



CAMPISI LLP

Personal Injury Lawyers

Personal Injury
“Cold Case”
Benefits Guide

Personal Injury “Cold Case” Benefits Guide



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Introduction

If you have been involved in an accident, knowing your rights and working with your insurance company to receive necessary benefits or settle your claim can be very challenging. Thankfully, accidents are relatively uncommon. However, this means the whole process is unfamiliar. The rules of the no-fault insurance system are complicated, and it seems as if they are constantly changing. It is not surprising that many people eventually tire of battling their insurance companies and choose to move on with their lives without getting the settlements they deserve.

At Campisi LLP, we call these old, unsettled claims “Cold Cases.”

We specialize in cracking Cold Cases and encourage victims to not give up. Our areas of expertise include accident benefits law – from our founding partner, Joseph Campisi (a professor of insurance law at Osgoode), to our exceptional lawyers and accident benefits team.

If you or somebody you know has been involved in an accident in the past 32 years since no-fault accident benefits were introduced, but has not resolved their case, we strongly encourage you to discuss your potential claim with us. We are pleased to offer a free, no-obligation consultation so that you can understand your rights and options going forward. Put Campisi LLP’s expertise to work for you—we care about your success.

What’s In the Benefits Guide

We have prepared this overview of no-fault benefits law as it has evolved since its introduction. It provides a resource for accident victims involved in collisions a long time ago who are having difficulty finding information on their rights and how to access them. Look for the section of this guide that pertains to the date of your accident, so you can understand your rights and potential entitlement to benefits.

Determining your Eligibility

This guide has been written as a follow-up to the Personal Injury “Cold Case” Eligibility Guide, which details the circumstances required for accident victims to pursue benefits from an older accident or injury. If you are not sure whether you qualify for accident benefits, please read that guide or simply talk to one of our lawyers to determine eligibility.





What is No-Fault Insurance?

In 1990, the Ontario government introduced the “no-fault” accident benefits regime. Conceptually, the no-fault system makes each insured person’s own insurance company responsible for providing them with accident benefits like income replacement, treatment and attendant care. In exchange for more restricted rights to seek compensation against at-fault drivers, the no-fault system aims to provide efficient and cost-effective access to necessary benefits for everyone, regardless of who caused the accident.

What is the SABS?

The Statutory Accident Benefits Schedule, also referred to as SABS, is a form of no-fault insurance. It is mandatory and included as standard automobile coverage. Certain benefits are available to anyone injured in a car accident, regardless of who is at fault. They are regulated under the Ontario Insurance Act.

The Four Phases of No-Fault Insurance in Ontario

The no-fault law has been revised many times over the last 32 years since its introduction. There have been four major versions of the SABS since its introduction in 1990. Please refer to the section that covers the timeframe of your accident:

1. June 22, 1990, and December 31, 1993
2. January 1, 1994, and October 31, 1996
3. November 1, 1996, and August 21, 2010
4. September 1, 2010 or later

Phase 1

June 22, 1990 – December 31, 1993

During this period, accident benefits were governed by the The Ontario Motorist Protection Plan (also known as the OMPP or Bill 68)

<https://www.ontario.ca/laws/regulation/900672>

Benefits available to you:

Under the OMPP, all accident victims had access to \$500,000 in accident benefit coverage. Benefits were available for up to 10 years for adult claimants. For children, the coverage extended for 20 years less the age of the child on the accident date. An accident victim was entitled to receive medical and psychological services including treatment and assessments without any requirement for prior approval by the AB insurer. For all other benefits, the insurer was required to pay for all reasonable and necessary goods and services. The insurer was expected to pay for the benefits up front and ongoing until and unless an arbitrator from the Financial Services Commission of Ontario (FSCO) determined otherwise, or the dispute was resolved by mediation or a lawsuit. If the insurer refused to pay, interest would be calculated and added to the amounts found payable to a successful claimant.

Circumstances contributing to replacement of Bill 68:

In practice, insurers routinely denied claims despite the statutory obligation to “pay now, dispute later” because the dispute mechanisms provided to challenge these denials (arbitration, court) were quickly overwhelmed with claims. This caused widespread and often years-long delays for claimants seeking treatment or other benefits.



“Campisi law over delivered when it came to making sure things turned out in my favour. They went above and beyond when it comes to customer service and advice. They were able to get me the most compensation and was able to also get me a higher percentage of the settlement than the person I was in the accident with. They are the only people I’d recommend to anyone in need of legal assistance. They made sure everything I needed was provided and that I was taking the right steps of action. I can’t be grateful enough to them for everything they have done for me.”

