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THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 47

AUTOMOBILE INSURANCE ACT

THE PRESIDENT OF TREASURY BOARD AND MINISTER OF FINANCE

First Reading

Second Reading

Committee of the Whole

Third Reading

Royal Assent

BILL 47

2025

AUTOMOBILE INSURANCE ACT

(Assented to , 2025)

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**Part 1
Definitions and Application**

Definitions

1 In this Act,

- (a) “accident” means an event resulting in bodily injury or death caused by the use or operation of an automobile or by the load of an automobile, including bodily injury or death caused by a trailer used in connection with an automobile;
- (b) “adult interdependent partner” means adult interdependent partner as defined in the *Adult Interdependent Relationships Act*;
- (c) “automobile” includes a trolley bus and a self-propelled vehicle, and the trailers, accessories and equipment of automobiles, but does not include watercraft, aircraft or railway rolling stock that runs on rails;

- (d) “benefit” includes an income replacement benefit, loss-of-studies benefit, caregiver benefit, retirement income benefit, permanent impairment benefit and death benefit payable under Part 2;
- (e) “bodily injury” means any physical or mental injury, including permanent physical or mental impairment, sustained as a result of an accident;
- (f) “catastrophic injury” means a bodily injury prescribed as a catastrophic injury in the regulations;
- (g) “claimant” means an insured or other person who makes a claim with an insurer for payment of compensation under this Act;
- (h) “compensation” means a benefit or an expense;
- (i) “Court” means the Court of King’s Bench;
- (j) “deceased” means an insured who dies as a result of an accident;
- (k) “dependant” means any of the following:
 - (i) a person who, at the time of the accident,
 - (A) is under 18 years of age, and
 - (B) relies on the insured for financial support and for whose support the insured is legally liable;
 - (ii) a person who, at the time of the accident,
 - (A) is 18 years of age or over,
 - (B) resides in the same dwelling premises as the insured, and
 - (C) principally relies on the insured for financial support because of mental or physical disability;
 - (iii) a parent, including the spouse or adult interdependent partner of a parent, of an insured, who, at the time of the accident,

- (A) resides in the same dwelling premises as the insured, and
 - (B) principally relies on the insured for financial support,
- (iv) a prescribed person;
- (l) “expense” means an expense of which the payment or reimbursement is required under Part 2;
 - (m) “full-time earner” means an insured who, at the time of an accident, holds regular full-time employment, but does not include a minor or student;
 - (n) “insured” means an individual who, under section 5, is entitled to compensation under Part 2;
 - (o) “Minister” means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this Act;
 - (p) “minor” means an insured who is under 18 years of age at the time of an accident;
 - (q) “motor vehicle liability policy” means
 - (i) a motor vehicle liability policy as defined in the *Insurance Act*, or
 - (ii) a financial responsibility card issued by the Superintendent to a corporation under section 825 of the *Insurance Act*;
 - (r) “non-earner” means an insured who, at the time of an accident, is not employed but is able to work, but does not include a minor or student;
 - (s) “part-time earner” means an insured who, at the time of an accident, holds regular part-time employment, but does not include a minor or a student;
 - (t) “permanent impairment” includes a permanent anatomicophysiological deficit, a permanent disfigurement or any other prescribed physical or mental impairment of a permanent nature;

- (u) “student” means an insured who, at the time of an accident, is
 - (i) 18 years of age or older and attending, admitted to or registered in a secondary school or post-secondary institution on a full-time basis, or
 - (ii) a minor who has completed the requirements for graduation from secondary school and is attending, admitted to or registered in a post-secondary institution on a full-time basis;
- (v) “Superintendent” means the Superintendent of Insurance appointed under the *Insurance Act*;
- (w) “temporary earner” means an insured, other than a minor or student, who, at the time of the accident, holds regular employment on a temporary basis;
- (x) “Tribunal” means the Alberta Automobile Care-first Tribunal established in section 83.

Application

2 This Act applies to an accident that occurs on or after January 1, 2027.

Non-application of Act

3 Notwithstanding section 2, this Act does not apply to the following:

- (a) bodily injury or death sustained in an accident
 - (i) caused, while an automobile is not in motion, by, or by the use of, a device mounted on or attached to the automobile that can be operated independently from the automobile, or
 - (ii) that occurs in prescribed circumstances or involves prescribed automobiles;
- (b) a prescribed bodily injury or death.

Part 2 Benefits and Expenses

Division 1 General

No tort actions or proceedings

4 Notwithstanding any other law or enactment but subject to this Division, Part 3 and the regulations,

- (a) a person has no right of action and must not commence or maintain proceedings respecting bodily injury or death sustained in an accident, and
- (b) no action or proceeding may be commenced or maintained in any court respecting bodily injury or death sustained in an accident.

Benefits payable regardless of fault

5(1) Unless otherwise provided for by this Act or the regulations, an insurer, in respect of a motor vehicle liability policy, must pay compensation under this Act, regardless of who is at fault for an accident, to or in respect of an individual described in subsection (2) who sustains bodily injury or death in the accident.

(2) Subsection (1) applies to or in respect of an individual who, at the time of the accident, is any of the following:

- (a) an occupant of the described automobile in the motor vehicle liability policy or a newly acquired or temporary substitute automobile as defined in the policy;
- (b) an occupant of an automobile, other than an automobile referred to in clause (a), and who is
 - (i) the named insured in a motor vehicle liability policy,
 - (ii) a spouse or adult interdependent partner of the named insured living in the same dwelling premises as the named insured, or
 - (iii) a dependant of an individual referred to in subclause (i) or (ii) living in the same dwelling premises as the named insured;

- (c) not an occupant of an automobile and who is struck in Canada by the described automobile in the motor vehicle liability policy or a newly acquired or temporary substitute automobile as defined in the policy;
 - (d) not an occupant of an automobile and who is struck by an automobile, other than an automobile referred to in clause (c), and is
 - (i) the named insured in a motor vehicle liability policy,
 - (ii) a spouse or adult interdependent partner of the named insured living in the same dwelling premises as the named insured, or
 - (iii) a dependant of an individual referred to in subclause (i) or (ii) living in the same dwelling premises as the named insured;
 - (e) if the named insured in the motor vehicle liability policy is a corporation, unincorporated association, or partnership, or a sole proprietorship,
 - (i) an occupant of an automobile, other than an automobile referred to in clause (a), and who is
 - (A) an employee or partner of the named insured for whose regular use the described automobile in the motor vehicle liability policy is furnished,
 - (B) a spouse or adult interdependent partner of the employee or partner living in the same dwelling premises as the employee or partner, or
 - (C) a dependant of an individual referred to in paragraph (A) or (B) living in the same dwelling premises as that individual,
- or
- (ii) not an occupant of an automobile and who is struck by an automobile, other than an automobile referred to in clause (c), and is
 - (A) an employee or partner of the named insured for whose regular use the described automobile in the motor vehicle liability policy is furnished,

- (B) a spouse or adult interdependent partner of the employee or partner living in the same dwelling premises as the employee or partner, or
- (C) a dependant of an individual referred to in paragraph (A) or (B) living in the same dwelling premises as that individual.

(3) Subsection (1) does not apply if the individual is a prescribed excluded individual or the automobile is a prescribed excluded automobile.

(4) Subject to this Division, this section applies if the accident occurs in Canada or the United States of America or on a vessel travelling between ports of those countries.

(5) Subsection (1) does not apply to an individual who is resident in a jurisdiction outside Alberta if

- (a) the individual is a resident of British Columbia or is otherwise eligible to receive compensation from the Insurance Corporation of British Columbia, or
- (b) the Minister has entered into an agreement with the government or an agency of the government of that jurisdiction, and under the agreement an insurer is not to provide compensation to persons residing in that jurisdiction.

Excess compensation — optional policy

6(1) An insurer may offer a motor vehicle liability policy that provides an insured with compensation in amounts in excess of those prescribed for the purposes of this Part.

(2) An insurer that offers a motor vehicle liability policy under subsection (1) must also offer the option of a motor vehicle liability policy that provides an insured with compensation only in the amounts prescribed for the purposes of this Part.

Excess compensation — accident outside Alberta

7 An insured entitled to compensation under this Part in respect of an accident that occurred outside Alberta may, subject to an insurer's right of subrogation, exercise any right or remedy that the insured has under the law of the place where the accident occurred

for compensation in excess of the compensation received under this Part.

Insurer's right of subrogation — accident outside Alberta involving out-of-province automobile

8 If an insured is entitled to compensation under this Part in respect of an accident that occurred outside Alberta, the insurer is subrogated to the insured's rights and is entitled to recover the amount of compensation paid by the insurer to or on behalf of the insured in respect of the insured's bodily injury or death from any person who is

- (a) not a resident in Alberta and
 - (i) was driving an automobile registered or required to be registered in another jurisdiction at the time of the accident, and
 - (ii) is at fault for the accident under the law of the place where the accident occurred,

or

- (b) liable to pay compensation in respect of the bodily injury or death for which the non-resident referred to in clause (a) is at fault.

**Division 2
Health Care and Related Expenses**

Insurer to pay or reimburse

9(1) Subject to the regulations, an insurer shall pay or reimburse reasonable and necessary expenses to which an insured is entitled under this Division.

(2) When an insured is entitled to the payment or reimbursement of an expense provided for under this Division, a person who pays the expense on behalf of the insured is entitled to reimbursement of the expense.

