

Your Name

Your Address

Your City, State, Zip

Your phone #

Dear Senator/Representative _____

I voted for you. I ride a motorcycle. I am a member of ABATE of Michigan. I was told you are a supporter of motorcyclists rights. Did you know that Senate Bill 1, which passed into law in 2019, has the potential to financially cripple motorcyclists?

Under this new no fault law, beginning July 1, 2020, motorists are given the choice to cap their no-fault medical benefits on their auto insurance policies at \$50,000.00, \$250,000.00, \$500,000.00 or may opt to keep unlimited benefits. The insurer of the owner or operator of the involved motor vehicle is first in priority to pay an injured motorcyclist no fault benefits, which means that my medical expenses in the event I am involved in an accident with that motorist are capped by the cap **chosen by that motorist for himself/herself.**

This means that if that operator of the auto has only \$50,000 in coverage and it's a serious accident my claim for no fault medical expenses is capped at \$50,000.00. Under this new no fault law, **motorcyclists are the only classification that are bound by the no fault choice of another.** Motorists, pedestrians, bicyclists, operator of off-road vehicles all go to their own auto insurance in the event of an accident with a motor vehicle, so they get the benefit of their own choice. Does it seem fair to you that I as a motorcyclist am bound by the choice of another?

I urge you to support HB 4809, which would fix this situation for motorcyclists across our great State by allowing motorcyclists to claim their no-fault benefits from their own auto policy, hence get the benefit of their own medical cap choice, just like motorists, pedestrians, bicyclists and off-road vehicle operators are allowed to do.

Please support HB 4809, and work on a solution to this issue ASAP. Motorcyclists should not have to play roulette every time we ride, gambling and hoping that the motorist who we may be ultimately be involved in an accident with made an adequate no fault cap choice to cover my medical expenses.

Thank You,

Your Signature

Your complete address

Your phone number