—James Edman

Phase 2

January 1, 1994–October 31, 1996

In this Phase, accident benefits were governed by Bill 164.

<https://www.ontario.ca/laws/regulation/930776>

Benefits available to you:

Under Bill 164, all claimants were entitled to up to \$1,000,000 in medical rehabilitation coverage for life. Additional benefits available to claimants under Bill 164 included: Education Disability Benefits, Caregiver Benefits (for claimants that did not qualify for IRBs or NEBs) and Loss of Earning Capacity Benefits.

Case manager services were also available under rehabilitation benefits. A case manager (often an Occupational Therapist) was hired to coordinate and organize an accident victim's treatment and recovery, with a goal of ensuring proper care was received. In practice, it also resulted in more comprehensive and expensive claims submissions and increased resistance by the insurance companies.

Circumstances contributing to replacement of Bill 68:

Bill 164 was introduced primarily to address the backlog to hear disputes under the OMPP. Although both "pay now, dispute later," and the exemption from prior approval for medical and psychological goods and services remained in place, the legislature established the Designated Assessment Centre (DAC) programme to conduct insurer-funded assessments in response to a refusal to pay. The DAC assessors' role was to provide timely, cost-effective and objective opinions concerning whether a benefit was reasonable and necessary. It was hoped that the additional dispute mechanisms (arbitration, court) would not be necessary in most cases.

The DACs were eventually overwhelmed, facing a massive and (apparently) unanticipated volume of assessment requests. Delays actually increased for the numerous cases in which either the claimant or the insurer rejected the DAC assessor's opinion.



The Team at Campisi Law has changed our lives forever.

After I was T-boned by a driver in 2014, I was left in a neck brace with no way to take care of myself or my family.

Campisi law was able to set up care and provide all the tools our family needed to just get through this horrible experience.

From appointments to home care and even transportation. Campisi law always made me feel like I had someone I could trust representing me.

—Jessica Buttee

Phase 3

November 1, 1996 – August 21, 2010

In this Phase, accident benefits were governed by Bill 59.

<https://www.ontario.ca/laws/regulation/960403>

Bill 59 introduced significant changes to the SABS regime. It established a two-tier system of benefits for regular and catastrophically impaired claimants. Medical and rehabilitation benefits were slashed to \$100,000 for regular claimants for up to 10 years, while catastrophic claimants could receive up to \$1,000,000 for life. Catastrophic determinations were conducted by the DACs and were expected to result in non-contentious, binding opinions. Also, the “pay now” model was overthrown in favour of a requirement for prior approval of the requested goods or services by the insurer. Despite this, the obligation to pay for reasonable and necessary goods and services remained unchanged, and a deemed approval was introduced if an insurer failed to respond within 30 days.

The DAC system continued to flounder. The DACs were increasingly overburdened and its opinions were often disregarded by one side or the other. After February 2006, the DACs were eliminated in favour of a “balanced” system under which claimants were supposed to obtain assessments from their preferred practitioners, funded by the insurers. If the insurer chose to challenge the application, it could arrange an independent medical examination (IME) to provide an opinion. Practically, this new system did nothing to improve the backlog or reduce the number of litigated disputes. In fact, since IMEs were significantly cheaper than the DAC assessments they replaced, insurance companies were encouraged to deny treatment plans more aggressively, pending an IME. Further, it made catastrophic determinations a battleground for Accident Benefits disputes. This was made worse for accident victims because, until the current SABS replaced Bill 59 in 2010, insurers had no obligation to fund rebuttal assessments conducted by the claimants’ preferred practitioners, including very expensive rebuttal catastrophic opinions.

Note: As the DACs are no longer available, if your claim occurred before February 2006, whether under Bill 59 or Bill 164 you will be required to attend IMEs to advance your case.

Also, after February 2006, the Pre-Approved Framework (PAF) was introduced to treat Whiplash Associated Disorders I and II (WAD I/II). The precursor to the current Minor Injury Guideline, the PAFs were conceived as quick, efficient and cost-effective programmes to dispose of nuisance or fraudulent Whiplash claims. Unfortunately, many WAD II cases also lead to mild Traumatic Brain Injuries (TBIs) and other ongoing impairments outside of the boundaries established by the PAF. The unintended result was another hotly contested ground for litigation.

