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**TABLE OF TIME PERIODS RELEVANT TO SABS**

This table sets out important time periods under the *Statutory Accident Benefits Schedule – Effective September 1, 2010*, O. Reg. 34/10 (last amendment O. Reg. 123/19)

We have not included in any detail the time periods that may be set out in Parts X - XIII.

***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	21(3)	<b>Insured:</b> furnish completed disability certificate	15 bus. days after receiving request from insurer [failing which no lost education expenses are payable until certificate furnished – s. 21(4)]
Death Benefit	26(1)(a)	<b>Insurer:</b> pay death benefit in respect of insured who dies as result of accident	180 days after accident
	26(1)(b)	<b>Insurer:</b> pay death benefit in respect of insured who was continuously disabled as result of accident for 156 week period	156 weeks after accident
Notice of Intention to Apply for Benefits	32(1)	<b>Insured:</b> notify insurer of intention to apply for a benefit	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 (2) request – s. 32(10)]
Application for Benefits	32(5)	<b>Insured:</b> submit a completed and signed application for benefits to insurer	30 days after receiving forms from insurer
	32(6)	<b>Insurer:</b> inform applicant that application form for benefits is incomplete or unsigned and indicate what is missing	10 bus. days after receiving incomplete or unsigned application
	32(9)	<b>Insured:</b> submit an additional application if required by the insurer	30 days after receiving additional forms
Information from Applicant for Benefits	33(1)	<b>Insured:</b> provide information required to assess entitlement, statutory declaration, address and proof of identity	10 bus. days after receiving request from insurer
Failure to Comply with Time Limits	34	<b>Insured:</b> A person's failure to comply with a time limit set out in Part VIII (Procedures for Claiming Benefits) does not disentitle the person to a benefit if the person has a reasonable explanation	
Specified Benefits	35(1)	<b>Insurer:</b> 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 [insured must make election within 30 days after receiving notice]
	35(2)	<b>Insurer:</b> notify insured may re-elect caregiver benefit despite previous election in s. 35(1) if determined insured suffered catastrophic impairment	10 bus. days of date of determination [insured must make election within 30 days after receiving notice]
	36(4)	<b>Insurer:</b> either (a) pay the benefit, (b) notify insured of refusal to pay, reasons and advise of requirement of s. 44 exam, or (c) make a s. 33(1) or (2) request	10 bus. days after insurer receives application and completed disability certificate [failing which insurer must pay specified benefit from date insurer received application to date insurer gives notice in s. 36(4)(b) – s. 36(6)]

Topic	Section	Description of Step	Time Period
Specified Benefits	36(5)	<b>Insurer:</b> either (a) pay the benefit, or (b) notify insured of refusal to pay, reasons and advise of requirement of s. 44 exam	10 bus. days after insured complies with s. 33(1) or (2) request <i>[failing which insurer must pay specified benefit from date insurer received application to date insurer gives notice in s. 36(4)(b) – s. 36(6)]</i>
	36(7)	<b>Insurer:</b> (a) provide copy of s. 44 report to insured and person completing disability certificate, and (b) provide notice of specified benefits it agrees and does not agree to pay and reasons	10 days after receiving s. 44 exam report
	36(8)	<b>Insurer:</b> pay specified benefit if insurer determines insured is entitled to benefit where a s. 42 exam was conducted	10 bus. days after delivering notice in s. 36(7)(b)
	36(9)	<b>Insurer:</b> pay income replacement benefit, non-earner benefit or caregiver benefit	at least once every 2 weeks (subject to any prepayment)
	37(1)(a)	<b>Insured:</b> submit a further completed disability certificate on request by insurer determining continued entitlement	15 bus. days after receiving request from insurer <i>[failing which no specified benefits payable for period between day 15 and day insurer receives completed disability certificate – s. 37(3)]</i>
	37(5)	<b>Insurer:</b> provide copy of s. 44 report to insured and person who completed disability certificate	10 bus. days after receiving s. 44 exam report
	37(6)	<b>Insurer:</b> provide to insured notice of determination with amount of specified benefit it agrees to pay or refuses to pay, reasons and date of last payment	10 bus. days after receiving s. 44 exam report
Medical and Rehabilitation Benefits	38(8)	<b>Insurer:</b> notify insured of goods, services, assessments and examinations in treatment plan that insurer agrees to pay or refuses to pay and reasons	10 bus. days after receiving treatment and assessment plan
	38(11)	<b>Insurer:</b> if no notice given under s. 38(8), insurer is prohibited from taking the position that insured has impairment to which Minor Injury Guideline applies, and shall pay for goods and services in treatment and assessment plan	for period starting 11 <sup>th</sup> bus. day after day insurer receives application and ending on day insurer gives notice in s. 38(8)
	38(13)	<b>Insurer:</b> provide copy of s. 44 report to insured and health professional who prepared treatment and assessment plan	10 bus. days after receiving s. 44 report
	38(14)	<b>Insurer:</b> notify insured re: what goods and services insurer agrees to pay, refuses to pay and reasons, determination re: Minor Injury Guideline and reasons	10 bus. days after receiving report
	38(15)	<b>Insurer:</b> pay for goods and services agreed to in notice under s. 38(8) or (14) or is required to pay	30 days after receiving invoice
	39(2)(c)	<b>Insurer:</b> pay for medical or rehab. expenses for which insurer has notified insured it will pay without submission of a treatment and assessment plan	30 days after receiving invoice
Minor Injury Guidelines	40(2)	<b>Claimant:</b> submit a treatment confirmation form	time specified in applicable Minor Injury guideline
	40(3)	<b>Insurer:</b> send notice to claimant and health practitioner acknowledging receipt of treatment confirmation form and advising if claimant is an insured person with respect to accident	5 bus. days after receiving treatment confirmation form
	40(4)	<b>Insurer:</b> pay each invoice for goods/services in s. 15 or 16 provided in accordance with Minor Injury Guideline if claimant submits application under s. 32	30 days after receiving invoice for goods and services
	41(2)	<b>Insurer:</b> pay expenses in notice to insured who submits s. 32 application	30 days after receiving invoice
Attendant Care Benefits	42(3)	<b>Insurer:</b> provide notice to insured advising which expenses the insurer agrees to pay and reasons	10 bus. days after receiving assessment of attendant care needs
	42(6)	<b>Insurer:</b> pay attendant care benefits, and pending receipt of s. 44 report, calculate amount based on assessment of attendant care needs	10 bus. days after receiving assessment of attendant care needs
	42(7)	<b>Insured:</b> provide to insurer assessment of attendant care needs so insurer can determine continued entitlement to and amount of attendant care benefits	15 bus. days after insured receives notice requesting assessment of attendant care needs