(3) Subject to section 78, an insurer is, in the first instance, liable for the payment or reimbursement of an expense under this Division, unless the insured is entitled to payment or reimbursement of the expense under the *Alberta Health Care*

Insurance Act or another Act, in which case the insurer is liable only for the portion of the expense not paid or reimbursed under that Act or the other Act.

Health care and related expenses

10(1) Subject to the regulations, an insured is entitled to the payment or reimbursement of reasonable and necessary expenses incurred by the insured because of the insured's bodily injury for the following:

- (a) prescribed health care services;
- (b) prescribed equipment, medication and supplies;
- (c) other prescribed services.

(2) Subject to the regulations, if an insurer obtains an independent medical assessment of the insured that concludes that any service, equipment, medication or supply referred to in subsection (1) is not likely to contribute to the further functional improvement of the insured or that the insured has reached maximum medical recovery from bodily injury, the insurer is not required to continue paying for or reimbursing the insured for the expense associated with the health care service, equipment, medication or supply.

(3) A copy of any independent medical assessment obtained by the insurer under subsection (2) shall be provided, at no charge, by the insurer to the insured and to the insured's health care practitioner.

(4) Notwithstanding subsection (2) but subject to the regulations, an insured remains entitled to the payment or reimbursement of reasonable and necessary expenses incurred by the insured for a service, equipment, medication or supply referred to in subsection (1) that the insured, because of the long-term or permanent nature of the insured's bodily injury, continues to require after maximum medical recovery from bodily injury is reached.

Rehabilitation

11 Subject to the regulations, an insured is entitled to the payment or reimbursement of reasonable and necessary expenses incurred by the insured in undertaking prescribed rehabilitative activities and measures that are reasonable and necessary to facilitate the insured's

- (a) maximum medical recovery from the insured's bodily injury, or
- (b) return to a normal life or reintegration into society or the labour market.

Transportation, lodging, other expenses

12 Subject to the regulations, an insured or other claimant is entitled to the payment or reimbursement of the following expenses:

- (a) reasonable and necessary transportation, lodging and other prescribed expenses incurred by the insured for the purposes of
 - (i) receiving health care services referred to in section 10(1)(a),
 - (ii) receiving equipment, medication and supplies referred to in section 10(1)(b),
 - (iii) receiving other services referred to in section 10(1)(c), or
 - (iv) undertaking activities and measures referred to in section 11;
- (b) reasonable and necessary transportation, lodging and other prescribed expenses incurred by a person to accompany an insured receiving any thing referred to in clause (a) if that accompaniment is required because of the physical or mental condition of the insured or the insured's age;
- (c) reasonable and necessary transportation, lodging and other prescribed expenses incurred by a person to attend to an insured receiving critical care because of the insured's bodily injury;
- (d) reasonable and necessary transportation, lodging and other prescribed expenses incurred by an insured in connection with a medical examination referred to in section 57;
- (e) reasonable and necessary transportation, lodging and other prescribed expenses incurred by a person to accompany an insured to a medical examination referred to in section

57 if that accompaniment is required because of the physical or mental condition of the insured or the insured's age.

Daily living assistance expenses

13 Subject to the regulations, if an insured is unable to perform activities of daily living without assistance because of the insured's bodily injury, the insured is entitled to the payment or reimbursement of reasonable and necessary expenses incurred by the insured to assist with activities of daily living.

Expenses for care of other person

14 Subject to the regulations, an insured who, because of the insured's bodily injury, becomes unable to care for a child under 16 years of age or for a person who is, for any reason, regularly unable to hold employment, is entitled to the payment or reimbursement of reasonable and necessary expenses incurred to pay the cost of care if, at the time of the accident, the insured was

- (a) a full-time earner or temporary earner,
- (b) a part-time earner who was regularly employed for a total of not less than 28 hours per week,
- (c) a minor or student,
- (d) a part-time earner or non-earner, and who
 - (i) elects to receive an income replacement benefit under section 32(4), or
 - (ii) is deemed to have elected to receive an income replacement benefit under section 32(6),

or

- (e) a person in a prescribed class of persons.

Expenses respecting family enterprise

15(1) Subject to the regulations, if an insured is, at the time of an accident, working without remuneration in a family enterprise and the insured is unable to perform the insured's regular duties in the family enterprise because of the insured's bodily injury, the insured

is entitled to payment or reimbursement of reasonable and necessary expenses incurred during the first 180 days after the accident to have the insured's regular duties performed by another person during those 180 days.

(2) If an insurer reasonably determines that an insured was regularly unable, before the accident, to hold employment for any reason except age, the insured is not entitled to the payment or reimbursement of an expense under this section.

Other expenses

16 Subject to the regulations, an insured is entitled to payment or reimbursement of reasonable and necessary expenses incurred by the insured because of the insured's bodily injury if those expenses are within a prescribed category of expenses.

Determination of entitlement to payment or reimbursement

17 The entitlement of an insured or other claimant to the payment or reimbursement of an expense under this Division is subject to

- (a) the prescribed maximum amount, and
- (b) the prescribed terms, conditions, restrictions and exclusions.

Division 3 Income Replacement and Other Monetary Benefits

Full-time earners

18 Subject to the regulations, a full-time earner is entitled to an income replacement benefit where any of the following occurs as a result of an accident:

- (a) the full-time earner is unable to continue full-time employment;
- (b) the full-time earner is unable to continue any other employment that the full-time earner held in addition to the full-time employment held at the time of the accident;
- (c) the full-time earner is deprived of a benefit under the *Employment Insurance Act* (Canada) to which the full-time earner was entitled at the time of the accident.

More remunerative employment

19(1) Subject to the regulations, if an insurer reasonably determines that a full-time earner entitled to an income replacement benefit under section 18 would have held, but for special circumstances, more remunerative employment at the time of the accident than the full-time earner actually held, the full-time earner is entitled to receive an income replacement benefit under section 18 determined on the basis of that more remunerative employment.

(2) An insurer shall determine whether a full-time earner is entitled to receive an income replacement benefit determined on the basis of more remunerative employment if the insurer

- (a) is requested to do so in writing by the full-time earner, or
- (b) becomes aware of the existence of special circumstances that may entitle the full-time earner to receive an income replacement benefit determined on the basis of that more remunerative employment.

(3) The more remunerative employment must be full-time employment that is commensurate with the training, experience and abilities of the full-time earner immediately before the accident.

Temporary and part-time earners

20 Subject to the regulations, a temporary earner or part-time earner is entitled to an income replacement benefit where either of the following occurs as a result of an accident:

- (a) the temporary earner or part-time earner is unable to continue employment or hold employment that the temporary earner or part-time earner would have held during a prescribed period if the accident had not occurred;
- (b) the temporary earner or part-time earner is deprived of a benefit under the *Employment Insurance Act* (Canada) to which the temporary earner or part-time earner was entitled at the time of the accident.

Non-earners

21(1) Subject to the regulations, a non-earner is entitled to an income replacement benefit where either of the following occurs as a result of an accident:

- (a) the non-earner is unable to hold employment that the non-earner would have held during a prescribed period if the accident had not occurred;
- (b) the non-earner is deprived of a benefit under the *Employment Insurance Act (Canada)* to which the non-earner was entitled at the time of the accident.

(2) If a non-earner is entitled to an income replacement benefit under both subsection (1)(a) and (b), the non-earner is entitled to whichever income replacement benefit is greater.

Loss-of-studies benefit — student

22 Subject to the regulations, a student is entitled to a loss-of-studies benefit for the period during which the student is, as a result of an accident, unable to begin or continue a prescribed program of studies at the secondary or post-secondary level on a full-time basis.

Income replacement benefit — student

23 Subject to the regulations, a student is entitled to an income replacement benefit where either of the following occurs as a result of an accident:

- (a) the student is unable to hold employment that the student would have held if the accident had not occurred;
- (b) the student is deprived of a benefit under the *Employment Insurance Act (Canada)* to which the student was entitled at the time of the accident.

Student unable to begin or continue studies and hold employment

24(1) Subject to the regulations, a student is entitled to an income replacement benefit where, as a result of an accident, the student is, after the prescribed date, unable to

- (a) begin or continue studies, and

(b) hold employment.

(2) A student is entitled to an income replacement benefit under subsection (1) for the time that the student remains unable to hold employment because of the student's bodily injury.

Student unable to hold employment after studies

25(1) Subject to the regulations, a student who begins or continues the student's studies after an accident but, as a result of the accident, is unable to hold employment after completing or ending the student's studies is entitled to an income replacement benefit.

(2) A student is entitled to an income replacement benefit under subsection (1) for the time that the student remains unable to hold employment because of the student's bodily injury.

Entitlement to greater benefit

26 A student entitled to an income replacement benefit under section 23 and either section 24 or 25 is only entitled to whichever is the greater benefit, but not both.

Loss-of-studies benefit — minors

27 Subject to the regulations, a minor is entitled to a loss-of-studies benefit for the period during which the minor is, as a result of an accident, unable to begin or continue studies in a prescribed educational program.

Income replacement benefit — minors

28 Subject to the regulations, a minor is entitled to an income replacement benefit where either of the following occurs as a result of an accident:

- (a) the minor is unable to hold employment that the minor would have held if the accident had not occurred;
- (b) the minor is deprived of a benefit under the *Employment Insurance Act* (Canada) to which the minor was entitled at the time of the accident.

Minor unable to begin or continue studies and hold employment

29(1) Subject to the regulations, a minor is entitled to an income replacement benefit where, as a result of an accident, the minor is, following the end of the school year in which the minor reaches 18 years of age, unable to

- (a) begin or continue the minor's studies, and
- (b) hold employment.