Circumstances leading to replacement of Bill 59:

The government introduced several amendments during the Bill 59 era to address the ongoing shortcomings of the no-fault system. As consumer protection law, the SABS is supposed to ensure that injury victims could access necessary benefits in a timely fashion for their recovery. At the same time, no-fault insurance was designed to save time and money for insurance companies. Efforts to balance these competing interests resulted in an unsustainable system – insurers began aggressively denying claims (particularly for claims under the PAFs), which led the claimants’ lawyers to initiate more disputes. This in turn, created excessive and ever-increasing delays in resolving these disputes and receiving benefits.

Phase 4

Accidents after September 1, 2010

In this Phase, accident benefits are governed by Ontario Regulation 10/34

<https://www.ontario.ca/laws/regulation/100034>

Standard accident benefits coverage was dramatically slashed under O. Reg. 34/10 in the name of maintaining profitability. Instead, insurance companies began offering optional additional coverage for purchase, providing drivers with the opportunity to supplement their reduced standard coverage. As well, the Minor Injury Guideline was introduced to replace the pre-approved frameworks.

Both Caregiver and Housekeeping and Home Maintenance benefits were eliminated from non-catastrophic coverage, although either or both could be purchased separately in amounts unchanged from Bill 59.

The amounts available under the Med/Rehab and Attendant Care benefits were cut in half. Non-catastrophic claimants were entitled to up to \$50,000 for med/rehab, and up to a \$36,000 for Attendant Care. Optional increased amounts were available for purchase. Catastrophic claimant limits were not affected. Claimants categorized under the Minor Injury Guideline were limited to \$3,500 for Med/Rehab and were not entitled to Attendant Care.

Further reductions to Med/Rehab and Attendant Care coverage were introduced with the June 2016 amendments to O.Reg. 34/10. Non-catastrophic claimants were entitled to receive up to \$65,000 total for Med/Rehab and Attendant Care. As well, Med/Rehab coverage was only available for 5 years post-collision (versus 10 years for pre-June 2016 claims). Even catastrophically impaired claimants did not escape this round of cuts – catastrophic claims were now limited to \$1,000,000 total for Med/Rehab and Attendant Care (reducing limits formerly available by up to 50%).



How to claim your accident benefits:

Regardless of when your accident happened, you are required to use the same claims forms, which can be found here:

<https://www.fsrao.ca/industry/auto-insurance-sector/auto-insurance-claims-forms-ocf-forms>

Although older claims under the previous versions of the SABS were originally disputed at the Financial Services Commission of Ontario (FSCO), all disputes are now heard by the License Appeal Tribunal (LAT). If you intend to commence a claim yourself, you can access the LAT here:

<https://tribunalsontario.ca/lat/automobile-accident-benefits-service/filing-an-application/>

“I worked as a personal injury representative at a firm in Peel for over 15 years and I knew which lawyers were the best. When I was injured in a car accident, I chose Campisi to represent me and I could not have been happier with my choice. They were there with me every step of the way through my recovery and explained everything in detail so I was never left wondering what's going on. They are very thorough, professional, and reliable. I really appreciate the sensitivity and compassion that they showed me. If you have been injured, give them a call. You will be in great hands and they fight to get you the settlement you deserve. Thank you all for your hard work on my behalf and for getting me the rehabilitation and settlement I deserve.”

—Cely Ara





**Accident Benefits
Table**

**The Four Phases of
No-Fault Insurance
in Ontario**

Income Replacement Benefit (IRB)

	Phase 1: Bill 68 June 22, 1990– December 31, 1993	Phase 2: Bill 164 January 1, 1994– October 31, 1996	Phase 3: Bill 59 November 1, 1996– August 21, 2010	Phase 4: O. Reg 10/34 Accidents after September 1, 2010
Eligibility Test	Until 3 years post- accident (156 weeks)– substantial inability to perform the essential tasks of own occupation Post 156 - continuously prevented from working at any occupation	Substantial inability to perform the essential tasks of own employment	Until 2 years post-accident (104 weeks)– substantial inability to perform essential tasks of own employment Post 104 -complete inability to engage in any employment	Unchanged from Bill 59
Amount	80% of gross weekly income to maximum of \$600/ week	90% of net weekly income to maximum of \$1,000/ week; post-104 – entitlement less residual earning capacity to \$1,000/week	80% of net weekly income to maximum of \$400/week	70% of gross weekly income to maximum of \$400/ week Note: Insured now has option to purchase additional coverage (increased weekly maximum to \$600, \$800 or \$1,000)

