PUBLIC PROTECTION CABINET
Kentucky Department of Insurance
500 Mero Street, 2SE11
Frankfort, Kentucky 40601
Phone: (502) 564-3630
Toll Free: (800) 595-6053

Andy Beshear
GOVERNOR

Jacqueline Coleman
LIEUTENANT GOVERNOR

DJ Wasson
SECRETARY

Brian Raley
DEPUTY SECRETARY

Sharon P. Clark
COMMISSIONER

BULLETIN 2026-04

The following Bulletin is to inform the reader of the current position of the Kentucky Department of Insurance on the specified issue. The Bulletin is not legally binding on either the Department or the reader.

TO: ALL INSURERS ISSUING AUTO INSURANCE WITHIN THE COMMONWEALTH OF KENTUCKY

FROM: SHARON P. CLARK, COMMISSIONER
KENTUCKY DEPARTMENT OF INSURANCE

DATE: JULY 20, 2026

RE: NO FAULT REJECTION FORM

Purpose

The Kentucky Department of Insurance ("Department") is issuing this Bulletin to provide information regarding the requirements of House Bill 627 (HB 627), passed during the 2026 Regular Session of the Kentucky General Assembly.

Background

KRS 304.39-060(4) permits any person to refuse to consent to the limitation of his or her tort rights and liabilities set forth in KRS Chapter 304 Subtitle 39. Any such rejection must be completed in writing or electronically on a form prescribed by the Department. The rejection form must be filed with the Department and becomes effective upon the date it is filed with the Department.

806 KAR 39:030 establishes the Kentucky No-Fault Rejection Form. The regulation provides that any person may refuse to consent to the limitation of his or her tort rights and liabilities by filing this form with the Department. The regulation incorporates by reference the Kentucky No-Fault Rejection Form

to be used by individuals refusing to consent to the limitation of his or her tort rights and liabilities, pursuant to KRS 304.39-060(4). This form explains that basic no-fault coverage provides prompt payment of medical expenses, lost wages up to $200 per week, replacement services, and survivor's benefits due to bodily injury arising out of a motor vehicle accident.

HB 627 amends KRS 304.39-130 by raising the basic reparation benefits payable for work loss, survivor's economic loss, replacement services loss, and survivor's replacement services loss from $200 to $500 per week. This amendment becomes effective July 15, 2026.

Implementation

The Department is pursuing an amendment to 806 KAR 39:030 to update the Kentucky No-Fault Rejection Form so that it conforms with the amendment made to KRS 304.39-130 by HB 627. However, that regulatory amendment will not be effective by July 15, 2026, when the new $500 threshold dictated by HB 627 will become controlling. The Department is therefore providing the attached Kentucky No-Fault Rejection Form for industry use, until the incorporated form can be formally amended through the regulation promulgation process.

The Department encourages all insurers issuing auto insurance in Kentucky to use the attached updated form until 806 KAR 39:030 is formally amended through regulation promulgation process, to ensure compliance with HB 627. Insurers, licensees, and registered entities are charged with notifying their agents and employees of the provisions of HB 627, the amendment to KRS 304.39-130, and the recommended use of the updated form.

If you have any questions about this Advisory Opinion, please contact the Kentucky Department of Insurance, Property and Casualty Division at (502) 564-6046 or DOI.PropertyCasualty@ky.gov.

Sharon P. Clark

Sharon P. Clark, *Commissioner*
Kentucky Department of Insurance
On this 20 day of July 2026.

COMMONWEALTH OF KENTUCKY
Department Of Insurance
P.O. Box 517
Frankfort, Kentucky 40602-0517

Kentucky
No-Fault Rejection Form

KRS 304.39-060 requires the Department of Insurance to establish record keeping procedures to track those who elect not to consent to the limitations of their tort rights and liabilities. Because such rejection is effective until revoked, it is therefore necessary to have an identifier which is unique and permanent to each individual electing to reject. A social security number is such an identifier. In today's society, names are the same or similar, and names change. Birthdate and place of birth data is being collected as an alternative identifier, however, it will not have the same reliability. The Department will not release social security numbers in response to verification requests.

