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# Revised Accident Benefit Claims Forms and New Attendant Care **Hourly Rate Guideline**



To the attention of all insurance companies licensed to transact automobile insurance in Ontario

is issuing a number of amended forms approved by the Superintendent for use in connection with accident benefits claims.

These forms have been amended to reflect changes resulting from automobile insurance reforms that will become effective on September 1, 2010.

Changes to these forms have been made in consultation with insurance industry stakeholders, health care professionals and legal representatives.

The Assessment of Attendant Care Needs (Form 1) has been changed from a prescribed form to a Superintendent-approved form. The hourly rates listed for attendant care services, which were previously printed on the form, will, for accidents occurring on or after September 1, 2010, henceforth be those published in the Attendant Care Hourly Rate Guideline (attached).

## Highlights of changes

Changes to the forms include, but are not limited to, the following:

- they are using the most recent • Modifying references to the Pre-approved Framework version of a FSCO form. Guideline for Grade I and II Whiplash Associated Disorders to accommodate the new Minor Injury Guideline as applicable.
- Reflecting loss of an arm or a leg as criteria for catastrophic impairment for accidents occurring on or after September 1, 2010.
- Amending the basis for calculation of the Income Replacement Benefit (IRB) from 80% of net income to 70% of gross income for accidents occurring on or after September 1,
- Deleting references to rebuttal examinations under s. 24(1)9 and s. 24.1(1) of the Statutory Accident Benefits Schedule - Accidents on or after November 1, 1996, as rebuttal examinations are not available in the new Statutory Accidents Benefits Schedule - Effective September 1, 2010 (new SABS).
- · Reflecting that only occupational therapists and registered nurses can complete an Assessment of Attendant Care Needs (Form 1).
- Deleting questions related to income tax status in the Accident Benefits Application Package (OCF-1).
- Clarifying in the Election of Income Replacement, Non-Earner or Caregiver Benefit (OCF-

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- 10) that once a choice of benefits has been submitted to the insurer, it cannot generally be changed, as per s. 35(3) of the new SABS.
- Reflecting that an Application for Determination of Catastrophic Impairment (OCF-19)
  must be prepared by a physician or, where the impairment is only a brain impairment,
  by a neuropsychologist.
- · Reflecting in the Settlement Disclosure Notice the changes to the new SABS coverages.

The following five forms will no longer be Superintendent's approved forms:

- Explanation of Benefits (OCF-9)
- · Activities of Normal Life (OCF-12)
- Declaration of Post-Accident Income and Benefits (OCF-13)
- Notice of Examination (OCF-25)
- Voluntary Consent for Pre-Claim Examination (OCF-26).

In addition, the Application for Approval of an Assessment or Examination (OCF-22) has been eliminated as it has been merged with the Treatment and Assessment Plan (OCF-18).

### Effective date of forms

The amended forms other than the Form 1 are effective on or after September 1, 2010 and apply to accidents occurring before and on or after September 1, 2010.

The amended Form 1 is for use on or after September 1, 2010, in respect of accidents occurring on or after March 31, 2008.

For accidents that occurred before March 31, 2008, the version of Form 1 previously prescribed for use for such accidents continues to be the appropriate form for making a claim for attendant care benefits, even if submitted on or after September 1, 2010.

### Copies of revised forms

Copies of the revised forms are attached and are also available on FSCO's website at www.fsco.gov.on.ca. The Attendant Care Hourly Rate Guideline will also be published in a forthcoming edition of *The Ontario Gazette*.

Philip Howell Chief Executive Officer and Superintendent of Financial Services

June 16, 2010

#### Attachments:

- Assessment of Attendant Care Needs (Form 1)
- Attendant Care Hourly Rate Guideline
- Accident Benefits Application Package (OCF-1)
- Disability Certificate (OCF-3)
- Permission to Disclose Health Information (OCF-5)
- Expenses Claim Form (OCF-6)
- Election of Income Replacement, Non-Earner or Caregiver Benefit (OCF-10)
- Application for Determination of Catastrophic Impairment (OCF-19)
- Settlement Disclosure Notice

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