

Reforming the Statutory Accident Benefits Schedule: Anticipated Effects and Implications

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By now, the personal injury and insurance defence world at large is aware of the upcoming overhaul to the *Statutory Accident Benefits Schedule* (“the SABS”) pursuant to Ontario Regulation 383/24. Some Personal Injury firms have even purchased airtime to inform the public. But what will these changes actually mean for the insurance companies in practice? What are some issues we can expect to see in the coming years as a result of the changes?

The Changes

Effective July 1, 2026, several changes will be implemented to the SABS that will have significant effects on accident benefits coverage and priority of payment. The biggest changes to the SABS are twofold: first, most accident benefits coverage which is currently compulsory will become optional; and second, standard benefit amounts will no longer be imposed. It is important that insurers and counsel are aware of the impending changes and how they will impact future claims handling.

Starting July 1, 2026, benefits under Parts II, IV, V, and VI of the SABS will become optional only. This includes Income Replacement Benefits, Non-Earner Benefits, Caregiver Benefits, almost all Other Expenses (except s. 25 Costs of Examinations, which will now fall separately under its own Part IV.1), and Death and Funeral Benefits. Effectively, the only benefits to which any claimant will be automatically eligible to receive under an automobile insurance policy will be Medical Benefits, Rehabilitation Benefits, and Attendant Care Benefits.

In addition, all fixed benefit amounts currently attached to the benefits that are becoming optional-only will be struck and replaced with “the amount fixed by the optional benefit.” Insurers will enjoy greater autonomy in configuring their own specific optional benefits packages, while policyholders will no longer be confined to the standard, capped rates of coverage. This change will provide complete discretion to every insurance company to not only set whatever baseline amount they wish for a given benefit, but to also choose whether to offer different tiers for each optional benefit.

It will remain the case that insurers are required to offer all optional benefits under every contract evidenced by a motor vehicle liability policy. Where this requirement currently exists solely at s. 28, the new provisions have spread out this mandate throughout the SABS. While s. 28 will continue to govern the enhanced optional benefits available with respect to Medical, Rehabilitation,

and Attendant Care Benefits, similar provisions will now exist at the new sections 4.1 (for Income Replacement Benefits, Non-Earner Benefits, and Caregiver Benefits), s. 20.1 (for Other Expenses), and s. 25.1 (for Death and Funeral Benefits).

It will similarly remain the case that optional benefits purchased under a policy are only available to the named insured, their spouse, dependents of the named insured and their spouse, and listed drivers in the policy. This restriction, currently seen only at s. 28(2), will also be implemented throughout the new SABS amendments to ensure it will continue to apply to all optional benefits on and after July 1, 2026 (see the new s. 2(1.0.4); s. 4.1(2); s. 20.1(2); and s. 25.1(2)).

With respect to Caregiver Benefits and Housekeeping and Home Maintenance Expenses, what is currently available to consumers as optional benefits under s.28(1)2 will become the baseline under the new s. 13 (Caregiver Benefits) and s. 23 (Housekeeping and Home Maintenance Expenses), respectively. It will no longer be necessary for a claimant to have sustained a catastrophic impairment in order to be eligible to receive these benefits. The applicable threshold is being reduced to “an impairment”; the rest of the applicable tests for entitlement will remain unchanged. However, the new s. 23(2) will still require a claimant to have sustained a catastrophic impairment in order to be eligible for Housekeeping and Home Maintenance Expenses incurred more than 104 weeks after the onset of disability. In contrast, no catastrophic impairment requirement has been implemented in order for claimants to continue receiving Caregiver Benefits after 104 weeks; the current test for post-104 entitlement in this regard, as seen at s. 13(4), remains unaffected by the new changes. Of note, the upcoming amendments also do not include any revision to subsection 35(2), which allows a claimant the choice to make a re-election to receive Caregiver Benefits if the claimant has been deemed catastrophically impaired.

Significantly, insurers will no longer be limited to providing only the benefits enumerated within the SABS. The new s. 28(1.1) will grant insurers the ability to offer novel optional benefits provided they have been approved by the Chief Executive Officer. In theory, the lack of guidelines aside from “has been approved by the Chief Executive Officer” suggests that insurers will be able to not only choose the subject of a new benefit, but also tailor the eligibility and entitlement tests for same. Conversely, the same lack of guidelines makes it difficult to predict how easy or difficult it may be, in practice, for insurers to get new benefits approved. Right now, this new section would seem to be giving insurers the opportunity to attract new consumers with the offer of unique benefits and further emphasizes the movement towards allowing an insured to tailor their policy to their needs.

