

Return this form to:

## Explanation of Benefits (OCF-9)

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

Claim Number:

Policy Number:

Date of Accident:  
(YYYYMMDD)

Revised:  
(YYYYMMDD)

We have reviewed your application for accident benefits or your ongoing entitlement to benefits. This review has included any information that you or your health care provider has submitted as well as the findings of an examination by a health care provider or providers if one was required by the insurer. This form tells which benefits are approved, the amount payable and any benefits that have not been approved or are ending. If an examination was performed, a copy of the report of examination has been enclosed or has been sent to you separately. **If you disagree with this determination, you have the right to dispute it according to the procedure described in Part 6 on page 3 of this form.**

### Part 1 Applicant Information

Last Name		First Name and Initial		
Address				
City		Province		Postal Code
Birth Date	(YYYYMMDD)	Home Telephone	Work Telephone	Extension

### Part 2 Income Replacement Non Earner or Caregiver Benefits Payable

Report of  
Examination:  
 Attached  
 Sent  
Separately

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

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

<input type="checkbox"/> <b>B. Not Eligible/Stoppage of Benefit</b>	
	<input type="checkbox"/> additional sheets attached

### Part 3 Catastrophic Impairment Determination

Report of  
Examination:  
 Attached  
 Sent  
Separately

We have reviewed your application for determination of catastrophic impairment and have determined:

- You have sustained a catastrophic impairment as a result of the accident  
 You have not sustained a catastrophic impairment as a result of the accident for the following reasons:

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**Part 4  
Medical and  
Rehabilitation  
and  
Other  
Benefits**

Report of  
Examination:

- Attached  
 Sent  
Separately

Benefit Identification	Benefit Description
MR	Medical and Rehabilitation
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
AE	Assessment or Examination

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"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>

Reasons why expenses are not payable or being stopped:

additional sheets attached

**Part 5  
Insurance  
Company  
Information**

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

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

Under the Insurance Act, if your claim for statutory accident benefits has been reduced or denied by your insurer, you have a right to dispute your insurer's determination. There are a numbers of steps you can take to try and resolve the dispute.

**STEP 1: NOTIFY YOUR INSURER/FURTHER EXAMINATION**

Notify your insurer that you dispute the insurer's decision. You may have the right to a further examination or assessment in respect of the insurer's decision by your health professional or, in certain circumstances, another health professional, paid for by your insurer. Please contact your insurance adjuster, health professional or legal representative for further information about this additional examination.

**STEP 2: MEDIATION**

If you are unable to resolve your dispute by speaking to your adjuster, you may apply to mediate your dispute 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 can be provided to you by your insurance company, or can be obtained from FSCO's web site at [www.fSCO.gov.on.ca](http://www.fSCO.gov.on.ca) or by contacting FSCO at:

Dispute Resolution Services	Toll Free:	1-800-517-2332 ext. 7210
Mediation – Financial Services Commission of Ontario	Fax:	(416) 590-7077
Box 85, 14th Floor	Mediation Hotline:	(416) 590-7210
Toronto, Ontario		
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 resolved the issues between you and your insurer.

**STEP 3: ARBITRATION, LAWSUIT OR EVALUATION**

If mediation does not resolve the dispute, you have the right to:

(i) apply for the appointment of an arbitrator 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.