Non-Earner Benefit (NEB)

	Phase 1: Bill 68 June 22, 1990– December 31, 1993	Phase 2: Bill 164 January 1, 1994– October 31, 1996	Phase 3: Bill 59 November 1, 1996– August 21, 2010	Phase 4: O. Reg 10/34 Accidents after September 1, 2010	Phase 5 Amendments effective June 1, 2016
Eligibility Test	Until 3 years post-accident (156 weeks)—insured person suffers substantial inability to perform the essential tasks in which they would normally engage; post-156 - insured person continuously prevented from engaging in substantially all normal activities	Until 2 years post-accident (104 weeks) insured person suffers partial or complete inability to carry on a normal life; post-104—Insured person suffers a complete inability to carry on a normal life	Insured person suffers a complete inability to carry on a normal life; no eligibility until 26 weeks post-accident	Unchanged from Bill 59	The 26-week waiting period and post-104 increase to \$320/week are revoked No eligibility for first four weeks after onset of complete inability to carry on a normal life No eligibility beyond 104 weeks post-accident
Amount	\$185/week	\$185/week	\$185/week; post-104 - \$320/week if originally qualified as a student and not employed in job reflective of education/training	Unchanged from Bill 59	\$185/week

Caregiver Benefit (CG)

	Phase 1: Bill 68 June 22, 1990– December 31, 1993	Phase 2: Bill 164 January 1, 1994– October 31, 1996	Phase 3: Bill 59 November 1, 1996– August 21, 2010	Phase 4: O. Reg 10/34 Accidents after September 1, 2010
Test	Not available	Until 2 years post-accident (104 weeks) - substantial inability to engage in caregiving activities or a partial or complete inability to carry on a normal life;	Until 2 years post-accident (104 weeks)—substantial inability to engage in caregiving activities; post-104—complete inability to carry on a normal life	CG Benefit only available for catastrophically impaired claimants. Test unchanged from Bill 59. Note: Insured now has option to purchase CG coverage (in which case Test and Amount unchanged from Bill 59)
Amount	Not available	\$250/week for first person in need of care and \$50/week for each additional person	Unchanged from Bill 164	Unchanged from Bill 164 for Catastrophically Impaired claimants

Medical and Rehabilitation Benefits, including Attendant Care

	Phase 1: Bill 68 June 22, 1990– December 31, 1993	Phase 2: Bill 164 January 1, 1994– October 31, 1996	Phase 3: Bill 59 November 1, 1996– August 21, 2010	Phase 4: O. Reg 10/34 Accidents after September 1, 2010	Phase 5: Amendments to O. Reg. 34/10 (Effective Jun. 1, 2016)
Scope	For the first 104 weeks, physical, psychological, or mental injuries sustained as a result of an accident	For impairments sustained as a result of an accident	Unchanged from Bill 164	<p>All reasonable and necessary expenses incurred by or on behalf of the insured person as a result of the accident</p> <p>For attendant care, “incurred” means amounts for services performed either:</p> <p>By a person in the course of the employment, occupation or profession in which they would ordinarily have been engaged for remuneration, but for the accident (e.g.: nurse, social worker, occupational therapist); or</p> <p>For which a person (including a friend or family member) sustained an economic loss while, and as a direct result of, providing the attendant care</p>	<p>Unchanged from Phase 4</p> <p>For attendant care, “incurred” means amounts for services performed either:</p> <p>By a person in the course of the employment, occupation or profession in which they would ordinarily have been engaged for remuneration, but for the accident (e.g.: nurse, social worker, occupational therapist); or</p> <p>For which a person (including a friend or family member) sustained an economic loss while, and as a result of, providing the attendant care</p>

Medical and Rehabilitation Benefits, including Attendant Care Continued

Scope Continued					In addition, if any person (including a friend or family member) provided attendant care services for remuneration, the insurer is only liable to reimburse the actual expenses incurred up to the claimant's monthly entitlement.
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Medical and Rehabilitation Benefits, including Attendant Care Continued