It is evident that careful attention will need to be paid by a handling adjuster upon receipt of every application for accident benefits to what optional benefits were available under a policy at the time of the accident, as well as whether those optional benefits are applicable to the claimant in question.

The priority of payment between collateral benefits insurers and accident benefits insurers for Medical and Rehabilitation Benefits will also be altered by the new SABS provisions. Pursuant to the new s. 47(2.1), payment of a medical or rehabilitation benefit, other than for medication expenses, will be required to be paid by the accident benefits insurer *before* a supplementary health insurance plan. Additions to the definitions set out in s. 47(3) further clarify that a supplementary health insurance plan includes both group and individual plans purchased for med/rehab coverage, including plans through an employer or union. Notably, this change will only apply to accidents that occur on or after July 1, 2026.

The Transition Rules

New subsections will be added under s. 2 setting out new transition rules for the upcoming SABS amendments. Section 2(1.0.2) indicates that where a policy is renewed on or after July 1, 2026, the benefits in Parts II, IV, V and VI – that is, the benefits that are currently mandatory but will soon become optional only – will be deemed to continue as optional benefits in the same amounts in which they were payable as mandatory benefits, unless it is agreed, *in writing*, between the named insured and the insurer that any of the benefits are being declined or the amount payable in respect of a given benefit is being changed. Section 2(1.0.3) indicates that, effective July 1, 2026, the named insured and the insurer can agree, *in writing*, to change a policy that was entered into before July 1, 2026 in respect of the benefits that will become optional.

In essence, where a policy was in effect before July 1, 2026, even if it is later renewed after that date, the named insured must opt-out of the optional benefits. Conversely, for new policies entered into on or after July 1, 2026, the named insured must opt-in to any optional benefits.

It will remain the case that optional benefits may be purchased at any time before an accident in respect of which an application of accident benefits is being made. Where this stipulation is currently seen only at s. 28(3), similar provisions will be implemented throughout the new SABS amendments to ensure its application to all optional benefits on and after July 1, 2026 (see the new s. 4.1(3); s. 20.1(3); and s. 25.1(3)).

The SABS amendments also include a requirement that if a person purchases an optional benefit, “the insurer shall issue to the person the endorsement set out in the form approved by the Chief Executive Officer for that purpose under section 227 of the Act” (see the new s. 4.1(4); s. 20.1(4); s. 25.1(4); and s. 28(4)). This endorsement takes the form of the new OPCF 47R, named *Optional accident benefits coverage & priority of payment*, which comes into effect on July 1, 2026 and replaces the current OPCF 47 endorsement. The new OPCF 47R contains a checklist/table

outlining the optional benefits available under the new SABS where the insurer can clearly indicate which benefits are included in the policy and which have been declined by the policyholder.

In addition, the terms of the new OPCF 47R endorsement revises the language of the current OPCF 47 to clarify the transferability of optional benefits. The original purpose of the OPCF 47 was to fix a problem in the priority scheme and allow an insured claimant who had purchased optional benefits from an insurer who did not have priority over their claim to access those benefits regardless of the priority rules under s. 268(2) of the *Insurance Act*. The OPCF 47 made optional benefits portable on the condition that the person claimed SABS under the policy on which optional benefits were purchased “and agrees not to make a claim for SABS under another policy.” Over the years, this particular phrasing gave rise to disputes where a claimant had already applied to another insurer and subsequently tried to pivot to the policy carrying the optional benefits. In some instances, those claimants were barred from submitting their application to the optional benefits carrier as they had already made “a claim for SABS under another policy.”

The new OPCF 47R alters the wording of the OPCF 47 in various respects, and most significantly replaces the language of the above phrase with “if they agree that they intend to proceed with the claim for accident benefits under this policy and forego the right to maintain any claim for accident benefits under another policy.” This new phrasing focuses on the covered person looking to access the purchased optional benefits having the ability to forego maintaining a claim under another policy, rather than disqualifying the person simply because they applied to “the wrong insurer” first.