(2) A minor is entitled to an income replacement benefit under subsection (1) for the time that the minor remains unable to hold employment because of the minor's bodily injury.

Minor unable to hold employment after studies

30(1) Subject to the regulations, a minor who begins or continues the minor's studies after an accident but, as a result of the accident, is unable to hold employment after completing or ending the minor's studies is entitled to an income replacement benefit.

(2) A minor is entitled to an income replacement benefit under subsection (1) for the time that the minor remains unable to hold employment because of the minor's bodily injury.

Entitlement to greater benefit

31 A minor entitled to an income replacement benefit under section 28 and either section 29 or 30 is only entitled to whichever is the greater benefit, but not both.

Caregiver benefit

32(1) Subject to the regulations, an insured, other than a full-time earner, temporary earner, student or minor, is entitled to a caregiver benefit if

- (a) the insured's main occupation at the time of an accident is caring for, without remuneration, one or more persons who are
 - (i) under 16 years of age, or
 - (ii) regularly unable, for any reason, to hold employment,

and

- (b) the insured is unable to continue providing that care because of the insured's bodily injury.

(2) If an insured entitled to a benefit dies as a result of an accident, the amount of the caregiver benefit that would have been payable to the insured had the insured survived is payable in accordance with the regulations.

(3) A part-time earner or non-earner receiving a caregiver benefit under subsection (1) may receive only one of the following after the end of the prescribed period:

- (a) a caregiver benefit, or
- (b) an income replacement benefit under section 20 with respect to a part-time earner or section 21 with respect to a non-earner.

(4) An insured must, within the prescribed period, elect to receive either a caregiver benefit or an income replacement benefit for the purposes of subsection (3).

(5) An insurer must provide the part-time earner or non-earner with information to assist the part-time earner or non-earner to make an election under subsection (3) not later than 60 days before the end of the period referred to in that subsection.

(6) If a part-time earner or non-earner does not make an election under subsection (4) prior to the end of the period referred to in subsection (3), the insured shall, in the prescribed manner, be deemed to have made an election.

No entitlement for unemployed person 65 years or older

33(1) Notwithstanding any other section of this Division, an insured who, on the date of an accident, is 65 years of age or older and does not hold employment is not entitled to an income replacement benefit or a retirement income benefit in respect of that accident, unless the insured has a reasonable expectation of employment.

(2) For the purposes of subsection (1), an insured is considered to have a reasonable expectation of employment if, at the time of the accident, the insured

- (a) had received a written offer of employment and had not declined the offer,
- (b) has a history of seasonal, casual or temporary employment that would have continued if the accident had not occurred, or
- (c) satisfies the prescribed requirements.

Retirement income benefit after age 65

34 Subject to the regulations, on ceasing to be entitled to receive an income replacement benefit as set out in section 49(1)(c) or 50(2)(a), an insured is entitled to a retirement income benefit.

Determination of entitlement to benefits

35 An insurer must

- (a) determine the insured's entitlement to a benefit under this Division in accordance with the prescribed terms, conditions, restrictions and exclusions, and
- (b) calculate and determine the type and amount of a benefit to which an insured is entitled in accordance with the regulations.

Division 4 Permanent Impairment

Permanent impairment benefit

36 Subject to section 37 and the regulations, if an insured sustains a permanent impairment as a result of an accident, the insured is entitled to a permanent impairment benefit.

Effect of death on permanent impairment benefit

37(1) If an insured dies of a cause related to the accident in which the insured sustained the permanent impairment on or before the 89th day after the date of the accident, a permanent impairment benefit is not payable.

(2) An insurer is not entitled to recover a permanent impairment benefit paid to an insured if the insured dies of a cause related to the accident following the 89th day after the date of the accident.

(3) If an insured dies of a cause unrelated to the accident and the insured has a permanent impairment as a result of the accident on the date of the insured's death, an insurer must

- (a) estimate the amount of the permanent impairment benefit that would have been payable to the insured under section 36 as if the insured had not died, and
- (b) pay that permanent impairment benefit to the insured's estate.

Determination of entitlement to permanent impairment benefit

38 An insurer must

- (a) determine the insured's entitlement to a permanent impairment benefit under this Division in accordance with the prescribed terms, conditions, restrictions and exclusions, and
- (b) calculate and determine the amount of a permanent impairment benefit to which an insured is entitled in accordance with the regulations.

Division 5

Death Benefits and Related Expenses

Death benefit for spouse or adult interdependent partner

39 Subject to the regulations, the spouse or adult interdependent partner of a deceased is entitled to a death benefit.

Death benefit for dependant

40 Subject to the regulations, a dependant of a deceased is entitled to a death benefit.

Death benefit for dependent child if deceased had no spouse or adult interdependent partner

41(1) Subject to subsection (2) and the regulations, if, on the date that a deceased dies, the deceased has no spouse or adult interdependent partner but has a child who is a dependant, the child is entitled to

- (a) a death benefit under section 40, and

- (b) the death benefit that would have been payable under section 39 to the spouse or adult interdependent partner of the deceased.

(2) If the deceased has more than one child who is a dependant, the death benefit under subsection (1)(b) must be divided equally among the children of the deceased who are dependants.

Entitlement of child and parent of deceased

42 Subject to the regulations, if a deceased has no spouse or adult interdependent partner and no dependant on the day the deceased dies, each child and parent of the deceased who is not a dependant of the deceased is entitled to a death benefit.

Funeral and interment expenses

43 Subject to the regulations, an insurer must pay or reimburse a person who incurs reasonable expenses for and related to the funeral and interment of a deceased.

Grief counselling expenses

44 Subject to the regulations, an insurer must pay or reimburse a person who

- (a) is in a prescribed class of relationship with the deceased, and
- (b) incurs reasonable expenses for and related to grief counselling respecting the death of the deceased.

Determination of entitlement to death benefit, payment or reimbursement

45(1) An insurer must

- (a) determine a person's entitlement to a death benefit under this Division in accordance with the prescribed terms, conditions, restrictions and exclusions, and
- (b) calculate and determine the type and amount of a death benefit to which a person is entitled in accordance with the regulations.

(2) The entitlement of a person to the payment or reimbursement of an expense under sections 43 and 44 is subject to

- (a) the prescribed maximum amount, and
- (b) the prescribed terms, conditions, restrictions and exclusions.

Division 6 Ineligibility, Suspension, Reduction or End of Benefits

Insured unable to hold employment

46 Notwithstanding Division 3, if an insurer reasonably determines that an insured was regularly unable, before an accident, to hold employment for any reason except age, the insured is not entitled to an income replacement benefit or a retirement income benefit.

Benefits reduced, suspended, terminated or not paid

47 Subject to the regulations, an insurer may reduce, suspend, terminate or refuse to pay compensation under this Part to or on behalf of an insured or other claimant, as the case may be, in the following circumstances:

- (a) the insured wilfully caused the accident;
- (b) the insured wilfully caused the insured's own bodily injury or death;
- (c) the insured's use or operation of an automobile caused bodily injury or death and results in the insured's conviction under
 - (i) one or more *Criminal Code* (Canada) offences prescribed for the purposes of this section,
 - (ii) one or more *Traffic Safety Act* offences prescribed for the purposes of this section, or
 - (iii) one or more prescribed offences under a prescribed Act;

- (d) the insured or other claimant knowingly provides false or inaccurate information to an insurer that is material to the benefit being claimed;
- (e) the insured or other claimant fails to comply with prescribed requirements;
- (f) prescribed circumstances.

End of benefits following death of insured

48 Except as otherwise provided for in this Part or the regulations, an insured ceases to be entitled to receive a benefit under Division 3 on the insured's death.

End of income replacement benefit — non-catastrophic injury

49(1) Subject to this section and the regulations, an insured, other than an insured who sustains a catastrophic injury, ceases to be entitled to an income replacement benefit when any of the following occurs:

- (a) the insured is able to hold the employment that the insured held at the time of the accident;
- (b) the insured is able to hold the employment referred to in section 19;
- (c) the occurrence of the first June 30 following the later of
 - (i) the date the insured reaches the age of 65, or
 - (ii) the date that is 5 years after the date on which the insured's entitlement to receive the income replacement benefit began;
- (d) the prescribed circumstances.

(2) An insured referred to in subsection (1) is entitled to continue to receive an income replacement benefit from the day the insured regains the ability to hold the employment referred to in subsection (1)(a) or (b), or a prescribed employment for a prescribed period if

- (a) the insured is a full-time earner, part-time earner or temporary earner, and

- (b) the insured, as a result of the accident, lost the employment that the insured held before receiving the income replacement benefit.

(3) Subject to the regulations, an insured referred to in subsection (1) who suffers a relapse of the insured's bodily injury within a prescribed period is entitled to an income replacement benefit determined in accordance with the regulations.

Suspension or end of income replacement benefit — catastrophic injury

50(1) Subject to the regulations, an income replacement benefit to which an insured who sustains a catastrophic injury is entitled shall be suspended during the period in which

- (a) the insured holds the employment that the insured held at the time of the accident,
- (b) the insured holds the employment referred to in section 19, or
- (c) the insured satisfies the prescribed criteria.

(2) Subject to the regulations, an insured referred to in subsection (1) ceases to be entitled to an income replacement benefit when any of the following occurs:

- (a) the occurrence of the first June 30 following the later of
 - (i) the date the insured reaches the age of 65, or
 - (ii) the date that is 5 years after the date on which the insured's entitlement to receive the income replacement benefit began;
- (b) the prescribed circumstances.

