY. PLEASE READ IT CAREFULLY.**

Words appearing in this form in bold print are defined in your policy. Please see your policy for complete definitions of the terms shown in bold print. You may contact **us** or your agent to obtain a copy of your policy. The information below contains a summary of some of the coverages available under your policy. The actual terms and conditions of these coverages are contained in your policy. The exclusions, limits of liability, and other terms and conditions of your policy, and not the summary below, control the coverage made available by, or provided by, **us** under your policy.

SELECTION/REJECTION OF MEDICAL PAYMENTS COVERAGE

Subject to **our** Limit of Liability, if **you** pay the premium for Medical Payments Coverage, **we** will pay the **usual and customary charge** for reasonable and necessary **medical expenses** INCURRED WITHIN ONE YEAR FROM THE DATE OF AN **ACCIDENT**, and for reasonable expenses incurred for funeral services resulting from **bodily injury**, sustained by an **Insured**, and arising out of the ownership, maintenance, or **use** of an **auto**.

You may purchase Medical Payments Coverage with a Limit of Liability of \$1,000 each **accident**, or you may reject Medical Payments Coverage entirely.

_____ The undersigned hereby elects to purchase Medical Payments Coverage with a Limit of Liability of \$1,000 each **accident**.

_____ The undersigned hereby rejects Medical Payments Coverage entirely and understands and agrees that his or her policy will not provide such coverage.

SELECTION/REJECTION OF UNINSURED AND UNDERINSURED MOTORIST COVERAGE

Subject to **our** Limits of Liability, if **you** pay the premium for Uninsured and Underinsured Motorist Coverage, **we** will pay for damages, other than punitive or exemplary damages, that an **Insured** is legally entitled to recover from the **owner** or operator of an **uninsured motor vehicle** or **underinsured motor vehicle** because of **bodily injury** sustained by an **Insured**, caused by an **accident**, and arising out of the ownership, maintenance, or use of the **uninsured motor vehicle** or **underinsured motor vehicle**.

You may purchase Uninsured and Underinsured Motorist Coverage with limits of liability equal to the **bodily injury** liability coverage limits under your policy or you may reject Uninsured and Underinsured Motorist Coverage entirely.

_____ The undersigned hereby elects to purchase Uninsured and Underinsured Motorist Coverage with limits of liability equal to the **bodily injury** liability coverage limits under his or her policy.

_____ The undersigned hereby rejects Uninsured and Underinsured Motorist Coverage entirely and understands and agrees that his or her policy will not provide such coverage.

I, the undersigned below, have read and understand all of the information above and have made my selections and/or rejections of Medical Payments Coverage and Uninsured and Underinsured Motorist Coverage as indicated above. I understand, acknowledge, and agree that my selections and/or rejections are binding upon me and upon all other persons entitled to coverage under my policy. I further understand, acknowledge, and agree that the selections and/or rejections made on this form apply to any replacement, reinstatement, substitute, or amended policy issued to me by Kemper or by any subsidiary or affiliate company.

I understand that if I decide to change my selections or rejections at some future time, I must do so by written request to Kemper.

Signature of Applicant

Print Name

Date

Policy Number:

Applicant Name:

App ID Number: