

Form 2 Statutory Accident Benefits Schedule

Insurer Identification (Name and Address)	<b>Ontario Automobile Insurance Application for Additional Accident Benefits</b>			
	Insurer No.	Claim No.		
Name of Policy Holder	Date of Accident	Year	Month	Day
Policy No. Claiming Under				

Instructions

- This form should be used to claim expenses related to the injury and not covered under any law or any other insurance plan. Such expenses include medication, rehabilitation, medical expenses not covered by the Health Insurance System, personal care and child care.
- It should be sent to the same insurer to which you sent the application for accident benefits.
- This claim form may be submitted as often as necessary, as expenses arise. Originals of receipts should be attached if available. If not, an explanation should be attached. Keep copies for your own records.

**1 Identity of Claimant – To be completed by person injured in automobile accident or their representative**

<input type="checkbox"/> Mr.		Last name	First name	Mid. Init.	Date of Birth	Year	Month	Day
<input type="checkbox"/> Mrs.								
<input type="checkbox"/> Ms.								
Street Address		P.O. Box or Rural Route				Apt.		
City, Town, Village			Province or State		Country		Postal / Zip Code	

**2 Claimant's Expenses – Attach original receipts**

Item	Date	Description of Service and Name of Service Provider	Amount
<b>Total Amount</b>			<b>\$</b>

**3 Claimant's Dependants – To be completed when requesting Primary Caregiver Benefits**

Are you the primary caregiver of a child under 16 or a person dependant on you because of physical or mental incapacity?  
 Yes     No  
 If yes, list the dependants who reside with you.

Name	Date of Birth	Name	Date of Birth
	Year    Month    Day		Year    Month    Day

**4 Declaration by Claimant**

A supplementary application for accident benefits must be signed by the claimant or claimant's representative where he or she is unable to sign. I certify in good faith that the information provided is true.

Signature of Claimant or Representative	Name of Person Signing (Please Print)	Date
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