

Use this form for insurance policies issued on or after June 1, 2016

Policy Number		
Accident Date		
Claim Number		
Statement Date		
Statement Period	Start	End

Claimant Contact Information (Claimant name and mailing address)
Company Contact Information (Minimum required information: Insurer name, address, contact name & telephone number)

You are receiving this statement in accordance with the Statutory Accident Benefits Schedule (SABS). Payments that have been made on your behalf may affect the amount of coverage remaining under the policy. Please review this statement to make certain that the transactions accurately represent payment for treatments, assessments, attendant care expenses, goods and services that you have received to assist you in recovering from your injuries. Please notify us of any inaccuracies.

Our records show that you have the following coverage(s) and sustained the indicated type of impairment:	
Medical, Rehabilitation & Attendant Care and Other Optional Benefits (if purchased)¹	Coverage purchased: <input type="checkbox"/> \$65,000 or <input type="checkbox"/> \$130,000 (optional) or <input type="checkbox"/> \$1,000,000 (optional)
	Optional Catastrophic (additional \$1,000,000) <input type="checkbox"/> Optional Indexation <input type="checkbox"/>
POLICY/CLAIM LIMIT² <input type="text"/>	Impairment: <input type="checkbox"/> Minor Injury (\$3,500) or <input type="checkbox"/> Non-Catastrophic or <input type="checkbox"/> Catastrophic

MEDICAL, REHABILITATION & ATTENDANT CARE BENEFITS PAID TO DATE <input type="text"/>	Payee	M/R A/C Good, Service or Assessment Provided³	Payment Date	Amount
MEDICAL, REHABILITATION & ATTENDANT CARE BENEFITS REMAINING UNDER POLICY <input type="text"/>				
ATTENDANT CARE BENEFITS PAID TO DATE⁴ <input type="text"/>				
MEDICAL & REHABILITATION BENEFITS PAID TO DATE⁴ <input type="text"/>	Assessments Paid For This Period			
	Total Benefits Paid For This Period (excluding assessments)			

**Insurer Examination expenses are not deducted from your Medical, Rehabilitation & Attendant Care benefit limit.*

Insurer Examination* Payees	Payment Date	Amount
Total Insurer Examinations Paid For This Period		
Total Insurer Examinations Paid to Date		

- NOTE:** ¹ To be applied in accordance with the SABS and applicable Optional Indexation Guideline.
² All minor injuries are subject to a \$3,500 limit regardless of coverage purchased. Catastrophic impairments increase purchased limits.
³ M/R = medical & rehabilitation, A/C = attendant care. Attach additional details of expenses if necessary.
⁴ Amount paid to date is part of the total Medical, Rehabilitation & Attendant Care Benefit paid to date.

Help fight fraud. Please notify your insurance company, the Insurance Bureau of Canada at 1-877-IBC-TIPS, or the Financial Services Commission of Ontario's Fraud Hotline at 1-855-5TIP-NOW of any suspicious payments.

Medical, Rehabilitation & Attendant Care benefits are paid for health care professionals or medical equipment providers that supplied goods and services to you. Attendant Care benefits are paid to hire or compensate persons that provide you with personal care services. Non-professionals providing attendant care services are compensated at their amount of economic loss. In addition to claims for benefits received from you, in most cases invoices for the goods and services that have been paid on your behalf have been submitted directly to the insurer by a regulated health professional or other provider.

If you sustained a catastrophic impairment as defined by the SABS, the medical, rehabilitation & attendant care limits are increased. For example, if you purchased the \$1 million optional benefit for medical, rehabilitation & attendant care, you could receive up to \$2 million in coverage. In addition, if the optional catastrophic impairment benefit is purchased, an additional \$1 million is available, increasing the limit to \$3,000,000.

SUMMARY OF MEDICAL, REHABILITATION AND ATTENDANT CARE OPTIONS AND POSSIBLE BENEFIT LIMITS						
Impairment Sustained In Accident and M/R & A/C Available Limit						
Coverage Purchased	Minor Injury	Non-Catastrophic	Catastrophic	+ Optional Catastrophic Benefit		
				Minor Injury	Non-Catastrophic	Catastrophic
\$65,000 (Standard)	\$3,500	\$65,000	\$1,000,000	\$3,500	\$65,000	\$2,000,000
\$130,000 (Optional)	\$3,500	\$130,000	\$1,000,000	\$3,500	\$130,000	\$2,000,000
\$1,000,000 (Optional)	\$3,500	\$1,000,000	\$2,000,000	\$3,500	\$1,000,000	\$3,000,000

Assessments and examinations are conducted by regulated health professionals to answer questions about an injury, cause of injury or appropriate treatment. Assessments and examinations may be initiated by a regulated health professional. These expenses, if approved by the insurer, are paid as medical, rehabilitation & attendant care benefits. Insurers may also request *Insurer Examinations*, in which case the expense is paid for by the insurer and is not deducted from your medical, rehabilitation & attendant care benefit.