Potential Issues to Arise

It is to be expected whenever there is an overhaul in the statutory framework for accident benefits that there will be a corresponding increase in new kinds of legal disputes as claimants, insurers, counsel, arbitrators, the Licence Appeal Tribunal (LAT), and the courts are forced to reckon with how the current jurisprudence will interact with new provisions, conflicting interpretations with respect to same, and the potential for complicated results that may have been overlooked by the parties drafting the amendments.

It is possible to envision many potential repercussions stemming from the new SABS amendments. Below are some potential areas of concern to consider moving forward. However, until the changes come into effect and new jurisprudence begins to emerge, it cannot be said how these issues may be dealt with in future LAT and priority disputes.

One potential concern arises from a silence in the transition rules. While the transition rules provide guidance for policies renewed on or after July 1st and outline how changes are to be made to any previously existing policies when the amendments come into effect, there is no provision that

explicitly states that, on and after July 1, 2026, the benefits under Parts II, IV, V, and VI of the SABS are deemed to become optional on all previously existing automobile insurance policies.

There are two possible schools of thought in this regard. On the one hand, s. 2(1.0.4) arguably operates to ensure that regardless of when a contract was entered into, on and after July 1, 2026 the benefits in question become optional and applicable only to the prescribed persons. On the other hand, in the absence of a blanket provision explicitly declaring that on and after July 1, 2026 these benefits are deemed to become optional on all policies in effect at that time, it is open to claimants to argue that, where the policy was in force and effect prior to July 1, 2026 and has not yet been renewed, and where the named insured did not make any changes after that date in accordance with s. 2(1.0.3), the policy remains unchanged with respect to the currently available mandatory benefits. The latter interpretation is especially likely to be used by pedestrian and passenger claimants without access to a policy under which they are an insured who are injured in the months immediately after the changes take effect. At this time, we cannot predict how insurance companies and/or the LAT may treat such claims that seek to take advantage of this ambiguity.

We may also start seeing an increase in matters where a claimant's relationship to a policyholder is being disputed on two fronts simultaneously. The list of persons to whom optional benefits apply (named insured, their spouse, dependents of the named insured or their spouse, and listed drivers under the policy) is the same list of persons who are considered to be "an insured" under a policy for the purposes of the priority pecking order under s. 268(2) of the *Insurance Act*. The question of whether a claimant is a "spouse" or a "dependant" affects not only which insurance policy has priority of payment, but also whether optional benefits are available. With the broadening scope of which benefits are optional, we can anticipate a corresponding increase in policies where optional benefits have been purchased, which in turn increases the potential for concurrent disputes at arbitration and at the LAT.

For example, the claimant, Z, applies to Insurer A for accident benefits on the basis of being principally financially dependent on the policyholder. The policy with Insurer A includes the optional benefit for Income Replacement Benefits. Insurer A has reason to believe that the claimant was not financially dependent at the time of the accident and thus commences a priority dispute against Insurer B as the insurer for the vehicle in which Z was an occupant at the time of the accident by way of arbitration under *Disputes Between Insurers*, O. Reg. 283/95. Insurer A also denies Z's entitlement to the optional Income Replacement Benefit on the grounds that optional benefits are not available, and Z chooses to immediately commence a LAT dispute. The question of Z's financial dependency is thus being argued in two different proceedings at the same time, before two different decision-makers, with the risk of the proceedings reaching two conflicting conclusions that are each binding on the claim in question.

With that said, every claim is handled based on the specific facts in question. Consider again the above example, but perhaps the question of Z's financial dependency is not clear cut and Insurer A commences their priority dispute against Insurer B with the intention of continuing to investigate the issue. Perhaps Z is also considered to be a vulnerable claimant and Insurer A agrees to pay the optional Income Replacement Benefits, in good faith, until such time as the priority dispute is resolved. Months (or years) later, priority is determined to fall with Insurer B under a policy where Z is not eligible for any optional benefits. In scenarios such as this one, no guidance has been provided as to whether the insurer who paid the optional benefits may be able to seek reimbursement when priority is found to lie elsewhere. Will Insurer B be required to reimburse Insurer A for all benefits paid to Z, regardless of whether those would have been available under Insurer B's policy? Or will Insurer A be required to "eat the cost" of their good faith payment of those benefits?