ADVISORY

CAUTION! BEFORE SIGNING THE ATTACHED KENTUCKY NO-FAULT REJECTION FORM, READ THE FOLLOWING AS WELL AS THE REJECTION FORM CAREFULLY:

1. Kentucky law requires anyone who uses, owns, or maintains a motor vehicle in this state to have insurance. The minimum required insurance is:
(a) Liability Coverage of Bodily Injury $25,000 per person/$50,000 per accident, and Property Damage $25,000 per accident, or $60,000 combined Liability Coverage.
(b) Uninsured Motorist Coverage equal to the minimum Bodily Injury limits, unless you reject this in a separate writing; and
(c) Basic No-Fault Coverage (often called Personal Injury Protection (PIP) or Basic Reparations Benefits (BRB)) of $10,000 per person.
2. Basic No-Fault Coverage provides prompt payment of medical expenses, lost wages up to $500 per week, replacement services and survivor's benefits due to bodily injury arising out of a motor vehicle accident. These payments are made to covered injured persons who usually include occupants of the covered vehicle and pedestrians struck by the covered vehicle. Additional amounts of No-Fault coverage may be purchased as optional coverage.
3. If you have No-Fault Coverage, your right to sue the at-fault party is limited unless your injury involves a broken bone, permanent disfigurement, medical expenses over $1,000, permanent injury, or death. With these injuries that exceed the No-Fault thresholds, you retain your right to sue for pain and suffering and expenses not included by No-Fault Coverage.
4. You may reject No-Fault Coverage and the limitations on your right to sue. If you reject:
(a) Your rejection will apply to you in any motor vehicle, whether owned by you or others. There is no exception for a rejection signed as a condition of employment. The only exception is that an owner or operator of a motorcycle may file a rejection that applies only to the motorcycle.
(b) Your rejection will be effective upon receipt by the Department of Insurance and it will remain effective until revoked in writing, except for rejections on behalf of minors. Upon reaching the age of majority, the rejection on behalf of the minor is no longer effective.
(c) You will not be entitled to receive No-Fault Benefits. Your premium may be higher due to your rejection of No-Fault, as others will have the same right to sue you for injuries, which do not reach the No-Fault thresholds, even if they did not reject.
5. You will have to prove the other party was at fault before you can recover. Your recovery will be reduced by any degree of fault on your part.

COMMONWEALTH OF KENTUCKY
Department Of Insurance
P.O. Box 517
Frankfort, Kentucky 40602-0517

Kentucky
No-Fault Rejection Form

Acceptance of No-Fault Insurance denies each individual the right to sue a negligent motorist unless certain requirements are met. You and any member of your household can retain the right to sue by completing this form and mailing it to the Kentucky Department of Insurance. DO NOT COMPLETE THIS FORM if all members of the household want to accept benefit of the No-Fault Law in return for relinquishing some rights.

Any member of the household who does not accept the No-Fault restrictions on their right to sue a negligent motorist, must complete this form and will be deemed to have read and understood the Advisory, page NF 1a. Each member of the household has a choice. The choice is designated by the following numbers, which must be placed in the blank next to each name.

OPTIONS— Indicate option selection number in the blank next to your name.

1. I want to keep my right to sue or be sued so I do not consent to the limitations of my tort rights and liabilities.
2. I consent to the limitations of my tort rights and liabilities but other members of the household do not want to consent to the limitations of their tort rights and liabilities.
3. As to my ownership and operation of motorcycles, I want to keep my right to sue or be sued so I do not consent to the limitations of my tort rights and liabilities.
4. I previously refused the limitations of my tort rights and liabilities and I want to cancel that rejection and accept the limitations of my tort rights and liabilities.

HOUSEHOLD ADDRESS

City State Zip_______

MEMBERS OF THE HOUSEHOLD
(use page NF 1c P&C (9-00) if necessary for additional family members)

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability, the full name and signature of the parent or guardian is required:

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability, the full name and signature of the parent or guardian is required:

Name (Type/Print): Option #
Last First Middle
Maiden
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability, the full name and signature of the parent or guardian is required:

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability, the full name and signature of the parent or guardian is required:

Check here if continued on additional page______ Indicate total number of pages _____

Note: MAILING INSTRUCTIONS

1. Original and one file stamped copy to be mailed to Kentucky Department of Insurance.
2. One file stamped copy for you to mail to your insurance company.
3. One file stamped copy to be mailed to your insurance agent.
4. One file stamped copy to be kept for your records.

COMMONWEALTH OF KENTUCKY
Department Of Insurance
P.O. Box 517
Frankfort, Kentucky 40602-0517

Kentucky
No-Fault Rejection Form

CONTINUATION OF MEMBERS OF THE HOUSEHOLD

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability,
the full name and signature of the parent or guardian is required: ________

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability,
the full name and signature of the parent or guardian is required: ________

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability,
the full name and signature of the parent or guardian is required:

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability,
the full name and signature of the parent or guardian is required:

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability,
the full name and signature of the parent or guardian is required: ________

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability,
the full name and signature of the parent or guardian is required: ________

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability,
the full name and signature of the parent or guardian is required:

Name (Type/Print): Option #
Last First Middle Maiden
Birthdate: City, County and State of Birth:
Soc.Sec. No. **Signature**: **Date**:
If the person named in this section is minor or under a legal disability,
the full name and signature of the parent or guardian is required: ________

Check here if continued on additional page ____ Indicate total number of pages _____