Topic	Section	Description of Step	Time Period
Attendant Care Benefits	42(13)	<b>Insurer:</b> provide to insured and person who prepared assessment insurer's determination re: what attendant care benefits and expenses insurer agrees and refuses to pay for, reasons, and copy of s. 44 exam report	10 bus. days after receiving s. 44 exam report
	42(15)(c)	<b>Insured:</b> provide a reasonable explanation for non-compliance with s. 44(9) for reconsideration of application once insured subsequently complies	within 10 days of failure to comply
	42(16)	<b>Insurer:</b> provide to insured notice of determination that insured is not entitled, by reason of s. 20, 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
Parts IV & V Expenses & Benefits	43(1) & (2)	<b>Insurer:</b> pay death, funeral or Part IV benefit, or provide notice of refusal to insured with reasons	30 days after receiving application for benefits
Insurer's Exams (s.44 exams)	44(6)	<b>Insurer:</b> provide notice to insured under s. 44(5) of s. 44 exam, including date, time, location, reasons for exam, type of exam, whether attendance necessary and info. re: conductor of exam	not less than 5 bus. days before exam unless otherwise mutually agreed
	44(7)	<b>Insurer:</b> 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)	at least 5 bus. days before examination
	44(9) para.1	<b>Insurer &amp; Insured:</b> if attendance is not required, provide to person(s) conducting exam all relevant prior test and exam results, documents and other information necessary for review of insured's medical condition	5 bus. days after notice of s. 44 exam received by insured [ <i>failing which possible sanctions depending on the reason for the s. 44 exam – see ss. 37(7), 42(14)</i> ]
	44(9) para.2	<b>Insurer &amp; Insured:</b> if attendance is required, provide to person(s) conducting exam all relevant prior test and exam results, documents and other information necessary for review of insured's medical condition	not later than 5 bus. days before scheduled exam
Catastrophic Impairment	45(3)	<b>Insurer:</b> provide to insured notice accepting or denying catastrophic impairment and notice requiring s. 44 exam	10 bus. days after receiving application for determination of catastrophic impairment
	45(5)	<b>Insurer:</b> provide to insured and person who prepared application insurer's determination and reasons re: catastrophic impairment, and copy of s. 44 exam report	10 bus. days after receiving s. 44 exam report
Payment of Benefits	46.2(2)	<b>Provider of Goods or Services:</b> to provide insurer information required to assess liability for payment of goods/services	within 10 days of request for info by insurer
	46.3(2)	<b>Insured:</b> to provide insurer information requested regarding invoice submitted for goods/services	within 10 days of request for info by insurer
Explanation of Benefit Amounts	50(4)	<b>Insurer:</b> deliver benefit statement if amounts in s. 50(3) have changed from previous statement	once a year, commencing not later than 12 months after determination of catastrophic impairment, or once every 2 months, commencing not later than 2 months after application for benefits made
Repayments to Insurer	52(3)	<b>Insurer:</b> 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 unless it was originally paid as result of wilful misrepresentation or fraud</i> ]
Time Limit for Proceedings	56	<b>Insured:</b> An application to the License Appeal Tribunal under s. 280(2) in respect of a denied benefit	within 2 years after insurer's refusal to pay the amount claimed [note: the court has confirmed that this limitation period is subject to the discoverability rule: see <i>Tomec v. Economical Mutual Insurance Company</i> , 2019 ONCA 882].

Topic	Section	Description of Step	Time Period
Responsibility to Obtain Treatment, Participate in Rehab, Seek Employment	57(5) & 58(4)	<b>Insurer:</b> notify insured of its intention to stop payment of income replacement, non-earner, or caregiver benefits for failure to obtain treatment, participate in rehabilitation, or make efforts to return to employment	payments may cease after 10 days have elapsed from insurer's notice if insured fails to comply
Notices & Delivery	64	For general rules regarding the computation of time, modes of service, deemed delivery dates, etc. see s. 64 in its entirety	

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