



Financial Services
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Insurers' Delivery of Documents to Insured Persons

Superintendent's Guideline No. 09/03

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Introduction

This Guideline is issued pursuant to section 268.3(1) of the *Insurance Act* for the purposes of O. Reg. 403/96, the *Statutory Accident Benefits Schedule - Accidents on or After November 1, 1996* (SABS) as amended.

Amendments to section 68 of the SABS became effective on October 1, 2003 and include new requirements regarding delivery of documents. Where a document must be delivered within five or fewer business days to an insured person who is not represented and does not have a fax machine, section 68(2) of the SABS requires the insurer to personally deliver the document. Section 68(4) contains provisions for leaving the document with an adult at the insured person's residence if delivery directly to the insured person is not possible.

A health care provider¹ may, for the purpose of receiving certain documents from the insurer on behalf of the insured person, agree to act as the insured person's authorized representative for that limited purpose in the particular situations enumerated below.

Process for health care provider to act as an insured person's authorized representative for purpose of receiving documents from an insurer

The insurer may deliver a document to an insured person via a health care provider in the following circumstances:

- Insured person is not already represented by a lawyer or other authorized representative²;
- Insured person's authorization is expressly limited to authorizing the health care provider to receive:

¹For the purposes of this Guideline, "health care provider" means:

- (a) in the case of an OCF-18, a member of a health profession as defined in the SABS
- (b) in the case of an OCF-22, a member of a health profession as defined in the SABS
- (c) in the case of an OCF-23/198, a health practitioner as defined in the SABS.

A health care provider should, before agreeing to act in accordance with such an authorization, confirm with the insured person that he or she is not already represented by a lawyer or other authorized representative.

² For the purposes of this Guideline, "other authorized representative" is a person named in Part 2 of the insured person's OCF-1, Application for Accident Benefits, to whom the insurer can deliver documents by fax under subsection 68(2)(a) of the SABS.

i. the insurer's written notice in response to:

- (a) a Treatment Plan (OCF-18),
- (b) an Application for Approval of an Assessment or Examination (OCF-22) or
- (c) a Pre-approved Framework Treatment Confirmation Form (OCF-23/198), or,

ii. an insurer examination report under subsection 42(7) of the SABS;

- The health care provider agrees to act in accordance with the authorization;
- The signed authorization is provided to the insurance company prior to the insurer's delivery of the document referred to in the authorization; and
- The insurer relies on the authorization to deliver only such documents as are expressly referred to in the authorization.

Health care provider's obligation upon receiving the document from the insurer:

Upon receipt of the document from the insurer, the health care provider is obliged to immediately notify the insured person of the substance of the document by telephone and mail a copy of the document to the insured person by ordinary mail.