

Return this form to:

### Explanation of Benefits (OCF-9)

Use this form for accidents that occur on or after November 1, 1996

Claim Number: [REDACTED]

Policy Number: [REDACTED]

Date of Accident: March 02, 2014

Revised:

We have reviewed your application for accident benefits or your ongoing entitlement to benefits. This review has included any information that you or your health care provider has submitted as well as the findings of an examination by a health care provider or providers if one was required by the insurer. This form tells which benefits are approved, the amount payable and any benefits that have not been approved or are ending. If an examination was performed, a copy of the report of examination has been enclosed or has been sent to you separately. If you disagree with this determination, you have the right to dispute it according to the procedure described in Part 6 of this form.

**Part 1 Applicant Information**

[REDACTED]

Birth Date: [REDACTED]

Home Telephone: [REDACTED]

Work Telephone: [REDACTED]

CANADA

### Part 2 Income Replacement Non Earner or Caregiver Benefits Payable

Report of Examination:  
 Attached  
 Sent Separately

We have reviewed your application for income replacement benefits and have determined you are:

A. Eligible

#### Calculation

Gross Weekly Income	\$
70% of Gross Weekly Income	\$
Minus 70% of Post-Accident Gross Weekly Income/Payments from Other	\$
Income Replacement Benefit Payable	\$
Non Earner or Caregiver Benefit Payable	\$

Details of how we calculated your income replacement benefit including adjustments for income or payments from other sources.

B. Not Eligible/Stoppage of Benefit

Additional Sheets Attached

### Part 3 Catastrophic Impairment Determination

Report of Examination:  
 Attached  
 Sent Separately

We have reviewed your application for determination of catastrophic impairment and have determined:

You have sustained a catastrophic impairment as a result of the accident.

You have not sustained a catastrophic impairment as a result of the accident for the following reasons:

We have reviewed the enclosed Section 44 report(s) dated February 28, 2017. We have made the determination that you have sustained a catastrophic impairment as per Section 3(2) of the Statutory Accident Benefits Schedule.

Based on the catastrophic determination, the maximum limits for medical and rehabilitation benefits increase to \$1,000,000, with no time limit. The maximum limit for attendant care benefits increases from \$3,000/month to \$6,000/month and the total attendant care maximum limit increases to \$1,000,000, with no time limit.

You are entitled to case manager services payable in accordance with Section 17 of the Statutory Accident Benefits Schedule. You may be entitled to housekeeping and home maintenance benefits under Section 23 of the Statutory Accident Benefits Schedule.

Additional Sheets Attached