

Return this form to:

Explanation of Benefits Payable by Insurance Company (OCF-9)

Use this form for accidents that occur on or after November 1, 1996.

Claim Number:

Policy Number:

Date of Accident:
(YYYYMMDD)

We have reviewed your application for benefits. This form tells you which benefits are approved and the amounts payable. Where a benefit has not been approved, an explanation has been provided. If you disagree with our assessment, you have the right to dispute it according to the procedure described in Part 6 of this form.

Part 1 Applicant Information

Last Name				First Name and Initial			
Address							
City				Province		Postal Code	
Birth Date	year	month	day	Home Telephone	Area Code	Work Telephone	Area Code

Part 2 Income Replacement Benefits

additional sheets attached

We have reviewed your application for income replacement benefits and have determined you are:

<input type="checkbox"/> A. Eligible	Details of how we calculated your income replacement benefit, including adjustments for income or payments from other sources.	
Calculation		
Gross Weekly Income		<input type="text"/>
Net Income		<input type="text"/>
80% of Net Weekly Income		<input type="text"/>
Minus Post-Accident Net Weekly Income/Payments from Other Sources		<input type="text"/>
Income Replacement Benefit Payable	<input type="text"/>	

<input type="checkbox"/> B. Not Eligible

Part 3 Non-Earner Benefit or Caregiver Benefit

additional sheets attached

Non-Earner Benefit
<input type="checkbox"/> Eligible <input type="checkbox"/> Not eligible
Caregiver Benefit
<input type="checkbox"/> Eligible <input type="checkbox"/> Not eligible

**Part 4
Other
Benefits**

additional sheets attached

Benefit Identification	Benefit Description
MR	Medical and Rehabilitation Expenses
AC	Attendant Care Expenses
CM	Case Manager Expenses
LE	Lost Educational Expenses
HH	Housekeeping and Home Maintenance Expenses
RR	Expenses to Repair or Replace Lost or Damaged Clothing, Hearing Aids, etc.
FE	Funeral Expenses
DB	Death Benefits

Item	Details	Amount Claimed	Amount Payable	Interest Payable	Item Not Payable
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>

Reasons why expenses are not payable:

Additional Sheets Attached

**Part 5
Insurance
Company
Information**

Name of Insurance Company Representative			Title		
Name of Insurance Company					
Telephone Number	Area Code	FAX Number	Area Code		
Signature of Insurance Company Representative				Date (YYYYMMDD)	

Part 6
Applicant's
Rights to
Dispute

YOUR RIGHT TO DISPUTE THE INSURER'S ASSESSMENT OF YOUR CLAIM FOR STATUTORY ACCIDENT BENEFITS

Under the Insurance Act if your claim for statutory accident benefits under the Insurance Act has been reduced or denied by your insurer, you have a right to dispute your insurer's assessment of your claim for statutory accident benefits.

STEP 1: NOTIFY YOUR INSURER AND BE AVAILABLE FOR ASSESSMENT/EXAMINATIONS

You CANNOT dispute your insurer's assessment of your claim for statutory accident benefits, UNLESS:

- (i) You notify your insurer and submit an application for the benefit;
- (ii) You are available for any required assessments and/or examinations.

STEP 2: MEDIATION

To dispute the refusal or reduction you must first mediate your claim through the Financial Services Commission of Ontario (FSCO) within two years of your insurer's refusal to pay, or reduction of, a benefit.

To begin the mediation process, you must complete an application for mediation. The application for mediation is provided to you by your insurance company, or can be obtained from FSCO's web site at www.fSCO.gov.on.ca or by contacting FSCO at:

Dispute Resolution Services	By phone in Toronto:	(416) 590-7576
Mediation - Financial Services Commission of Ontario	Toll Free:	1-800-517-2332 ext. 7210
Box 85, 14th Floor	Fax:	(416) 590-7077
North York, Ontario	Mediation Hotline:	(416) 590-7210
M2N 6L9		

Once you submit a completed application for mediation, FSCO will appoint a mediator to conduct the mediation. At the end of the mediation, the mediator will issue a written report of mediation indicating whether or not the mediation failed to resolve issues between you and your insurer.

STEP 3: ARBITRATION, LAWSUIT OR EVALUATION

If mediation fails, you have the right to:

- (i) arbitrate at FSCO, or
- (ii) commence a lawsuit in court, or
- (iii) if you and your insurer both agree, you may request a neutral evaluation at FSCO before proceeding to arbitrate or commence a lawsuit in court. If you and your insurer proceed to a neutral evaluation, the neutral evaluator will provide an oral opinion on the likely outcome of a proceeding in court or an arbitration and a written report identifying issues evaluated and still in dispute.

However, you CANNOT arbitrate, commence a lawsuit or request a neutral evaluation UNLESS:

- (i) you proceeded with mediation, AND
- (ii) the mediation failed.

WARNING: TWO YEAR TIME LIMIT

You have TWO YEARS from the date of your insurer's refusal to pay, or reduction of a benefit, to arbitrate or commence a lawsuit in court. You may have longer than two years if the arbitration or lawsuit is commenced 90 days from the date the mediator provides his or her mediation report, or within 30 days from the date the neutral evaluator provides his or her report.