	Phase 1: Bill 68 June 22, 1990– December 31, 1993	Phase 2: Bill 164 January 1, 1994– October 31, 1996	Phase 3: Bill 59 November 1, 1996– August 21, 2010	Phase 4: O. Reg 10/34 Accidents after September 1, 2010	Phase 5: Amendments to O. Reg. 34/10 (Effective Jun. 1, 2016)
Coverage	All reasonable medical and rehabilitation expenses; all reasonable costs related to personal care including professional caregiver services or payment of gross income reasonably lost by other person providing care	All reasonable medical expenses incurred by or on behalf of insured; all reasonable rehabilitation measures to reduce or eliminate the effects of any disability; all reasonable expenses incurred by or on behalf of insured for services provided by an aide or attendant (including a family member), or service provided by a long-term care facility	All reasonable and necessary medical expenses incurred by or on behalf of insured; all reasonable and necessary rehabilitation measures to reduce or eliminate the effects of any disability or to facilitate the insured person's reintegration into his or her family, the rest of society and the labour market; all reasonable expenses incurred by or on behalf of insured for services provided by an aide or attendant, or service provided by a long-term care facility	Unchanged from Bill 59	

Medical and Rehabilitation Benefits, including Attendant Care

	Phase 1: Bill 68 June 22, 1990– December 31, 1993	Phase 2: Bill 164 January 1, 1994– October 31, 1996	Phase 3: Bill 59 November 1, 1996– August 21, 2010	Phase 4: O. Reg 10/34 Accidents after September 1, 2010	Amendments to O. Reg. 34/10 (Effective Jun. 1, 2016)
Amount	Up to \$500,000 combined	Up to \$1,000,000 for med/rehab; for AC: i) up to 3,000/month; or ii) up to \$6,000/month if insured suffered cervical spinal cord injuries, severe brain injuries or upper bilat- eral amputation or to- tal loss of use in both hands or arms; or iii) up to \$10,000/ month if both i and ii apply, or insured suf- fers severe brain injury that causes violent behaviour Note: no specified maximum AC entitlement	Up to \$100,000 for med/rehab; up to \$3,000/month for 104 weeks post-accident to a maximum of \$72,000 for AC For catastrophically impaired insureds: up to \$1,000,000 for med/ rehab; up to \$6,000/ month to a maximum of \$1,000,000 for AC	Up to \$50,000 for med/rehab; up to \$3,000/month for 104 weeks post-accident to a maximum of \$36,000 for AC For catastrophically impaired insureds: up to \$1,000,000 for med/ rehab; up to \$6,000/ month to a maximum of \$1,000,000 for AC For insureds treated under Minor Injury Guideline (MIG): up to \$3,500 for med/rehab; no entitlement to AC Note: Insured now has option to purchase increased med/rehab and AC coverage	Up to \$65,000 for med/rehab and AC <u>combined</u> for 260 weeks post-accident; up to \$3,000/month for AC For catastrophically impaired insureds: up to \$1,000,000 for med/ rehab and AC <u>combined</u> ; up to \$6,000/month for AC

Housekeeping and Home Maintenance Benefits (HKHM)

	Phase 1: Bill 68 June 22, 1990– December 31, 1993	Phase 2: Bill 164 January 1, 1994– October 31, 1996	Phase 3: Bill 59 November 1, 1996– August 21, 2010	Phase 4: O. Reg 10/34 Accidents after September 1, 2010
Scope	Part of med/rehab coverage (“other goods and services, whether medical or non-medical in nature”); subject to med/rehab Scope, Coverage and Amount	For impairments sustained as a result of an accident	For impairments that result in a substantial inability to perform HKHM services that insured normally performed before the accident	No entitlement for non-catastrophic insureds; unchanged from Bill 59 for catastrophic insureds
Coverage	Reasonably incurred additional expenses by or on behalf of insured for HKHM services	Reasonable and necessary incurred expenses for HKHM services	Reasonable and necessary incurred expenses for HKHM services	Unchanged from Bill 59 for catastrophic insureds
Amount		No specified limit	Up to \$100/week for 104 weeks (non-CAT); no specified CAT duration	Unchanged from Bill 59 for catastrophic insureds Note: Insured now has option to purchase non-catastrophic HKHM coverage.