Income replacement benefit reduced

51 Subject to the regulations, if an insured entitled to an income replacement benefit holds, due to the insured's bodily injury, employment for which the insured earns a lower income than that used by the insurer to calculate and determine the insured's income replacement benefit, the income replacement benefit payable must be reduced in accordance with the regulations.

End of loss-of-studies benefit

52 Subject to the regulations, an insured ceases to be entitled to a loss-of-studies benefit when any of the following occurs:

- (a) in the case of a student, the earlier of
 - (i) the day on which the student becomes able to begin or continue the student's prescribed program of studies referred to in section 22, or
 - (ii) the date that was scheduled, at the time of the accident, for the completion of that program of studies;
- (b) in the case of a minor, the earlier of
 - (i) the day on which the minor becomes able to begin or continue the minor's studies in an educational program referred to in section 27, or
 - (ii) the end of the school year in which the minor reaches 18 years of age.

End of caregiver benefit

53 Subject to the regulations, an insured ceases to be entitled to a caregiver benefit when any of the following occurs:

- (a) the last of the persons referred to in section 32(1)(a)
 - (i) reaches 16 years of age, in the case of persons referred to in section 32(1)(a)(i), or
 - (ii) becomes able to hold employment, in the case of persons referred to in section 32(1)(a)(ii);
- (b) the insured is able to resume caring for the persons referred to in section 32(1)(a);
- (c) the insured elects to receive an income replacement benefit under section 32(4);
- (d) the insured is deemed to have elected to receive an income replacement benefit under section 32(6);
- (e) the prescribed circumstances.

Division 7 Claims

Claims

54(1) A claim for compensation under this Part must

- (a) be made in accordance with the prescribed claims application process,
- (b) include the prescribed information and documentation, and
- (c) be submitted within the prescribed period.

(2) A claimant shall provide any information, and any authorization necessary for the insurer to obtain information, reasonably requested by the insurer for the purposes of this Part.

Insurer to advise and assist claimants

55 An insurer shall

- (a) endeavor to ensure a claimant is informed about the compensation available under this Part,
- (b) reasonably assist a claimant with making a claim for compensation, and
- (c) endeavour to ensure that a claimant receives the compensation to which the claimant is entitled.

Employment information

56(1) An employer or former employer of a claimant must, whenever an insurer requests, provide to an insurer as soon as practicable

- (a) a statement of the claimant's earnings while the claimant was employed by the employer or former employer, and
- (b) any other prescribed information that relates to the claimant's employment.

(2) If the employer does not provide proof of the claimant's earnings within 6 calendar days after the request is made, the insurer shall consider the claim on the basis of information

provided by the claimant and that is acceptable to an insurer until such time as the employer provides the statement of the claimant's earnings.

(3) An insurer may apply to the Court for an order if the claimant's employer or former employer refuses or fails to produce the information referred to in subsection (1).

(4) On being satisfied that an order is necessary for the purposes of ensuring compliance with this section, the Court may make an order directing the claimant's employer or former employer to produce to the insurer the information required by the insurer.

(5) An application under subsection (3) may be made ex parte if the Court considers it appropriate.

Medical examinations

57(1) An insurer may, in accordance with the regulations, require a claimant to undergo a medical examination by a health care practitioner when and as often as the insurer reasonably requires.

(2) Subject to the regulations, a medical examination of the claimant must be at the insurer's expense.

(3) A health care practitioner shall conduct a medical examination required by the insurer under this section in accordance with the regulations.

(4) A health care practitioner who performs a medical examination under this section shall make a report to the insurer on the nature and extent of the claimant's bodily injury and on any other related matter reasonably requested by the insurer.

(5) The insurer must, on request by the claimant, provide a copy of the report to

- (a) the claimant, and
- (b) a prescribed person.

Health care reports

58(1) Subject to the regulations, a prescribed health care practitioner who attends to, diagnoses, treats or is consulted by a claimant in respect of the claimant's bodily injury, or the hospital

or other health care facility at which the health care practitioner is practising, must provide an insurer, on request, with the information referred to in subsection (2).

(2) For the purposes of subsection (1), the following information must be provided to an insurer:

- (a) a report that includes the following information, to the extent that the information is known or available:
 - (i) the nature and extent of the claimant's injuries;
 - (ii) the claimant's diagnosis;
 - (iii) the claimant's condition at the time health care was provided;
 - (iv) the treatment provided or recommended;
 - (v) the claimant's prognosis;
 - (vi) prescribed information;
- (b) the claimant's patient chart and other medical records reasonably requested by the insurer relating to the claimant's bodily injury.

(3) The information referred to in subsection (2) must be provided

- (a) as soon as reasonably practicable after a request by the insurer, and
- (b) in the prescribed form and manner.

Autopsy

59 Subject to the regulations, an insurer may have an autopsy performed on a deceased in respect of whose death compensation may be paid under this Part.

Change in circumstances

60 A claimant must notify an insurer promptly of any change in the claimant's circumstances that affects, or might affect, either of the following:

- (a) the claimant's entitlement to compensation under this Part;
- (b) the amount of compensation payable to the claimant under this Part.

Division 8 Payment of Benefits and Reimbursements

Payments — general

61(1) Subject to this Division, an insurer shall pay compensation to which a person is entitled under this Part in accordance with the regulations.

(2) Where a person is entitled to compensation under this Part as an insured under 2 or more motor vehicle liability policies, the priority in which each insurer shall be liable to the insured for the payment of compensation under this Part shall be determined in accordance with the regulations.

Annual adjustments

62 The following shall be subject to an annual adjustment in accordance with the regulations:

- (a) the amount of a prescribed benefit;
- (b) a prescribed amount used to calculate a benefit;
- (c) a prescribed maximum amount in respect of an expense paid or reimbursed;
- (d) a prescribed amount expressed in dollars.

Other compensation not affected by adjustment

63 The amount of compensation paid to a person under another plan, scheme, coverage, source, enactment or law that provides benefits or payments for a loss or expense similar to a loss or expense for which the person is receiving compensation under this Part must not be reduced because of the adjustment of an amount under section 62.

Interest where benefit not paid

64 Where an insurer fails to pay compensation under this Part within the prescribed period, the insurer must pay interest on the overdue amount of compensation payable at the prescribed rate in the prescribed manner.

No alternative financial arrangements

65(1) Subject to subsections (2) and (3) and the regulations, an insurer shall not make a lump sum payment or enter into an alternative financial arrangement with an insured in lieu of paying compensation to which an insured is entitled in accordance with amounts, manner and frequency of payment prescribed under this Act.

(2) Subsection (1) does not apply to the following:

- (a) the payment of a benefit under this Part that an insurer must pay as a lump sum;
- (b) the payment or reimbursement of an expense in full as the expense is incurred by or on behalf of an insured;
- (c) the payment of a prescribed benefit or expense.

(3) If an insurer and an insured mutually agree, the insurer may enter into a prescribed financial arrangement with an insured in lieu of paying an income replacement benefit or retirement income benefit in accordance with the amounts, manner and frequency of payment prescribed under this Act.

(4) A financial arrangement may only be made

- (a) once the prescribed period from the date of the accident has lapsed, and
- (b) in accordance with the prescribed requirements.

(5) A financial arrangement does not release an insurer from the obligation to pay compensation under this Part that

- (a) is not subject to the financial arrangement entered into between the insurer and the insured, and
- (b) the insured remains entitled to receive.

(6) A financial arrangement made in contravention of this section is void.

Discretionary payment not waiver

66 An insurer may pay compensation that the insurer is not required to pay under this Part, and the payment of such compensation does not constitute a waiver by the insurer to

- (a) limit any subsequent compensation to only the compensation which the insured, or any other claimant, is entitled to receive under this Part, or
- (b) enforce any other term or condition in a motor vehicle liability policy.

Payment to estate

67 If compensation under this Part is payable to an insured or other person but remains unpaid on the day the insured or other person dies, an insurer shall pay the compensation to the estate of the insured or other person.

Payment to minor

68(1) Subject to the regulations, if compensation under this Part is payable to a minor, the payment must be made in accordance with the *Minor's Property Act*.

(2) A payment made by the insurer under subsection (1) discharges the insurer to the extent of the amount of the payment.

Payment to adult lacking capacity

69(1) If an insured or other person entitled to compensation under this Part has a trustee under the *Adult Guardianship and Trusteeship Act* or is represented by a prescribed personal representative, the insurer shall pay the compensation to the trustee or personal representative.

(2) The payment made by the insurer discharges the insurer to the extent of the amount of the payment.

**Compensation other than income replacement benefits
and retirement income benefits not subject to seizure**

70(1) Subject to the regulations, compensation payable under this Part, other than an income replacement benefit or a retirement income benefit, is exempt from civil enforcement proceedings under the *Civil Enforcement Act* or execution or seizure under any other law in force in Alberta.

(2) Subject to the regulations, a person entitled to compensation under this Part, other than an income replacement benefit or a retirement income benefit, may not assign the benefit to another person, and any such assignment is void.

(3) An income replacement benefit or a retirement income benefit that is paid or payable under this Part is deemed to be employment earnings for the purposes of the *Civil Enforcement Act*.

**Division 9
Decisions and Reviews by Insurers**

Notices of decision

71(1) Subject to the regulations, notice of a decision made by an insurer in respect of a claim under this Part must be given in writing to a claimant as soon as practicable.

(2) Notice of a decision made by an insurer under subsection (1) must include

- (a) reasons for the decision, and
- (b) notice of the right of the claimant to
 - (i) apply for a review of the decision by the insurer, or
 - (ii) appeal the decision to the Tribunal in accordance with Part 4.