Another area of concern in the interplay between priority disputes and the new SABS amendments is the possibility of delayed investigations into entitlement for optional benefits while priority investigations and a priority dispute are underway.

For example, in this instance the claimant, Z, applies to Insurer B for accident benefits as the insurer for the vehicle in which Z was an occupant at the time of the accident. As Z is a stranger to the policy with no other relationship to the policyholder, none of the purchased optional benefits on the policy are available to her. Insurer B commences a priority dispute against Insurer A on the basis that Z is financially dependent on Insurer A's policyholder. Insurer A's policy includes multiple optional benefits, including Income Replacement Benefits and Non-Earner Benefits. The priority dispute ultimately proceeds to a full arbitration hearing and by the time the arbitrator's decision is released finding that Insurer A is the priority insurer, over 2 years have passed since the accident occurred.

Pursuant to s. 36(2), a completed disability certificate is mandatory to apply for a specified benefit – which encompasses Income Replacement Benefits, Non-Earner Benefits, Caregiver Benefits, and Housekeeping and Home Maintenance Expenses – and s. 36(3) holds that a claimant is not entitled to a specified benefit for any period before a completed disability certificate is submitted. But under the new SABS amendments, all specified benefits will become optional benefits only. However, s. 36 will remain unchanged. As such, a claimant who submits their application for accident benefits to a policy where optional benefits are not available to them will have no requirement to submit a disability certificate, nor will the insurer for that policy have any reason or obligation to request one.

In the example above, the question becomes how Insurer A will be expected to handle a potential claim from Z for retroactive payment of a specified benefit that she has only just become eligible to receive. On the one hand, Insurer A is now in a position where it has lost the opportunity

for timely investigation into initial entitlement; in addition to the lack of a completed disability certificate, Insurer B would have had no reason to investigate entitlement by way of s. 33 document requests and/or targeted s. 44 Insurer Examinations. On the other hand, it would go against the purpose of the SABS as consumer protection legislation to deny paying a specified benefit to Z for failing to properly apply for a benefit that was not available to her until the decision in the priority dispute was rendered.

Will insurers still be entitled to rely on s. 36(3) to deny payment of specified benefits for any period before carriage of the accident benefits claim was taken over? Will claimants be expected to submit completed disability certificates to every insurer, regardless of the availability of specified benefits to them, in order to protect their claim? What steps might an insurer be expected (or able) to take to ascertain retroactive entitlement to a specified benefit or other optional benefits? These are just a few questions that we can anticipate will end up before the LAT in the years after the new SABS take effect.

This is by no means an exhaustive collection of the kinds of disputes we can expect to see arising from the new SABS amendments. What is clear is that it will behoove insurers to take steps to conduct investigations early in the life of a claim – by way of s.33 documentation and information requests, obtaining statutory declarations, and conducting Examinations Under Oath – to ascertain an injured person’s potential access to optional benefits under a policy. Insurers (and counsel) will no longer be able to rely on consistency between policies when receiving a new application for accident benefits. With insurers being given free rein to determine the coverage amounts offered for each optional benefit, and with consumers able to tailor their choice of benefits to suit their individual needs, this loss of consistency will make the policy documents, declaration pages, and OPCF 47R endorsements outlining available optional benefits on a policy imperative to the proper assessment and handling of an injured person’s claim.

Conclusion

Overall, for future claimants, these changes to the SABS mean that they will no longer enjoy automatic access to several benefits. Those who choose to purchase optional benefits must keep in mind that the eligibility requirements for the newly optional benefits will largely remain the same.

Going forward, handling adjusters and counsel must exercise increased diligence in understanding an insured’s specific optional benefits coverage. It is equally important to remain attentive to how the jurisprudence develops as the LAT, arbitrators, and eventually the courts respond to the numerous uncertainties and ambiguities left by the amendments.

