

**OPCF 46
PRE-DETERMINED INCOME FROM SELF-EMPLOYMENT AGREEMENT**

Issued to	Policy Number:	Effective Date: Day Month Year	Expiry Date: Day Month Year
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This change only applies as shown of your Certificate of Insurance.

Please sign and return this form. Keep a copy for your records.

1. Purpose of This change

This change is part of your policy. It is an agreement on what the gross weekly income is for someone who is self-employed.

2. What We Agree To

2.1. We agree to use the gross weekly income shown below, for the Insured Person stated, when determining how much we will pay for a claim being made for Income Replacement under Accident Benefits Coverage.

2.2. We will not pay more than the policy limit for income replacement.

Insured Person	Occupation	Agreed Amount
(1)		\$ per week
(2)		\$ per week
(3)		\$ per week
(4)		\$ per week

3. Conditions that Apply

An agreed amount will only be used if at the time of the accident, the insured person is self-employed in the same occupation and is not employed in any other occupation.

All other terms and conditions of your policy remain the same.

Signature of Self-Employed Insured Person:	Date:
Signature of Self-Employed Insured Person:	Date:
Signature of Self-Employed Insured Person:	Date:
Signature of Self-Employed Insured Person:	Date:
Signature of Insured:	Date: