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TABLE OF TIME PERIODS RELEVANT TO SABS

This table sets out important time periods relevant to the *Statutory Accident Benefits Schedule - Accidents on or after November 1, 1996*, O. Reg. 403/96 amended to O. Reg. 63/08, which came into force on March 1, 2006.

Time periods relevant to DACs, which will still apply in some limited circumstances as per the transition provisions, have not been included. In addition, we have not included in any detail the time periods that may be set out in Parts XI - XV.

This table is intended as a guideline only. The statutory provisions listed must be consulted.

Topic	Section	Description of Step	Time Period
Lost Educational Expenses	20(2.2)	Insured: furnish completed disability certificate	15 bus. days after receiving request from insurer [failing which no lost education expenses are payable until certificate furnished – s. 20(2.3)]
Notice of Intention to Apply for Benefits	32(1.1)(a)	Insured: notify insurer of intention to apply for a benefit, where insured injured before Oct. 1, 2003	30 days after circumstances giving rise to entitlement [failing which (if no reasonable explanation for failure) insurer may delay payment or determination until the later of 45 days after insurer receives application, or 10 bus. days after insured complies with s. 33(1) or (1.1) request – s. 32(6)].
	32(1.1)(b)	Insured: notify insurer of intention to apply for a benefit, where insured injured after Oct. 1, 2003	7 days after circumstances giving rise to entitlement [failing which (if no reasonable explanation for failure) insurer may delay payment or determination until the later of 45 days after insurer receives application, or 10 bus. days after insured complies with s. 33(1) or (1.1) request – s. 32(6)].
Application for Benefits	32(3)	Insured: submit a signed application for benefits to insurer	30 days after receiving forms from insurer
	32(3.1)	Insurer: inform insured that application form for benefits is incomplete and indicate what is missing	10 bus. days after receiving incomplete application
	32(4)	Insured: submit an additional application if required by the insurer	30 days after receiving additional forms
Pre-claim Examinations	32.1(6)	Person conducting pre-claim exam: provide copy of report and assessment of attendant care needs, if applicable, to insurer, insured and insured's health practitioner	5 bus. days after conducting exam
Information from Applicant for Benefits	33(1)	Insured: provide information required to assess entitlement, statutory declaration, address and proof of identity	10 bus. days after receiving request from insurer
Specified Benefits	35(3)	Insurer: either (a) pay the benefit, (b) make a s. 33(1) or (1.1) request, or (c) notify insured of requirement of s. 42 exam	10 bus. days after insurer receives application and completed disability certificate
	35(4)	Insurer: either (a) pay the benefit, or (b) notify insured of requirement of s. 42 exam	10 bus. days after insured complies with s. 33(1) or (1.1) request
	35(5)	Insurer: pay income replacement benefit, non-earner benefit or caregiver benefit	at least once every 2 weeks (subject to any prepayment)
	35(7)(a)	Insurer: provide copy of insurer's determination that insured not entitled to specified benefit by reason of s. 35(6)(a) or (d), including reasons	10 bus. days after receiving application
	35(7)(b)	Insurer: provide copy of insurer's determination that insured not entitled to specified benefit by reason of s35(6)(c), including reasons	10 bus. days after insured fails to comply with s. 42(10)
	35(8)	Insurer: provide to insured and health practitioner determination of entitlement, including what specified benefits it agrees and does not agree to pay and reasons, and copy of s. 42 exam report	5 bus. days after receiving s. 42 exam report. [If insurer fails to do so within 15 bus. days after exam completed or required to be completed, insurer must pay specified benefits from day 15 to day insurer provides report – s.35(14)]
	35(12)	Insurer: pay specified benefit if insurer determines insured is entitled to benefit where a s. 42 exam was conducted	10 bus. days after receiving s. 42 exam report
	36(3)	Insurer: notify insured of required election where insured may qualify for more than one of income replacement, non-earner or caregiver benefits	10 bus. days after receiving application
	37(1)	Insured: submit a further completed disability certificate on request by insurer determining continued entitlement	15 bus. days after receiving request from insurer [failing which no specified benefits payable for period between day 15 and day insurer receives completed disability certificate – s. 37(3)]

Topic	Section	Description of Step	Time Period
Specified Benefits	37(5)	Insurer: provide to insured and health practitioner determination & reasons re: continued entitlement to specified benefits, and copy of s. 42 exam report	5 bus. days after receiving s. 42 exam report
PAF Guidelines	37.1(2)	Insured: submit a treatment confirmation form	time specified in applicable PAF guideline
	37.1(5)	Insurer: send notice to insured and health practitioner acknowledging receipt of treatment confirmation	5 bus. days after receiving treatment confirmation form [failing which insurer must pay for ancillary goods and services – s. 37.2(4)]
	37.1(8)	Insurer: pay medical or rehabilitation benefit services in accordance with PAF, or ancillary goods agreed to by insurer and provided to insured	30 days after receiving invoice for goods or services
	37.2(3)	Insurer: provide notice of requirement of s. 42 exam if insurer does not agree to pay for all claimed ancillary goods and services	5 bus. days after insurer receives treatment confirmation form [failing which insurer must pay for ancillary goods and services – s. 37.2(4)]
	37.2(5)	Insurer: provide to insured and health practitioner insurer's determination re: payment for ancillary goods and services, and copy of s. 42 exam report	5 bus. days after receiving s. 42 exam report [If insurer has not complied with this section within 10 bus. days after s. 42(10) material provided where attendance at s.42 exam was not required or within 15 bus. days where attendance was required, insurer must pay for all ancillary goods and services – s. 37.2(9)]
	37.3(3)	Insurer: Pay medical or rehabilitation benefits where the insurer has given notice to the insured that it will pay for goods or services in accordance with the PAF, without the necessity of a treatment confirmation form	30 days after receiving invoice for goods or services
Medical and Rehabilitation Benefits	38(5)	Insurer: may provide notice refusing application and requiring new application for medical or rehab benefits where conflict disclosed unless no other person within 50 km to provide services	10 bus. days after receiving application
	38(8.1)(a)	Insurer: if no notice given under s. 38(5), provide s. 38(8)(1) notice re: insurer's conflict, what goods and services are agreed to not agreed to, and requiring s. 42 exam for those not agreed to	10 bus. days after receiving application [failing which insurer must pay for all goods and services under treatment plan from 11 th bus. day until notice given – s. 38(8.2)(2)]
	38(8.1)(b)	Insurer: if no notice given under s. 38(5), and insurer believes PAF impairment, provide s. 38(8)(2) notice re: PAF impairment and requiring s. 42 exam to determine if PAF impairment	5 bus. days after receiving application [failing which insurer cannot take position of PAF impairment – s. 38(8.2)(1)]
	38(9)	Insured: may withdraw application for medical and rehabilitation benefits and submit new one if insurer discloses conflict of interest unless no other person within 50 km to provide services	10 bus. days after receiving s. 38(8)(1) notice
	38(11)	Insurer: pay for goods and services agreed to in notice disclosing conflicts if application not withdrawn because of insurer's conflict pursuant to s. 38(9)	30 days after receiving invoice
	38(13)	Insurer: provide determination report to insured and health practitioner re: goods and services agreed to and refused and reasons, determination re: PAF impairment, and copy of s. 42 exam	5 bus. days after receiving s. 42 exam report. [If insurer has not complied with this provision within 10 bus. days after s. 42(10) material provided where attendance at s.42 exam was not required or within 15 bus. days where attendance was required, insurer must pay for all goods and services between day of default and day insurer complies with this provision, and insurer cannot take position that insured has PAF impairment – s. 38(17).]
	38(17.2)	Insurer: pay for medical or rehabilitation expenses agreed to or required to pay under s. 38	30 days after receiving invoice
	38(19)	Insured: amend treatment plan to remove conflict of health practitioner, lawyer or representative relating to treatment plan if insurer subsequently discovers a conflict	10 bus. days after receiving notice from insurer requiring removal of conflict [failing which, insurer is not required to pay for further goods or services from which conflict arises unless no other person within 50 km – s. 38(20)]
	38.1(2)(b)	Insurer: pay for medical or rehab. expenses for which insurer has notified insured it will pay without submission of a treatment plan	30 days after receiving invoice
Application for Approval for Assessment or Examination	38.2(4)	Insurer: provide notice to insured of refusal of application and allowing new application if conflict of interest disclosed re: conductor of assessment or exam, lawyer or representative unless no other person within 50 km	2 bus. days after receiving application
	38.2(10)	Insured: withdraw application and submit new application if insurer provides notice disclosing conflict, unless no other person within 50 km	2 bus. days after receiving notice from insurer