Reconsiderations

72(1) Subject to the regulations, an insurer may reconsider a decision made in respect of a claim under this Part where

- (a) new information is available in respect of the decision, or
- (b) an error may have been or was made in respect of the decision.

(2) If the insurer reasonably determines that the new information or error affects the insurer's decision in respect of a claim, the insurer may vary the decision.

(3) A notice of a decision by an insurer following a reconsideration must include the information set out in section 71(2).

Reviews

73(1) A claimant may, within 60 calendar days after receiving notice of a decision from an insurer in respect of a claim under this Part, apply in writing to an insurer for a review of the decision.

(2) On receipt of an application made under subsection (1), the insurer must review the decision and issue a review decision within the prescribed time.

(3) When issuing a review decision, an insurer may confirm, rescind or vary the insurer's prior decision.

(4) A review decision made by an insurer under this section must include

- (a) reasons for the decision, and
- (b) notice of the right of the claimant to appeal the decision to the Tribunal in accordance with Part 4.

Benefit continues during review

74 Subject to the regulations, if an insured applies for a review of a decision made by an insurer to reduce, suspend or terminate a prescribed benefit, the insurer must, in the prescribed circumstances, continue to pay the benefit until the insurer has issued a review decision.

Division 10 Recovery of Payments

Insurer entitled to recovery of overpayments

75(1) Subject to subsection (2) and the regulations, when compensation has been paid by an insurer to or on behalf of a claimant to which the claimant was not entitled, or in an amount in excess of that to which the claimant was entitled, the amount of the

overpayment may be recovered by the insurer as a debt due to the insurer.

(2) An insurer may not recover an overpayment from a claimant under this section in the prescribed circumstances.

(3) An insurer must commence an action to recover an overpayment

- (a) within 2 years after the date the amount is paid to or on behalf of the claimant, or
- (b) where the amount is paid as a result of fraud, within 2 years after the day the fraud is first known or discovered by the insurer.

(4) Subject to the regulations, an insurer may recover an overpayment by deducting the amount of the overpayment from any subsequent amount payable to or on behalf of the claimant under this Part.

(5) An insurer may set off an amount under subsection (4) notwithstanding a claimant's application for review under section 73 or appeal under Part 4 respecting the amount of the overpayment or the insurer's decision to set off the amount of the overpayment.

Insurer entitled to recovery from certain persons

76(1) Subject to subsection (4) and the regulations, when compensation has been paid to or on behalf of a person referred to in subsection (2), the amount paid by the insurer may be recovered by the insurer as a debt due to the insurer.

(2) For the purposes of subsection (1), an insurer may recover compensation paid under this Part in respect of an accident from the following:

- (a) a person to whom or on behalf of whom compensation has been paid in respect of bodily injury arising out of an accident and whose use or operation of an automobile
 - (i) caused the person's bodily injury, and
 - (ii) results in the person's conviction under

- (A) one or more *Criminal Code* (Canada) offences prescribed for the purposes of this section,
 - (B) one or more *Traffic Safety Act* offences prescribed for the purposes of this section, or
 - (C) one or more prescribed offences under a prescribed Act;
- (b) a third party described in section 80(1)(c) whose acts or omissions caused or contributed to a person's bodily injury or death, in respect of the amount of compensation paid to or on behalf of the person in respect of the person's bodily injury or death;
 - (c) a person who prevents or obstructs an insurer from exercising the insurer's right of subrogation or recovery;
 - (d) a person in a prescribed class of persons or a person in the prescribed circumstances.
- (3)** Notwithstanding the *Contributory Negligence Act*, if 2 or more persons are at fault for a bodily injury or death and an insurer is entitled under this Part to recovery of compensation paid, a person against whom an insurer may recover under subsection (1) is
- (a) liable to the insurer only in proportion to the degree in which the person is respectively at fault, and
 - (b) not liable to make a contribution to or indemnify another person at fault for the other person's respective liability or a payment required in relation to it.
- (4)** An insurer may not recover under subsection (1) the compensation paid under this Part in the prescribed circumstances.
- (5)** An insurer must commence an action under this section to recover compensation paid in accordance with the following:
- (a) for the purposes of subsection (2)(a), within 2 years after the date of the person's conviction;
 - (b) for the purposes of subsection (2)(b), within 2 years after the date the insurer first knows, or in the circumstances ought to know, that the third party's acts or omissions caused or contributed to the person's bodily injury or death;

- (c) for the purposes of subsection (2)(c), within 2 years after the day the insurer first knows about or discovers an act of the person that prevents or obstructs the insurer from exercising the insurer's right of subrogation or recovery;
- (d) within the prescribed period in the prescribed circumstances.

Division 11 Compensation under Other Acts or Plans

Other compensation

77(1) In this section, "other compensation" means amounts paid or payable, or things or services provided or to be provided in kind, directly or indirectly, whether or not as a result of a right of indemnity, for a loss or expense similar to a loss or expense for which compensation is available under this Part, where the amounts, things or services are paid or provided

- (a) under the *Workers' Compensation Act* or a similar law of another jurisdiction,
- (b) under a prescribed compensation plan or scheme,
- (c) from a prescribed insurance coverage,
- (d) from a prescribed source,
- (e) under a prescribed enactment, or
- (f) under a prescribed law of a jurisdiction outside Alberta.

(2) Subject to sections 78 and 79, nothing in this Part limits or affects the right of a person who claims or receives compensation under this Part to claim other compensation for a loss or expense similar to a loss or expense covered under this Part.

(3) Subject to sections 9(3), 78 and 79, if an insured or other claimant is entitled to receive other compensation in respect of the insured's bodily injury or death, the priority in which an insurer shall be liable to pay compensation under this Part shall be determined in accordance with the regulations.

Compensation under Workers' Compensation Act

78(1) Subject to section 79 and the regulations, an insurer is not liable to pay compensation to a person under this Part if that person is entitled to compensation under the *Workers' Compensation Act* or similar law of another jurisdiction for the same bodily injury or death caused by an accident.

(2) Subsection (1) applies even if the person has elected not to claim or has forfeited the person's claim for compensation under the *Workers' Compensation Act* or similar law of another jurisdiction.

Joint decisions under Workers' Compensation Act and this Part

79(1) Where a person is receiving compensation under this Part or compensation under the *Workers' Compensation Act* and, because of another bodily injury, the person becomes entitled to compensation under the other,

- (a) the insurer and the Workers' Compensation Board shall
 - (i) make a joint decision distinguishing between the bodily injury attributable to the accident in respect of which compensation is payable under this Part and the bodily injury for which compensation is payable under the *Workers' Compensation Act*, and
 - (ii) pay compensation in proportion to the attribution of the person's bodily injuries,

and

- (b) the insurer or the Workers' Compensation Board, as the case may be, shall continue to pay compensation until the joint decision is made.

(2) The insurer or the Workers' Compensation Board shall give written notice of the joint decision made under subsection (1) to the person, and the person may appeal the joint decision either under Part 4 or under the *Workers' Compensation Act* within 90 days after receiving the notice or within such further time as the body to which the appeal is made may allow, and the decision made on the appeal is binding under this Act and the *Workers' Compensation Act*.

Part 3 Tort Bar Exceptions

Tort action for non-pecuniary damages

80(1) Subject to this section and the regulations, a person sustaining bodily injury caused by an accident has a right of action and may commence or maintain proceedings in respect of that bodily injury against the following:

- (a) a person whose use or operation of an automobile caused the bodily injury and results in the person's conviction under
 - (i) one or more *Criminal Code* (Canada) offences prescribed for the purposes of this section,
 - (ii) one or more *Traffic Safety Act* offences prescribed for the purposes of this section, or
 - (iii) one or more prescribed offences under a prescribed Act;
- (b) a person whose use or operation of an automobile caused the bodily injury and results in the person being found guilty under the *Youth Criminal Justice Act* (Canada) of one or more *Criminal Code* (Canada) offences referred to in clause (a)(i);
- (c) a third party described in subsection (2) if the acts or omissions of the third party caused or contributed to the bodily injury;
- (d) a person in a prescribed class of persons.

(2) An action or proceeding referred to in subsection (1)(c) may only be commenced or maintained against the following third parties:

- (a) an automobile manufacturer, respecting its business activities and role in manufacturing automobiles;
- (b) a maker or supplier of automobile parts, respecting its business activities and role in making or supplying automobile parts;

- (c) a person engaged in the business of selling automobiles, respecting the person's business activities and role as a seller;
- (d) a garage services operator, respecting its business activities and role as a garage services operator;
- (e) the holder of a liquor licence issued under the *Gaming, Liquor and Cannabis Act* authorizing the sale or provision of liquor at licensed premises for consumption in those premises, respecting the liquor licence holder's business activities and role in selling or providing liquor;
- (f) a social host who invites guests to an event where liquor is served;
- (g) a municipality that has direction, control and management of the road on which the accident occurred;
- (h) a prescribed third party.

(3) An action or proceeding against a person referred to in subsection (1) may only be brought to recover the following non-pecuniary damages:

- (a) general damages for pain and suffering;
- (b) punitive or exemplary damages.

(4) Notwithstanding the *Contributory Negligence Act*, if 2 or more persons are at fault in an action or proceeding referred to in subsection (1), each person against whom an action may be commenced or maintained under this section is

- (a) liable for damages awarded to the person sustaining the bodily injury only in proportion to the degree in which they are respectively at fault, and
- (b) not liable to make a contribution to or indemnify another person at fault for the other person's respective liability or a payment required in relation to it.

