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**Guideline on Insurers' Delivery of  
Documents to Insured Persons**

Superintendent's Guideline No. 05/04

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## Guideline on Insurers' Delivery of Documents to Insured Persons

### 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. This revised Guideline replaces Superintendent's Guideline No. 09/03 released in October, 2003 titled *Insurers' Delivery of Documents to Insured Persons*. This revised Guideline clarifies the options for insurers when delivering documents and notices to insured persons in light of recent amendments to the SABS made by O. Reg. 458/03.

Section 68 of the SABS sets out options for delivery of documents and notices. The amendments to this section made by O. Reg. 458/03 revoke the prohibition against the use of certified or registered mail when delivering documents, including a notice, that must be given within five or fewer days. These changes became effective on January 10, 2004, the date of publication of O. Reg. 458/03 in *The Ontario Gazette*. Regular mail continues to be prohibited for delivery of any notice that must be given within five or fewer days.

As a result of these amendments to the SABS, where a document must be delivered within five or fewer business days to an insured person who is not represented by a solicitor or other authorized representative and does not have a fax machine, the SABS permits the insurer to deliver the document personally or by certified or registered mail. Subsection 68(4) of the SABS 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 provider<sup>1</sup> 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:*

1. The insured person is not already represented by a lawyer or other authorized representative<sup>2</sup>;

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<sup>1</sup>For 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.

<sup>2</sup> 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.

2. The insured person's authorization is expressly limited to authorizing the health care provider to receive:
  - 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;
3. The health care provider agrees to act in accordance with the authorization;
4. The signed authorization is provided to the insurance company prior to the insurer's delivery of the document referred to in the authorization; and
5. 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.