Topic	Section	Description of Step	Time Period
Application for Approval for Assessment or Examination	38.2(6)(a)	Insurer: provide notice to insured and person preparing application stating which assessments/exams insurer agrees to pay, and requiring s. 42 exam for those it does not agree to pay for, and disclosing insurer's conflicts (where application received before Mar. 1, 2006, amount to be charged is less than \$180, and not refused for conflict.) Notice may be given verbally provided written confirmation later given s. – 38.2(8).	2 bus. days after receiving application [<i>failing which, insurer must pay for all assessments or exams to which application relates - s.38.2(9)</i>]
	38.2(6)(b)	Insurer: provide notice to insured and person preparing application stating which assessments/exams it agrees to pay, and requiring s. 42 for those it does not agree to pay for, and disclosing insurer's conflicts (where application received before Mar. 1, 2006, amount to be charged is more than \$180, and not refused for conflict). Notice may be given verbally provided written confirmation later given s. – 38.2(8).	5 bus. days after receiving the application [<i>failing which, insurer must pay for all assessments or exams to which application relates - s.38.2(9)</i>]
	38.2(6)(c)	Insurer: provide notice to insured and person preparing application stating which assessments/exams it agrees to pay, and requiring s. 42 for those it does not agree to pay for and disclosing insurer's conflicts (where application received on or after Mar. 1, 2006). Notice may be given verbally provided written confirmation later given s. – 38.2(8).	3 bus. days after receiving the application [<i>failing which, insurer must pay of all assessments or exams to which application relates - s.38.2(9)</i>]
	38.2(13)	Insurer: provide to insured and person preparing application, insurer's determination of which assessments/exams insurer agrees and refuses to pay for including reasons, and copy of s. 42 assessment or exam report	5 bus. days after receiving s. 42 report . [<i>If insurer has not complied with this provision within 10 bus. days after s. 42(10) material provided where attendance at s.42 exam was not required or within 15 bus. days where attendance was required, insurer must pay for assessments and exams – s. 38.2(13.4).]</i>
	38.2(13.5)	Insurer: pay for assessments and exams agreed to or required under s. 38.2	30 days after receiving invoice
	38.2(14)	Insured: amend application to remove conflict of person to conduct assessment or exam, lawyer or representative relating to application for approval if insurer subsequently discovers a conflict	5 bus. days after receiving notice from insurer requiring amendment of application to remove conflict [<i>failing which, insurer is not required to pay for assessment or exam unless no other person within 50 km – s. 38.2(15) and (16)</i>]
Attendant Care Benefits	39(2)	Insurer: provide notice to insured advising which expenses the insurer agrees to pay, and requiring a s. 42 exam if insurer does not agree to pay all expenses of attendant care needs	10 bus. days after receiving assessment of attendant care needs
	39(11)	Insurer: provide to insured and health practitioner insurer's determination re: what attendant care benefits and expenses insurer agrees and refuses to pay for, reasons, and copy of s. 42 exam report	5 bus. days after receiving s. 42 exam report
	39(5)	Insured: provide to insurer assessment of attendant care needs so insurer can determine continued entitlement to and amount of attendant care benefits	10 bus. days after insured receives notice requesting assessment of attendant care needs
	39(4)	Insurer: pay attendant care benefits, and pending receipt of s. 42 report, calculate amount based on assessment of attendant care needs	10 bus. days after receiving assessment of attendant care needs
	39(15)	Insurer: provide to insured notice of determination that insured is not entitled, by reason of s. 18, to attendant care benefits beyond 104 weeks after accident, and reasons therefore	not less than 10 bus. days before date of last payment of benefit
Catastrophic Impairment	40(2)	Insurer: provide to insured notice accepting catastrophic impairment or notice requiring s. 42 exam	30 days after receiving application for determination of catastrophic impairment
	40(4)	Insurer: provide to insured and health practitioner insurer's determination and reasons re: catastrophic impairment, and copy of s. 42 exam report	5 bus. days after receiving s. 42 exam report [<i>If insurer has not complied with this provision 15 bus. days after s. 42(10) material provided where attendance at s.42 exam was not required, or 15 bus. days after exam completed or required to be completed where attendance was required, insurer must pay for all benefits, goods and services to which insured would be entitled if catastrophic impairment – s. 40(8).]</i>
Death, Funeral & Part VI Benefits	41(1) & (2)	Insurer: pay death, funeral or Part VI benefit, or provide notice of refusal to insured with reasons	30 days after receiving application for benefits
Insurer's Exams (s.42 exams)	42(5)(a)	Insurer: provide notice to insured of s. 42 exam, including date, time, location, reasons for exam, type of exam, whether attendance necessary and info. re: conductor of exam (where insurer already has given notice requiring s. 42 exam, no attendance is required, and exam is not to determine catastrophic impairment)	not more than 2 bus. days after previous notice was given