(5) Notwithstanding any other law, a person who would, but for this section, be vicariously liable in an action or proceeding referred to in subsection (1)(a) or (b) for the use or operation of an automobile that causes bodily injury as described in those subsections, is absolved from that liability.

(6) Notwithstanding subsection (1), section 4 applies to bar an action or proceeding referred to in subsection (1) commenced or maintained by a prescribed person.

(7) The amount of general damages for pain and suffering awarded in an action or proceeding under this section must be reduced by the amount of any permanent impairment benefit to which the insured is entitled under section 36.

Tort action for pecuniary damages

81(1) Subject to this section and the regulations, a person sustaining bodily injury or death in an accident has a right of action and may commence or maintain proceedings respecting that bodily injury or death to recover damages for the following pecuniary losses:

- (a) loss of earnings in excess of the maximum amount prescribed for the purposes of calculating an income replacement benefit, only if
 - (i) the person receives or is entitled to receive an income replacement benefit under Part 2, and
 - (ii) at the time of the accident the person was earning, as determined under the regulations, income in excess of the maximum amount;
- (b) any loss for a reasonably incurred expense in relation to health care services, equipment, medication, supplies and other services under section 10 in excess of the maximum amount that may be paid or reimbursed for that expense;
- (c) any loss for a reasonably incurred expense in relation to activities and measures under section 11 in excess of the maximum amount that may be paid or reimbursed for that expense;
- (d) any loss reasonably incurred in relation to transportation, lodging and other associated prescribed expenses referred to in section 12 in excess of the maximum amount that may be paid or reimbursed for that expense;
- (e) any loss for a reasonably incurred daily living assistance expense referred to in section 13 in excess of the

maximum amount that may be paid or reimbursed for that expense;

- (f) any loss for a reasonably incurred expense for the cost of care of another person referred to in section 14 in excess of the maximum amount that may be paid or reimbursed for that expense;
- (g) any loss reasonably incurred to hire another person for a family enterprise referred to in section 15 in excess of the maximum amount that may be paid or reimbursed;
- (h) any loss for a reasonably incurred expense under section 16 in excess of the maximum amount that may be paid or reimbursed for that expense;
- (i) if the person dies as a result of the accident, any loss in respect of reasonably incurred funeral and interment expenses referred to in section 43 in excess of the maximum amount that may be paid or reimbursed for that expense;
- (j) a prescribed pecuniary loss.

(2) If a person sustaining bodily injury dies as a result of an accident, a person in a prescribed class of relationship with the deceased who incurs a pecuniary loss in respect of reasonably incurred grief counselling expenses in excess of the maximum amount that may be paid or reimbursed under section 44 has a right of action and may commence or maintain proceedings to recover damages for that loss.

(3) Notwithstanding the *Contributory Negligence Act*, if 2 or more persons are at fault in an action or proceeding referred to in subsection (1) or (2), each person against whom an action may be commenced or maintained under this section is

- (a) liable for damages awarded in respect of the pecuniary loss suffered in proportion to the degree in which they are respectively at fault, and
- (b) not liable to make a contribution to or indemnify another person at fault for the other person's respective liability or a payment required in relation to it.

(4) The amount of damages awarded for a pecuniary loss in respect of an action or proceeding under this section must be reduced in accordance with the regulations.

(5) For greater certainty, section 4 applies to bar an action or proceeding in respect of the following:

- (a) subject to subsection (1)(a), any loss arising from the procedures and formulas used to calculate and determine an income replacement benefit, including any loss attributable to a waiting period, limit or reduction made as part of the calculation and determination of the amount of an income replacement benefit payable;
- (b) damages for loss of earning capacity;
- (c) any pecuniary loss not referred to in subsection (1) or (2).

Tort action re survival of actions

82 The *Survival of Actions Act* applies to an action or proceeding authorized under this Part.

Part 4 Tribunal and Appeals

Alberta Automobile Care-first Tribunal

83(1) The Alberta Automobile Care-first Tribunal is established.

(2) The Tribunal consists of persons appointed as members by the Minister.

(3) The Minister may appoint persons under subsection (2) that meet the prescribed qualifications and eligibility requirements.

(4) The Minister may designate one member of the Tribunal as chair and one or more members as vice-chair.

(5) A vice-chair has all of the authority of the chair under this Part subject to the general direction of the chair.

(6) The members of the Tribunal may hold office for terms not exceeding

- (a) 5 years in the case of the chair and vice-chairs, and

- (b) 3 years in the case of other members.
- (7) Members may be reappointed for additional terms.
- (8) Members shall be paid remuneration and expenses in accordance with the regulations.

Employees

84 In accordance with the *Public Service Act*, employees and other persons necessary for the administration of this Part may be appointed.

Powers of Tribunal

85(1) The Tribunal may, for the purposes of this Part, examine, inquire into, hear and determine all matters and questions arising in an appeal.

- (2) The Tribunal may
 - (a) make rules governing
 - (i) the giving of notice and the service of documents,
 - (ii) the use of electronic filing for appeals and submission of records,
 - (iii) the conduct of appeals in writing or by telephone, videoconferencing, email or other electronic means,
 - (iv) appeal procedures generally, and
 - (v) any other matters it considers necessary,
 - (b) establish forms respecting appeals,
 - (c) issue and publish guidelines and bulletins respecting appeals,
 - (d) receive notices of appeal,
 - (e) accept a notice of appeal even if the notice of appeal
 - (i) does not comply with the requirements set out in section 86(3), or

- (ii) was not served on the Tribunal within the time referred to in section 86(4), if the claimant provides satisfactory reasons for the delay,
 - (f) conduct inquiries or investigations respecting the matters appealed,
 - (g) reject a matter summarily if it is of the opinion that the appeal is without merit or is frivolous, trivial, vexatious, filed with improper motives or an abuse of process,
 - (h) undertake efforts to assist the parties to an appeal to settle the matter,
 - (i) facilitate mediation or order the parties to undergo mediation,
 - (j) seek independent medical advice respecting a claimant,
 - (k) order a claimant to undergo further medical examinations,
 - (l) order an insurer to pay for any advice sought under clause (j) or a medical examination ordered under clause (k),
 - (m) order the production of documents and things relevant to an appeal,
 - (n) issue directions pending a final determination of a matter,
 - (o) direct that an action be implemented within a specified time period,
 - (p) conduct any hearings that the Tribunal considers necessary, or
 - (q) make a decision to confirm, reverse or vary the insurer's decision that is the subject of the appeal.
- (3) The Tribunal may delegate**
- (a) its powers under subsection (2)(g) to the chair or a vice-chair, and
 - (b) its powers under subsection (2)(d), (e), (f), (h), (i), (j), (k), (l), (m), (n) or (o) to the chair, a vice-chair or a member, or to an employee referred to in section 84.

(4) The Tribunal shall not award costs in respect of an appeal.

(5) In addition to the matters referred to in this Part, the Tribunal may carry out any other powers and duties assigned to it by the Minister or as prescribed.

Appeals

86(1) A claimant may, in accordance with this Part and the regulations, appeal a decision made by an insurer in respect of a claim for compensation under Part 2 by serving a notice of appeal on the Tribunal.

(2) A decision made by an insurer includes a decision for which a notice of decision is required under this Act, and includes a decision made under section 72 following a reconsideration, a review decision made under section 73 and a joint decision under section 79.

(3) A notice of appeal must

- (a) be in the form and manner established by the Tribunal,
- (b) include the reasons for the appeal,
- (c) include any supporting documentation the claimant is relying on, and
- (d) be accompanied by the required fee.

(4) A notice of appeal must be served within the prescribed time.

(5) A claimant is not required to apply under section 73 for a review of a decision before serving a notice of appeal on the Tribunal.

Conduct of appeals

87(1) The chair shall appoint up to 3 members to hear the appeal.

(2) The members appointed under subsection (1) may include the chair or a vice-chair.

(3) If more than one member is appointed to hear an appeal, the chair shall designate one of the members as the presiding member for the appeal.

(4) In carrying out its powers and duties under this Part, the Tribunal must ensure that the right to procedural fairness and natural justice is respected.

(5) The member assigned to hear an appeal, or the presiding member designated under subsection (3), shall issue a decision in respect of the appeal, and the decision shall be considered a decision of the Tribunal.

Evidence

88(1) In conducting an appeal, the Tribunal has all the powers of a commissioner under the *Public Inquiries Act*.

(2) The Tribunal

- (a) may accept any oral or written evidence that the Tribunal considers appropriate, whether admissible in a court of law or not, and
- (b) is not bound by the law of evidence applicable to judicial proceedings.

Decisions final

89(1) Subject to subsection (2), a decision or order of the Tribunal on an appeal is final and conclusive and is not open to question or review in any court.

(2) A decision or order of the Tribunal may be reviewed by way of an application for judicial review if the application is filed with the Court and served on the Tribunal no later than 30 days after the date of the decision.

Publication

90(1) The Tribunal must make the following information available to the public, including by making it available on the Tribunal's website:

- (a) rules, forms, procedures, guidelines and bulletins issued by the Tribunal;
- (b) fees that are payable in respect of appeals;

(c) subject to the regulations, decisions and orders of the Tribunal.

(2) Subject to the regulations, the Tribunal may make the following available to the public, including by making it available on the Tribunal's website:

- (a) information respecting appeals that are in progress, including the parties to an appeal and the status of proceedings;
- (b) reasons for decisions or orders or a record of such reasons.