Amendments to the Statutory Accident Benefits Schedule – effective July 1, 2026

O. Reg. 383/24

Section	Amendment
Section 2: Application and Transition Rules	<p>The following subsections are added:</p> <p>(1.0.1) The benefits set out in Parts II, IV, V and VI of this Regulation shall be offered as optional benefits under every contract evidenced by a motor vehicle liability policy entered into or renewed on or after July 1, 2026.</p> <p>(1.0.2) Subject to subsection (1.0.4), if a contract evidenced by a motor vehicle liability policy is renewed on or after July 1, 2026, the benefits set out in Parts II, IV, V and VI of this Regulation, as they read immediately before July 1, 2026, are deemed to continue as optional benefits in the amounts previously payable under the contract unless the named insured and the insurer agree, in writing, that the named insured declines any of the benefits or makes changes to the amount payable in respect of a benefit.</p> <p>(1.0.3) On or after July 1, 2026, a named insured and an insurer may agree, in writing, to change a contract evidenced by a motor vehicle liability policy entered into before that date in respect of the optional benefits set out in Parts II, IV, V and VI of this Regulation.</p> <p>(1.0.4) Despite any provision of a contract evidenced by a motor vehicle liability policy, on and after July 1, 2026, the optional benefits set out in Parts II, IV, V and VI of this Regulation are only applicable to,</p> <ul style="list-style-type: none">(d) the named insured;(d) the spouse of the named insured;(d) the dependants of the named insured and of the named insured’s spouse; and(d) the persons specified in the policy as drivers of the insured automobile.
Section 4: Interpretation	<p>Benefits optional</p> <p>4.1 (1) Every insurer shall offer the following optional benefits under every contract evidenced by a motor vehicle liability policy and, if a benefit is purchased, the applicable rules set out in this Part apply:</p> <ul style="list-style-type: none">1. An income replacement benefit, as described in sections 5 to 11.2. A non-earner benefit, as described in section 12.3. A caregiver benefit, as described in section 13.

	<p>(2) The optional benefits referred to in subsection (1) are only applicable to,</p> <ul style="list-style-type: none"> (d) the named insured; (d) the spouse of the named insured; (d) the dependants of the named insured and of the named insured's spouse; and (d) the persons specified in the policy as drivers of the insured automobile. <p>(3) An optional benefit referred to in subsection (1) may be purchased at any time before an accident in respect of which an application for benefits is made.</p> <p>(4) If a person purchases an optional benefit referred to in subsection (1), the insurer shall issue to the person the endorsement set out in the form approved by the Chief Executive Officer for that purpose under section 227 of the Act.</p>
<p>Section 7: Amount of weekly income replacement benefit</p> <p>Section 12: Non-earner benefit</p> <p>Section 13: Caregiver Benefit</p> <p>Section 21: Lost educational expenses</p>	<p>These benefit amounts will be “the amount fixed by the optional benefit”, as opposed to their previously stipulated amounts.</p>
<p>Section 25.1: Death and Funeral Benefits</p>	<p>The following is added:</p> <p>Benefits Optional</p> <p>25.1 (1) Every insurer shall offer the following optional benefits under every contract evidenced by a motor vehicle liability policy and, if a benefit is purchased, the applicable rules set out in this Part apply:</p> <ol style="list-style-type: none"> 1. A death benefit, as described in section 26. 2. A funeral benefit, as described in section 27. O. Reg. 383/24, s. 15.

	<p>(2) The optional benefits referred to in subsection (1) are only applicable to,</p> <ul style="list-style-type: none"> (a) the named insured; (b) the spouse of the named insured; (c) the dependants of the named insured and of the named insured's spouse; and (d) the persons specified in the policy as drivers of the insured automobile. O. Reg. 383/24, s. 15. <p>(3) An optional benefit referred to in subsection (1) may be purchased at any time before an accident in respect of which an application for benefits is made. O. Reg. 383/24, s. 15.</p> <p>(4) If a person purchases an optional benefit referred to in subsection (1), the insurer shall issue to the person the endorsement set out in the form approved by the Chief Executive Officer for that purpose under section 227 of the Act. O. Reg. 383/24, s. 15.</p>
<p>Section 28: Description of Optional Benefits</p>	<p>The following subsection is added:</p> <p>(1.1) Nothing in this section restricts or otherwise limits an insurer from offering an optional benefit not listed in this Regulation that has been approved by the Chief Executive Officer.</p> <p>Subsection 28 (4) of the Regulation is revoked and the following substituted:</p> <p>(4) If a person purchases an optional benefit referred to in subsection (1), the insurer shall issue to the person the endorsement set out in the form approved by the Chief Executive Officer for that purpose under section 227 of the Act. O. Reg. 383/24, s. 19 (3).</p>
<p>Section 47: Deduction of collateral benefits</p>	<p>47. (2) Payment of a medical, rehabilitation or attendant care benefit or a benefit under Part IV <u>or Part IV.1</u> is not required for that portion of an expense for which payment is reasonably available to the insured person under any insurance plan or law or under any other plan or law.</p> <p>The following subsection is added:</p> <p>(2.1) Despite subsection (2), payment of a medical or rehabilitation benefit, other than for medication expenses, for an accident that occurs in Ontario on or after July 1, 2026 is required for that portion of an expense for which payment is reasonably available to the insured person under a supplementary health insurance plan.</p>