Topic	Section	Description of Step	Time Period
Insurer's Exams (s.42 exams)	42(5)(b)	Insurer: provide notice to insured of s. 42 exam, including date, time, location, reasons for exam, type of exam, whether attendance necessary and info. re: conductor of exam (where insurer already has given notice requiring s. 42 exam, attendance is required or exam is to determine catastrophic impairment)	not more than 5 bus. days after previous notice was given unless otherwise agreed
	42(6)	Insurer: provide notice to insured of s. 42 exam, including date, time, location, reasons for exam, type of exam, whether attendance necessary and info. re: conductor of exam (where insurer was not otherwise authorized under SABS to require s. 42 exam)	not less than 5 bus. days before exam unless otherwise agreed
	42(7)	Insurer: provide notice to insured advising of change in type of exam, requiring attendance, advising of date, time and location of exam (where previous notice was given to insured indicated attendance not required, but conductor of exam requires attendance)	2 bus. days after previous notice given, and at least 5 bus. days before examination
	42(10)(a)	Insurer & Insured: provide to person conducting exam all relevant prior test and exam results, documents and other information	5 bus. days after notice of s. 42 exam received by insured <i>[failing which several possible sanctions depending on the reason for the s. 42 exam – see ss. 35(10), 37(7), 37.2(7), 38(15), 38.2(13.2), 39(13) and 40(6).]</i>
	42(11)(1)(i)	Person conducting s. 42 exam: complete exam, prepare report and provide report to insurer [where exam is to determine catastrophic impairment, attendance of insured is not required, and provided insured complies with s. 42(10)]	not more than 10 bus. days after notice of exam given to insured
	42(11)(1)(ii)	Person conducting s. 42 exam: complete exam, prepare report and provide report to insurer [where exam is not to determine catastrophic impairment, attendance of insured is not required, and provided insured complies with s. 42(10)]	not more than 5 bus. days after notice of exam given to insured
	42(11)(2)	Person conducting s. 42 exam: complete exam, prepare report and provide report to insurer [where exam is to determine catastrophic impairment or entitlement to medical, rehab or specified or attendant care benefit where there is catastrophic impairment, attendance of insured is required, and provided insured complies with s. 42(10)]	30 bus. days after notice of exam given to insured to complete exam, and 10 bus. days after exam to provide report to insurer
	42(11)(3)	Person conducting s. 42 exam: complete exam, prepare report and provide report to insurer [where exam is not to determine catastrophic impairment or entitlement to medical, rehab or specified or attendant care benefit where there is catastrophic impairment, attendance of insured is required, and provided insured complies with s. 42(10)]	10 bus. days after notice of exam given to insured to complete exam, and 10 bus. days after exam to provide report to insurer
	42(12)(1)(i)	Person conducting s. 42 exam: complete exam, prepare report and provide to insurer [where exam is to determine catastrophic impairment, attendance of insured is not required, and insured failed to comply with s. 42(10) but subsequently complies]	10 bus. days after s. 42(10) material provided
	42(12)(1)(ii)	Person conducting s. 42 exam: complete exam, prepare report and provide to insurer [where exam is not to determine catastrophic impairment, attendance of insured is not required, and insured failed to comply with s. 42(10) but subsequently complies]	5 bus. days after s. 42(10) material provided
	42(12)(2)	Person conducting s. 42 exam: complete exam, prepare report and provide to insurer [where attendance of insured is required, and insured failed to comply with s. 42(10) but subsequently complies]	10 bus. days after s. 42 exam completed
Post-denial Assessments & Exams	42.1(3) 42.1(4)	Insured: Insurer will pay the fees for a 'rebuttal' examination (i.e. if insured is denied) for an assessment or examination of the insured person and for the preparation of a report of the assessment or examination if the assessment or examination is conducted and the report provided to the insurer within time limits	Catastrophic - not more than 80 bus. days after the day the insurer gave the insured person notice of its determination; Non-Catastrophic - not more than 40 bus. days
	42.1(9)	Insurer: pay for a post-denial assessment or exam	30 days after receipt of invoice
Repayments to Insurer	47(3)	Insurer: provide notice of amount required to be repaid and possibility of deduction from income replacement or caregiver benefit if applicable	within 12 months after payment made <i>[failing which, the insured is not required to repay]</i>
Limitation Periods for Proceedings	51(1)	Insured: commence mediation or evaluation under s. 280 or 280.1 of Insurance Act, or court proceeding or arbitration under s. 281(1)(a) or (b) of Insurance Act	within 2 years after insurer's refusal to pay claimed amount
	51(2)	Insured: may commence court proceeding or arbitration under s. 281(1)(a) or (b) of Insurance Act	within 90 days after mediator reports or within 30 days after evaluator reports, whichever is later.
Notices & Delivery	68	For general rules regarding the computation of time, modes of service, deemed delivery dates, etc. see s. 68 in its entirety	