

FAC 51 - Accident Benefit Worksheet Effective November 1, 2022 - V 1.0

Company Number:		FA Claim Number:		Company Name:		Company Claim Number:	
Date Form is Completed:		Reporting Period Form Pertains To:		Completed By:			
Claimant Name:		Dependents:		Gender:		Occupation:	
Date of Birth:		Underwriting Jurisdiction:		Priority:			
Marital Status:		WSIB/WCB: Yes No					
Position in Described Vehicle: Driver Passenger Pedestrian TP Vehicle Occupant Cyclist Other Please Explain:							
Optional Benefits:		Endorsements:		Date of Loss (mm/dd/yyyy):			
Claimant Counsel Law Firm:		Carrier Counsel Firm:		Annual Income:			
Claimant Counsel Lawyer Name:		Carrier Counsel Lawyer Name:		Employment Status:			
Nature & Extent of Initial Injuries:							
Collateral Benefits Available:							
Time In Hospital:		Medical Interventions/Treatment:					
Current Status of Claimant:							
Ontario Accident Benefits In Force: OMPP Bill 164 Bill 59 Bill 403/96 Bill 34/10 2010 Bill 34/10 2014 Bill 34/10 2016							
Disability Income Weekly Benefit Calculation: Income Replacement Benefit Non-Earner Benefit Caregiver Benefit							
Gross = \$		70% of Gross = \$		Policy Maximum = \$		Monthly CPP-D & LTD Being Received: \$	
\$	x	% = \$	Less Collaterals \$	= \$	x	weeks = \$	Applied for CPP-D Yes No In Dispute
Meets Post 104 Definition:		Yes No		In Dispute		HST Included Below: Yes No	
Meets Catastrophic Definition:		Yes No		In Dispute			
Tabular Reserves		Yes No		If Yes \$			
OCF-19 Expected:		Yes No		OCF-19 Received? Yes No			
Section 31 Exclusions:		Yes No		In Dispute			
Section 53 Material Misrepresentations:		Yes No		In Dispute			
LAT Application Received:		Yes No		In Dispute			
Loss Transfer Applicable:		Yes No		In Dispute			
				Paid To Date	Reserves	Total	Closed
Disability Income Weekly Benefit				\$	\$	\$	
Caregiver Benefit (Dependent Care)				\$	\$	\$	
Attendant Care Benefit				\$	\$	\$	
Housekeeping				\$	\$	\$	
Medical (include transportation and Section 25 assessments)				\$	\$	\$	
Rehabilitation Expenses				\$	\$	\$	
Visitor Expenses Benefits				\$	\$	\$	
Clothing Expenses Benefits				\$	\$	\$	
Death Benefits				\$	\$	\$	
Funeral Benefits				\$	\$	\$	
Legal Expenses				\$	\$	\$	
Cost of Section 44 Examinations and Section 25 Catastrophic Assessments				\$	\$	\$	
If CAT - Case Management Expenses				\$	\$	\$	
Total Accident Benefits				\$	\$	\$	
Please provide details of any issues that are in dispute.							
Please provide details on Present Values and Annuity Quotes on CAT.							