OPCF 47R

Optional accident benefits coverage & priority of payment

(under Parts II, IV, V, and VI of the *Statutory Accident Benefits Schedule*)

Issued To:	Effective Date of Change Year Month Day	Policy Number
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1. Purpose of this Endorsement

This endorsement is part of your policy. It describes the optional accident benefits that you have either purchased or declined.

It has been made because persons who are entitled to receive optional statutory accident benefits under this policy may, by the priority of payment rules in Section 268 of the Insurance Act, be required to claim under another policy that does not provide them with the optional statutory accident benefits that have been purchased under this policy.

This endorsement allows these persons to claim both mandatory and optional Statutory Accident Benefits (“SABS”) under this policy.

2. What We Agree To

By accepting and in return for the premium charged, and to the limits as stated on the Certificate of Automobile Insurance and subject to the provisions of O. Reg. 34/10: Statutory Accident Benefits Schedule – Effective September 1, 2010, we will provide coverage for the optional accident benefits purchased.

This coverage is provided to:

- (a) The named insured;
- (b) The spouse of the named insured;
- (c) The dependants of the named insured and of the named insured’s spouse; and
- (d) The persons specified in the policy as drivers of the insured automobile (the “covered persons”).

We also agree not to rely on the priority of payment rules in Section 268 of the Insurance Act. This means that the persons listed above will not be prevented from making a claim and we agree that we will not deny the claim for both mandatory and optional accident benefits purchased by the operation of Section 268, if they agree that they intend to proceed with the claim for accident benefits under this policy and forego the right to maintain any claim for accident benefits under another policy.

3. Coverages Included and/or Declined

A number of optional accident benefits are available. You have the choice to purchase these optional coverages or decline them at any time.

If your policy renews on or after July 1, 2026, the benefits set out in Parts II, IV, V and VI of the Statutory Accident Benefits Schedule, as they existed before July 1, 2026, are deemed to continue as optional benefits in the amounts previously payable unless you agree with us in writing to decline these benefits or to make changes to the amount payable with respect to a benefit.

On or after July 1, 2026, you can agree with us in writing to change your contract with respect to any of the optional benefits set out in Parts II, IV, V and VI of the Statutory Accident Benefits Schedule.

Please refer to the Certificate of Automobile Insurance for a breakdown of the coverage available to the covered persons.

WARNING - By declining coverage, you agree you cannot make a claim for the declined Accident Benefits Coverage(s).

Coverage included in the policy.	Coverage declined by the policyholder.	Benefit	Description <i>For full description of benefits, please refer to the Statutory Accident Benefits Schedule.</i>	Example <i>For illustration purposes only</i>
<input type="radio"/>	<input type="radio"/>	Supplementary Medical, Rehabilitation, and Attendant Care	This benefit may increase the available limits for medical, rehabilitation and attendant care expenses, beyond the standard limits.	If the named insured is seeking medical benefits beyond the standard limits, these expenses may be covered.
<input type="radio"/>	<input type="radio"/>	Income Replacement	This benefit may compensate you and other covered persons for lost income.	If you are employed and sustain injuries in a car accident that prevents you from working, you may receive payments for income you are no longer able to earn.
<input type="radio"/>	<input type="radio"/>	Non-Earner	This benefit may provide compensation if you and other covered persons are completely unable to carry on a normal life.	If you are a student or unemployed and sustain injuries that prevent you from leading a normal life, you may receive weekly non-earner compensation.
<input type="radio"/>	<input type="radio"/>	Caregiver – Catastrophic Impairment only	This benefit may provide compensation for some expenses incurred if a covered person has been catastrophically injured and cannot continue as the main caregiver for a member of the household who is in need of care.	If you care for a dependant and can no longer do so due to catastrophic injuries, you may receive compensation for hired caregiver support.
<input type="radio"/>	<input type="radio"/>	Caregiver – Impairment	This benefit may provide compensation for some expenses incurred if a covered person has been injured and cannot continue as the main caregiver for a member of the household who is in need of care.	If you care for a dependant and can no longer do so due to injuries, you may receive compensation for hired caregiver support.
<input type="radio"/>	<input type="radio"/>	Lost Educational Expenses	This benefit may provide compensation if you and other covered persons are unable to continue a program of elementary, secondary, post-secondary or continuing education as a result of an accident.	If you are enrolled in a program and unable to continue due to accident injuries, lost tuition, book costs, or other related expenses may be covered.