(3) The Tribunal may redact the information made public in accordance with the regulations to protect an individual's personal information or health information.

Part 5 Administration and General Matters

Delegation of powers

91(1) Subject to subsection (2), the Minister may delegate in writing a power, duty or function conferred or imposed on the Minister under this Act to any person and may authorize the person to further delegate the power, duty or function.

(2) The Minister must not delegate the power

- (a) to appoint members to the Tribunal under section 83, or
- (b) to make an agreement with another jurisdiction under section 99.

Superintendent of Insurance

92(1) The Superintendent may delegate any power, duty or function conferred or imposed on the Superintendent under this Act to any person and may authorize the person to further delegate the power, duty or function.

(2) The Deputy Superintendent has all of the powers, duties and functions conferred or imposed on the Superintendent under this Act.

Guidelines and interpretation bulletins

93(1) The Superintendent may issue guidelines and interpretation bulletins respecting

- (a) the interpretation or application of this Act or any one or more regulations under this Act,
- (b) the claims application and payment process, and
- (c) any other matter the Superintendent considers appropriate.

(2) The Superintendent shall publish the guidelines or interpretation bulletins in the manner the Superintendent considers appropriate.

Fees

94(1) The Minister may establish

- (a) fees and disbursements, or the maximum fees and disbursements, to be charged or paid for any service, testing, examination, supply, treatment, therapy, assessment or making a report under this Act or the regulations, or any other activity or function necessitated by, described in or referred to in this Act or the regulations,
- (b) fees respecting appeals under Part 4, and
- (c) fees for any other thing given or done by or under the authority of the Minister, the Superintendent or the Tribunal under this Act or the regulations.

(2) The Minister shall publish the fees and disbursements established under subsection (1) on the website of the Minister's department and in any other manner the Minister considers appropriate.

(3) If the Minister establishes maximum fees and disbursements under subsection (1), no person shall charge or collect a fee or a disbursement that is greater than those maximum fees or disbursements.

Extension of time

95(1) If something is required to be done under this Act or the regulations within a certain period, the Minister may, on written application of the person who must do the thing, extend the period within which the thing must be done.

(2) An extension under subsection (1) may be made after the period has passed.

Forms and procedures

96(1) The Minister may establish forms or procedures for the purposes of this Act and the regulations.

(2) Forms or procedures established under subsection (1) may include electronic means for the provision or submission of claims, documents or information to or by an insurer.

(3) Forms or procedures established under subsection (1) must be used unless the Minister specifies otherwise.

Additional information

97 An insurer must provide to the Minister, within the time specified by the Minister,

- (a) any information that is required by the Minister to enable the Minister to respond to inquiries on the insurer's market conduct activities,
- (b) any information required by the Minister in respect of claims for compensation made to the insurer under Part 2, or
- (c) any information that is required by the Minister for analytical or policy-making purposes.

Compliance with forms and notices

98 Subject to the regulations, substantial compliance by an insured with requirements respecting the content of forms or other documents is sufficient unless an insurer is of the opinion that it would result in unfairness to any person.

Agreements with other jurisdictions

99 The Minister may enter into agreements with any government or agency of government respecting the compensation payable for bodily injury sustained by residents of Alberta who are involved in accidents outside Alberta but within Canada or the United States of America and by persons who are not residents of Alberta and who are involved in accidents in Alberta.

Immunity

100(1) In this section, “Crown” means the Crown in Right of Alberta, the Minister, the Superintendent, the Tribunal or an employee or agent of the Crown.

(2) No action lies and no proceeding may be brought against the Crown for any act done in good faith in the exercise or intended exercise of a power or in the performance or intended performance of a duty under this Act, or for any neglect or default in the exercise or performance in good faith of the power or duty.

(3) No liability attaches to the Crown for any loss or damages that have arisen or may arise in respect of the enactment of this Act, including consequential amendments to other Acts and any regulations, orders in council, ministerial orders or Tribunal decisions or orders made under or by virtue of those amendments.

Lieutenant Governor in Council regulations

101(1) The Lieutenant Governor in Council may make regulations

- (a) defining any word or expression used but not defined in this Act;
- (b) further defining any word or expression used in this Act;
- (c) prescribing persons who are dependants for the purposes of section 1(k);
- (d) respecting the circumstances in which this Act does not apply for the purposes of section 3(a)(ii);
- (e) respecting the automobiles to which this Act does not apply for the purposes of section 3(a)(ii);
- (f) respecting the bodily injuries or deaths to which this Act does not apply for the purposes of section 3(b);

- (g) respecting actions and proceedings that must not be commenced or maintained;
- (h) respecting excluded individuals and excluded automobiles for the purposes of section 5(3);
- (i) respecting excess compensation that may be offered by an insurer under a motor vehicle liability policy;
- (j) respecting the payment or reimbursement of expenses under Division 2 of Part 1, including regulations
 - (i) respecting expenses that are eligible for payment or reimbursement,
 - (ii) respecting persons who pay expenses on behalf of an insured,
 - (iii) prescribing the terms, conditions, restrictions and exclusions governing an insured's entitlement to the payment or reimbursement of an expense,
 - (iv) prescribing the maximum amounts that may be paid or reimbursed for an expense or category of expense;
 - (v) respecting the adjustment of the amount of an expense that may be paid or reimbursed;
 - (vi) respecting the circumstances in which the insurer may adjust the amount that may be paid or reimbursed, including where the insured suffers a relapse, and
 - (vii) distinguishing between the payment or reimbursement of expenses for a catastrophically injured insured and a non-catastrophically injured insured;
- (k) prescribing health care services for the purposes of section 10(1)(a);
- (l) prescribing equipment, medication and supplies for the purposes of section 10(1)(b);
- (m) prescribing other services for the purposes of section 10(1)(c);

- (n) respecting circumstances in which an insurer is not required to continue paying or reimbursing expenses;
- (o) respecting the payment or reimbursement of expenses under section 11, including prescribing rehabilitative activities and measures for the purposes of that section;
- (p) respecting transportation, lodging and other expenses for the purposes of section 12, including, without limitation, prescribing other expenses;
- (q) respecting expenses to assist with activities of daily living;
- (r) respecting expenses for the care of other persons including prescribing classes of persons for the purposes of section 14(e);
- (s) respecting family enterprise expenses;
- (t) respecting other expenses including prescribing categories of expenses for the purposes of section 16;
- (u) respecting the entitlement of an insured to a benefit under Division 3 of Part 2, including regulations respecting the terms, conditions, requirements, restrictions and exclusions governing an insured's entitlement to a benefit;
- (v) respecting the payment of benefits under Division 3 of Part 2, including regulations prescribing
 - (i) programs of studies at the secondary or post-secondary level for the purposes of section 22,
 - (ii) dates for the purposes of section 24, and
 - (iii) educational programs for the purposes of section 27;
- (w) respecting the calculation and determination of benefits under Division 3 of Part 2, including regulations
 - (i) respecting the type and amount of benefits,
 - (ii) respecting the manner and frequency of the payment of benefits,

- (iii) respecting the circumstances in which the insurer may adjust or renew income replacement benefits, including where the insured suffers a relapse, and
- (iv) distinguishing between the calculation and determination of benefits for a catastrophically injured insured and a non-catastrophically injured insured;
- (x) respecting caregiver benefits, including regulations respecting
 - (i) the payment of a caregiver benefit on the death of an insured for the purposes of section 32(2), and
 - (ii) prescribing the manner in which an insured shall be deemed to have made an election for the purposes of section 32(6);
- (y) respecting retirement income benefits;
- (z) prescribing requirements for the purposes of section 33(2)(c);
- (aa) respecting permanent impairments, including regulations respecting
 - (i) the establishment of a schedule of permanent impairments, including
 - (A) the attribution of a percentage of impairment to each permanent impairment,
 - (B) the determination of an additional percentage of impairment where the permanent impairment affects symmetrical organs,
 - (C) the determination of an additional percentage of impairment where the permanent impairment affects an impairment that the insured had before the accident, and
 - (D) the reduction of the percentages attributed to permanent impairments for insureds who have more than one permanent impairment,

- (ii) the process by which a permanent impairment is evaluated, and
- (iii) the calculation and determination of a permanent impairment benefit under Division 4 of Part 2, including,
 - (A) the terms, conditions, requirements, restrictions and exclusions governing an insured's entitlement to a benefit,
 - (B) the manner of payment of a permanent impairment benefit, and
 - (C) distinguishing between the calculation and determination of a permanent impairment benefit for a catastrophically injured insured and a non-catastrophically injured insured;
- (bb) respecting death benefits, including regulations respecting
 - (i) the calculation and determination of the amount of death benefits, and
 - (ii) the manner of payment of death benefits;
- (cc) respecting the payment or reimbursement of funeral, interment and grief counselling expenses, including regulations
 - (i) respecting expenses that are eligible for payment or reimbursement,
 - (ii) respecting the terms, conditions, restrictions and exclusions applying to the payment or reimbursement of an expense,
 - (iii) prescribing the maximum amounts that may be paid or reimbursed for an expense or category of expense, and
 - (iv) prescribing classes of relationship with the deceased for the purposes of section 44;
- (dd) respecting the reduction, suspension, termination or refusal to pay compensation for the purposes of section 47, including regulations