Death and Funeral Benefits

	Phase 1: Bill 68 June 22, 1990– December 31, 1993	Phase 2: Bill 164 January 1, 1994– October 31, 1996	Phase 3: Bill 59 November 1, 1996– August 21, 2010	Phase 4: O. Reg 10/34 Accidents after September 1, 2010
Death Benefit	<p>Scope; not specified</p> <p>\$25,000 for spouse and \$10,000 for each dependent; or \$25,000 for each dependent if no spouse; or, if deceased was a dependent, \$10,000 to primary caregiver</p>	<p>Scope: not specified (implicitly, death can occur after accident)</p> <p>Amount: \$50,000 for spouse, unless insured qualified for IRBs at time of death, then spouse receives weekly IRB amount multiplied by 187.2; \$10,000 for each dependent and former spouse to a maximum of \$200,000; or, if deceased was a dependent, \$10,000 to primary caregiver</p>	<p>Scope: if insured dies as a result of an accident</p> <p>a) within 180 days after the accident, or</p> <p>b) within 156 weeks after the accident if insured continuously disabled as a result of the accident</p> <p>Amount: \$25,000 for spouse; \$10,000 for each dependent or \$25,000 to each dependent if no spouse; \$10,000 for former spouse; if deceased was a dependent, \$10,000 to primary caregiver</p>	<p>Scope and Amount unchanged from Bill 59</p> <p>Note: optional additional coverage continues</p>
Funeral Benefit	<p>Up to \$3,000 for incurred expenses</p> <p>Note: optional increased coverages are available</p>	<p>Up to \$6,000 for incurred expenses</p>	<p>Up to \$6,000 for incurred expenses</p> <p>Note: optional increased coverages are available</p>	<p>Scope and Amount unchanged from Bill 59</p>

Education Expenses

	Scope	Amount
Phase 1: Bill 68 June 22, 1990– December 31, 1993	Part of Non-Earner Benefit – no separate entitlement	
Phase 2: Bill 164 June 22, 1990– December 31, 1993	Scope: Weekly benefit- insured is 16 years old and was i) less than 16 years old when the accident occurred; ii) was enrolled full-time in elementary, secondary, or post-secondary education; or iii) completed education less than 1 year prior to accident AND For 104 weeks—suffers substantial inability to continue education (i or ii), a substantial inability to engage in suitable employment post-education (iii), or a partial or complete inability to carry on a normal life (I, ii, or iii). Post-104 -must suffer a complete inability to carry on a normal life if neither i nor ii applies	Weekly benefit – as per formula Lump Sum benefit (age 16 and under): a) \$2,000 for each year of elementary education, b) \$4,000 for each year, or \$2,000 for each semester of secondary education, and c) \$8,000 for each year, or \$4,000 for each semester of post-secondary education that the insured is unable to attend or successfully complete
Phase 3: Bill 59 November 1, 1996–August 21, 2010	Insured was enrolled in elementary, secondary, post-secondary or continuing education and is unable to continue the programme	Lost educational expenses incurred by or on behalf of insured to a maximum of \$15,000
Phase 4: O. Reg 10/34 Accidents after September 1, 2010	Unchanged from Bill 59	Unchanged from Bill 59

Visitor Expenses

	Scope	Coverage
Phase 1: Bill 68	Not available	
Phase 2: Bill 164 June 22, 1990– December 31, 1993	Specified visitors - a) insured’s spouse, children, grandchildren, parents, grandpar- ents, brothers and sisters; b) an individual living with insured at the time of the accident; c) an individual who has demonstrated a settled intention to treat insured as a child; and d) an individual that insured has demonstrated a settled inten- tion to treat as a child	No specified limit
Phase 3: Bill 59 November 1, 1996–August 21, 2010	Unchanged from Bill 164	Unchanged from Bill 164. Note: expenses must be incurred within 104 weeks of accident (for non-catastrophic insureds) Note: income loss does not qualify as an “expense” under Bill 59
Phase 4: O. Reg 10/34 Accidents after September 1, 2010	Unchanged from Bill 59	Unchanged from Bill 59



Campisi LLP Team

Our team has more than 50 years of combined experience helping clients through the complicated personal injury and accident insurance claims processes. Our founding partner Joseph Campisi teaches insurance law at Canada's largest law school. We all benefit from his cutting-edge knowledge and understanding.

**We will look at your case for free and
you don't pay until your case is won or settled.**

Our personal injury lawyers successfully represent seriously injured victims of:

Airplane Accidents

Burns

Long-Term Disability

Amputations

Car Accidents

Motorcycle Accidents

Assaults

Catastrophic Injuries

Slip and Falls

Bicycle Accidents

Children's Injuries

Snowmobile Accidents

Boating Accidents

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Dog Bites

Truck Accidents

Broken Bones

Fatalities

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