

# STATUTORY ACCIDENT BENEFITS SUMMARY

TYPE OF BENEFIT	SABS SECTION	FOR ACCIDENTS ON OR AFTER SEPTEMBER 1, 2010	FOR ACCIDENTS ON OR AFTER JUNE 1, 2016
MEDICAL AND REHABILITATION BENEFITS*	15, 16, 18 & 20	<b>Non-catastrophic</b> - Maximum of \$50,000 or 10 years if over age 15 at date of loss, otherwise to age 25 <b>Catastrophic</b> - Maximum of \$1,000,000	<b>Non-catastrophic</b> - Maximum of \$65,000 (including attendant care benefits) or 260 weeks (5 years) if over age 18 at date of loss, otherwise to age 28 <b>Catastrophic</b> - Maximum of \$1,000,000 (including attendant care benefits)
CASE MANAGEMENT SERVICES	17	<b>Non-catastrophic</b> - Not available <b>Catastrophic</b> - Available (part of \$1,000,000 medical and rehabilitation limit)	<b>Non-catastrophic</b> - Not available <b>Catastrophic</b> - Available (part of \$1,000,000, medical, rehabilitation <u>and</u> attendant care limit)
ATTENDANT CARE BENEFITS*	19 & 20	<b>Non-catastrophic</b> - Maximum of \$3,000 per month and \$36,000 for up to 2 years after accident <b>Catastrophic</b> - Maximum of \$6,000 per month and \$1,000,000	<b>Non-catastrophic</b> - Maximum of \$3,000 per month and \$65,000 (including medical and rehabilitation benefits) for up to 260 weeks (5 years) if over age 18 at date of loss, otherwise to age 28 <b>Catastrophic</b> - Maximum of \$6,000 per month and \$1,000,000 (including medical and rehabilitation benefits)
TRANSPORTATION COSTS*	3 (1)	<b>Non-catastrophic</b> - Only for the portion of any distance over 50 km <b>Catastrophic</b> - Available	
HOUSEKEEPING AND HOME MAINTENANCE EXPENSES*	23	<b>Non-catastrophic</b> - Not available <b>Catastrophic</b> - Lifetime maximum of \$100 per week	
DEATH BENEFITS*	26	\$25,000 to spouse, plus \$10,000 per dependent including supported former spouse	
FUNERAL BENEFITS*	27	Up to a \$6,000 maximum	
INCOME REPLACEMENT BENEFIT	7(4)& 7(5)	Insurer shall pay up to \$2,500 for an Income Replacement Benefit report. Applies to both employed and self-employed situations. Includes review of insurer prepared or commissioned reports. Expense must be reasonable. Prior approval not required.	
INCOME REPLACEMENT BENEFITS*	6, 7, 8 & 9	After first week, paid at 70% of gross pre-Accident income (reduced by collateral benefits available or received) to maximum of \$400 per week (reduced by 70% of post-Accident earned income). Continued payment after 104 weeks is subject to a more stringent "any occupation" test and payable at a minimum of \$185 per week. Benefits reduce by formula at age 65 (subject to a 2 year minimum).	
NON-EARNER BENEFITS	8, 9 & 12	Payable after 26 weeks at \$185 per week if completely unable to carry on a normal life. Increases to \$320 per week from 104 weeks after accident if a student within the 52 weeks prior to the accident. Benefits reduced by formula at age 65 (subject to 2 year minimum). Payable after age 16 and for life.	Payable after 4 weeks at \$185 per week if completely unable to carry on a normal life. Payable after age 18 and for maximum of 104 weeks.
CAREGIVER BENEFITS*	13	<b>Non-Catastrophic</b> - Not Available <b>Catastrophic</b> - Payable, without waiting period, if substantially unable to continue caregiving activities, at maximum of \$250 per week for first person, plus \$50 for each additional person in need of care. Changes at 104 weeks to a more stringent "complete inability" test. Terminates once children attain age 16 or no longer a person in need of care. No adjustment at age 65.	

\*Optional enhanced benefits available.

*This summary of Ontario Regulation 34/10 is not intended to be a substitute for either the legislation or legal advice. Feel free to contact our office should additional explanation or clarification be required.*

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# BASIC INFORMATION CHECKLIST

1. Claimant's personal information	(a) Name of claimant (b) Date of birth (c) Date of motor vehicle accident
2. Background information	Purpose of report, date report required, status of application, and anticipated trial commencement/arbitration/mediation date
3. Claimant's employment/self-employment information	(a) Name of employer/business and date of hire/business commencement (b) Position and functions date of accident (c) Has claimant returned to work? If yes, provide details re: post-accident employment/absences
4. Income replacement and other collateral benefits received	(a) Has claimant received any Income Replacement Benefits? If yes, provide details re: benefits received. (b) Details re: short term disability, long term disability and CPP disability benefits applied for and received (include relevant correspondence)
5. Documentation/other information (If available and relevant)	<p>Application for Income Replacement Benefits (OCF-1)</p> <p>Employer's Confirmation Form (OCF-2)</p> <p>Election of Income Replacement, Non-Earner or Caregiver Benefits (OCF-10)</p> <p>Salary details/printout/backup for 4 or 52 weeks pre-accident</p> <p>Salary details/printout/backup for post-accident period</p> <p>Personal tax returns, T4 slips and Notices of Assessment (for the year prior to the accident and post-accident periods)</p> <p>In the case of incorporated self-employment, corporate financial statements and tax returns (for year prior to accident and post-accident periods)</p> <p>Copy of relevant correspondence including additional information requests by insurer or their representatives</p> <p>Income Replacement Benefit reports or calculations provided by insurer or their representatives and details re: benefits received</p> <p>Copies of additional information/documentation (other than detailed above) previously provided to insurer or their representatives</p> <p>Other relevant reports and documentation (employer paid employee benefit details, annual pension statement, wage and benefit rates per collective agreement, reports to be responded to and/or critiqued)</p>
6. Claimant contact information (if appropriate)	Can we contact claimant? If yes, provide phone, cell and email
7. Invoicing	Send copy of invoice to insurer pursuant to § 7(4) of SABS? If yes, provide details re: insurer and name of adjuster.
8. Sundry relevant information and/or fact specific considerations	Provide explanation

The above noted basic checklist, for either Plaintiff or Defense assignments, is not exhaustive and additional specific information may be required. Feel free to contact our office should additional explanation or clarification be required.