Coverage included in the policy.	Coverage declined by the policyholder.	Benefit	Description <i>For full description of benefits, please refer to the Statutory Accident Benefits Schedule.</i>	Example <i>For illustration purposes only</i>
<input type="radio"/>	<input type="radio"/>	Expenses of Visitors	This benefit may provide compensation for reasonable and necessary expenses incurred by visitors if you and other covered persons sustain an impairment as a result of an accident.	If your parents or children travel to visit you during recovery, their transportation and lodging costs may be covered.
<input type="radio"/>	<input type="radio"/>	Housekeeping & Home Maintenance – Catastrophic Impairment only	This benefit may provide compensation if you and other covered persons suffer a substantial inability to perform the housekeeping and home maintenance services that you or they normally performed before the accident, as a result of a catastrophic injury.	If you are catastrophically injured and unable to maintain your home, expenses for a cleaning or maintenance service may be covered.
<input type="radio"/>	<input type="radio"/>	Housekeeping & Home Maintenance – Impairment	This benefit may provide compensation if you and other covered persons suffer a substantial inability to perform the housekeeping and home maintenance services that you or they normally performed before the accident.	If you are injured and unable to maintain your home, expenses for a cleaning or maintenance service may be covered.
<input type="radio"/>	<input type="radio"/>	Damage to Personal Items (clothing, glasses, hearing aids, etc.)	This benefit may provide compensation if you and other covered persons sustain damage to clothing, prescription eyewear, dentures, hearing aids, prostheses and other medical or dental devices that were lost or damaged as a result of the accident.	If your eyeglasses or clothing are damaged in a motor vehicle accident, these expenses may be covered.
<input type="radio"/>	<input type="radio"/>	Death	This benefit may pay money to some members of the family if you or other covered persons has been killed.	If the named insured dies due to a motor vehicle accident, surviving family members may receive a death benefit.
<input type="radio"/>	<input type="radio"/>	Funeral	This benefit may pay for some funeral expenses.	Funeral expenses for an insured person who dies as a result of a collision may be paid.

Coverage included in the policy.	Coverage declined by the policyholder.	Benefit	Description <i>For full description of benefits, please refer to the Statutory Accident Benefits Schedule.</i>	Example <i>For illustration purposes only</i>
<input type="radio"/>	<input type="radio"/>	Dependant Care	This benefit may cover reasonable and necessary expenses incurred in caring for dependants.	If the named insured is not receiving a caregiver benefit, was employed at the time of the accident, and sustains an impairment, daycare services for a dependant may be paid.
<input type="radio"/>	<input type="radio"/>	Indexation	This benefit provides that certain weekly benefit payments and monetary limits will be adjusted on an annual basis to reflect changes in the cost of living.	Each year, the income replacement benefit payable is adjusted to reflect cost of living changes.
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			

Note to the Policyholder

The coverages and limits of the optional accident benefits included in the policy are outlined on the Certificate of Automobile Insurance. If there is a discrepancy between this endorsement and the Certificate of Automobile Insurance, the Certificate of Automobile Insurance is the one that applies and has the correct and valid information. The policyholder may purchase previously declined accident benefits coverage or otherwise change their coverage selection at any time during the term of this policy by contacting their insurance representative and agreeing to pay the premium adjustment required. These purchases will only apply from the date the insurer adjusts the premiums going forward.

All other terms and conditions of this policy remain the same.