- (i) respecting the manner in and amount by which compensation may be reduced, suspended or terminated, or in which an insurer may refuse payment;
 - (ii) respecting the payment of benefits that were not paid or that were reduced, suspended or terminated under section 47 in the event that circumstances change and the benefit becomes payable, including determining if interest is payable, and if so, the amount of interest and the manner of payment,
 - (iii) prescribing Acts and offences for the purposes of section 47(c),
 - (iv) prescribing requirements for the purposes of section 47(e), and
 - (v) respecting circumstances for the purposes of section 47(f);
- (ee) respecting the end or suspension of a benefit under section 49 or 50, including regulations
- (i) respecting circumstances in which an insured ceases to be entitled to an income replacement benefit for the purposes of section 49(1)(d),
 - (ii) respecting employment for the purposes of section 49(2),
 - (iii) respecting relapses,
 - (iv) respecting the criteria which, if satisfied, suspends an insured's entitlement to an income replacement benefit for the purposes of section 50(1)(c),
 - (v) respecting circumstances in which an insured ceases to be entitled to an income replacement benefit for the purposes of section 50(2)(b), and
 - (vi) distinguishing between the suspension or end of an income replacement benefit for a catastrophically injured insured and a non-catastrophically injured insured;

- (ff) respecting the reduction of an income replacement benefit for the purposes of section 51;
- (gg) prescribing the circumstances in which an insured ceases to be entitled to a caregiver benefit for the purposes of section 53(e);
- (hh) respecting the application process for a claim for compensation, including regulations
 - (i) respecting the duties and obligations of a claimant,
 - (ii) respecting the information and documentation to be provided in a claim for compensation, and
 - (iii) prescribing the period within which an insured must apply for compensation;
- (ii) respecting information that an employer or former employer must provide to an insurer for the purposes of section 56(1)(b);
- (jj) respecting medical examinations and reports, including regulations
 - (i) respecting when medical examinations are required,
 - (ii) respecting the payment of the costs of a medical examination or report,
 - (iii) respecting the conduct of medical examinations,
 - (iv) respecting the content of reports based on medical examinations,
 - (v) prescribing persons to whom a copy of a report may be provided for the purposes of section 57(5),
 - (vi) prescribing health care practitioners for the purposes of section 58(1),
 - (vii) prescribing information that must be provided to an insurer for the purposes of section 58(1)(a)(vi), and
 - (viii) prescribing the form and manner of reports for the purposes of section 58(2);

- (kk) respecting autopsies;
- (ll) respecting the payment of compensation by an insurer;
- (mm) respecting the priority in which an insurer shall be liable to an insured for the payment of compensation for the purposes of section 61(2);
- (nn) respecting the annual adjustment of compensation and amounts under this Act, including regulations
 - (i) respecting rates, formulas, rules or principles for determining or adjusting an amount payable under this Act or for adjusting an amount specified in this Act or the regulations,
 - (ii) prescribing the benefits subject to annual adjustment for the purposes of section 62(a),
 - (iii) prescribing the amounts used in the calculation and determination of a benefit subject to annual adjustment for the purposes of section 62(b),
 - (iv) prescribing the maximum amounts in respect of an expense paid or reimbursed subject to annual adjustment for the purposes of section 62(c), and
 - (v) prescribing any other amount expressed in dollars subject to annual adjustments for the purposes of section 62(d);
- (oo) respecting interest payable by an insurer for the purposes of section 64 including the rate of interest and the manner of payment;
- (pp) respecting alternative financial arrangements under section 65, including regulations
 - (i) prescribing permitted alternative financial arrangements for the purposes of section 65(3),
 - (ii) prescribing the period after which an alternative financial arrangement may be entered into for the purposes of section 65(4)(a), and

- (iii) prescribing the requirements related to an alternative financial arrangement for the purposes of section 65(4)(b);
- (qq) respecting payments to minors;
- (rr) prescribing personal representatives for the purposes of section 69(1);
- (ss) respecting compensation exempt from civil enforcement action under section 70;
- (tt) respecting notice of decisions made by an insurer in respect of a claim;
- (uu) respecting the reconsideration of decisions under section 72;
- (vv) respecting the review of decisions under section 73, including regulations prescribing the time within which a decision must be reviewed and a review decision issued for the purposes of section 73(2);
- (ww) respecting the continued payment of benefits for the purposes of section 74, including regulations
 - (i) prescribing the type of benefit that must continue to be paid, and
 - (ii) respecting the circumstances in which the benefit must continue to be paid;
- (xx) respecting the recovery of an overpayment under section 75, including, without limitation, regulations
 - (i) respecting the circumstances in which an insurer may not recover an overpayment, and
 - (ii) respecting the manner in which an insurer may set off the amount of an overpayment from compensation subsequently payable to the insured by the insurer;
- (yy) respecting an insurer's recovery against a person under section 76, including regulations

- (i) prescribing Acts and offences for the purposes of section 76(2)(a),
 - (ii) respecting classes of persons or circumstances for the purposes of section 76(2)(d),
 - (iii) respecting circumstances for the purposes of section 76(4), and
 - (iv) respecting the period and circumstances for the purposes of section 76(5)(d);
- (zz) respecting the coordination of compensation under this Part and other compensation available to a person, including regulations
- (i) prescribing a compensation plan or scheme for the purposes of section 77(1)(b),
 - (ii) prescribing insurance coverage for the purposes of section 77(1)(c),
 - (iii) prescribing a source for the purposes of section 77(1)(d),
 - (iv) prescribing an enactment for the purposes of section 77(1)(e),
 - (v) prescribing a law of a jurisdiction outside Alberta for the purposes of section 77(1)(f), and
 - (vi) respecting the priority in which an insurer shall be liable to pay compensation under this Act when an insured is entitled to other compensation;
- (aaa) respecting the payment of compensation under the Act when the *Workers' Compensation Act* applies;
- (bbb) respecting tort actions for non-pecuniary damages under section 80, including regulations
- (i) respecting the rules and restrictions that apply to an action for non-pecuniary damages under section 80,
 - (ii) prescribing Acts and offences for the purposes of section 80(1)(a),

- (iii) prescribing a class of persons against whom an action or proceedings may be commenced or maintained for the purposes of section 80(1)(d),
 - (iv) prescribing third parties against whom an action or proceedings may be commenced or maintained for the purposes of section 80(2)(h), and
 - (v) prescribing persons to whom an action or proceeding under section 80(1) is barred for the purposes of section 80(6);
- (ccc) respecting tort actions for pecuniary damages under section 81, including regulations
- (i) respecting the rules and restrictions that apply to an action for pecuniary damages under section 81,
 - (ii) respecting the calculation and determination of excess amounts,
 - (iii) prescribing a pecuniary loss for the purposes of section 81(1)(j), and
 - (iv) respecting the manner in which an award for damages must be reduced for the purposes of section 81(3);
- (ddd) respecting the qualification and eligibility of members of the Tribunal;
- (eee) respecting the remuneration and expenses of Tribunal members;
- (fff) respecting the powers and duties of the Tribunal;
- (ggg) respecting appeals and the conduct of appeals;
- (hhh) respecting the publication by the Tribunal of information, decisions or orders, including the redaction of information therefrom;
- (iii) respecting information to be provided by an insurer to the Minister under section 97;

- (jjj) respecting the collection, use and disclosure of information including personal information and health information;
 - (kkk) prescribing the times or periods that may be or are to be prescribed for the purposes of the Act;
 - (lll) respecting any matter or thing that may be or is to be prescribed for the purposes of the Act;
 - (mmm) providing for any matter that the Lieutenant Governor in Council considers advisable for carrying out the purpose and intent of the Act.
- (2) A regulation made under subsection (1) may be specific or general in its application or may apply to a class or classes of insurers, insureds, claimants or other persons.
- (3) A regulation under subsection (1) may adopt or incorporate in whole or in part or with modifications documents that set out standards, codes, guidelines or other rules relating to any matter in respect of which a regulation may be made under this Act.
- (4) Where a standard, code, guideline or other rule is adopted or incorporated by regulation under this Act, the Minister shall ensure that a copy of the standard, code, guideline or other rule is made available to a person on request.

Deficiency regulations

102(1) The Lieutenant Governor in Council may make regulations

- (a) remedying any confusion in the application of or any difficulty or impossibility in applying any provisions of this Act;
- (b) respecting matters coming under this Act that the Lieutenant Governor in Council considers
 - (i) are not provided for or are insufficiently provided for in this Act, or
 - (ii) are necessary or advisable in connection with the implementation of this Act.

(2) A regulation made under subsection (1) is repealed 5 years after the regulation comes into force or on the date specified in the regulation, whichever is earlier.

(3) The repeal of a regulation under subsection (2) does not affect anything done, incurred or acquired under the authority of the regulation before the repeal of the regulation.

(4) A regulation made under subsection (1) that is in force on or after the repeal of this section remains in force until it is repealed in accordance with subsection (2).

(5) A regulation may not be made under subsection (1) extending the 5-year period set out in subsection (2).

(6) This section is repealed 5 years after this section comes into force, but the repeal does not affect anything done, incurred or acquired under the authority of a regulation made under subsection (1) before the repeal of this section.

Part 6 Transitional and Coming into Force

Transitional

103 The *Insurance Act* and its regulations, as they read immediately before January 1, 2027, continue to apply to any bodily injury or death sustained by an insured in an accident that occurs before January 1, 2027.

Coming into force

104 This Act comes into force on Proclamation.

RECORD OF DEBATE

Stage	Date	Member	From	To
		Interventions	From	To
Stage	Date	Member	From	To
		Interventions	From	To
Stage	Date	Member	From	To
		Interventions	From	To
Stage	Date	Member	From	To
		Interventions	From	To
Stage	Date	Member	From	To
		Interventions	From	To