

WORKERS COMPENSATION INDEMNITY AGREEMENT & NOTICE OF INTENTION TO ELECT PERSONAL INJURY PROTECTION PLAN BENEFITS

Claim Number: _____

Date of Loss: _____

I, _____ (customer name) suffered bodily injury in a motor vehicle accident.

I understand that I may choose to claim benefits under either *The Workers Compensation Act* or under Part II of *The Manitoba Public Insurance Corporation Act* but not both.

I have chosen to pursue benefits under Part II of *The Manitoba Public Insurance Corporation Act*.

I do hereby declare that I will not pursue a claim arising from this accident from The Workers Compensation Board now or in the future.

I further understand and agree that should I claim and receive benefits by virtue of *The Workers Compensation Act*, for the motor vehicle accident referred to above, that I will forfeit all rights under Part II of *The Manitoba Public Insurance Corporation Act* respecting coverage thereunder and will indemnify the Manitoba Public Insurance Corporation for any monies paid to me under Part II.

Signature of Customer

Date (dd/mm/yy)

Witness (anyone 18 years of age or older)

Date (dd/mm/yy)

Address of Witness

Please return the completed form to:

Manitoba Public Insurance
Injury Claims Management
P.O. Box 6300, Winnipeg, MB R3C 4A4
Or Fax to Number: 204-954-5332