

2026 Bill 27

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Second Session, 31st Legislature, 4 Charles III

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THE LEGISLATIVE ASSEMBLY OF ALBERTA

# **BILL 27**

**FINANCIAL STATUTES AMENDMENT ACT, 2026**

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THE PRESIDENT OF TREASURY BOARD AND MINISTER OF FINANCE

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First Reading . . . . .

Second Reading . . . . .

Committee of the Whole . . . . .

Third Reading . . . . .

Royal Assent . . . . .

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## BILL 27

2026

### FINANCIAL STATUTES AMENDMENT ACT, 2026

(Assented to \_\_\_\_\_, 2026)

HIS MAJESTY, by and with the advice and consent of the  
Legislative Assembly of Alberta, enacts as follows:

#### **Alberta Enterprise Corporation Act**

##### **Amends SA 2008 cA-17.5**

**1(1) The *Alberta Enterprise Corporation Act* is amended by  
this section.**

**NOTE:** 1(1) Amends chapter A-17.5 of the Statutes of  
Alberta, 2008.

##### **(2) Section 3 is amended**

**(a) in subsection (2) by striking out “and” at the end of  
clause (a), by adding “and” at the end of clause (b) and  
by adding the following after clause (b):**

(c) to improve access to growth capital for knowledge-based  
industries.

**(b) by repealing subsection (3)(a) and substituting the  
following:**

(a) make investments, including the purchase of shares or  
other forms of equity,

(a.1) enter into joint ventures or partnerships, and

**NOTE:** (2) Section 3 presently reads in part:

*(2) The objects of the Corporation are*

*(a) to promote the development of knowledge-based industries and a venture capital industry in Alberta to support them, and*

*(b) to make venture capital available to knowledge-based industries.*

*(3) Subject to the regulations and any terms and conditions imposed under section 5(2), the Corporation may, for the purposes of achieving its objects,*

*(a) make investments, including investments referred to in section 42(5) of the Financial Administration Act, and*

**(3) The following is added after section 3:**

**Investments**

**3.1** For the purpose of section 3(3)(a), the Corporation may make investments only in accordance with

(a) this Act,

(b) the regulations, and

(c) any terms and conditions imposed under section 5(2).

**NOTE:** (3) Investments.

**(4) The following is added after section 13:**

**Directives**

**13.1** The Minister may issue directives that the Corporation or the board, or both, must follow in carrying out their powers and duties under this Act and the regulations.

**Complying with directives**

**13.2(1)** In this section, “directive” means

- (a) a directive issued under section 13.1,
- (b) a directive issued by Treasury Board under the *Financial Administration Act*,
- (c) a policy set under section 10 of the *Alberta Public Agencies Governance Act*, and
- (d) any other directive or direction issued under another enactment.

**(2)** The board shall ensure that any directive issued to or required to be followed by the board, and the Corporation shall ensure that any directive issued to or required to be followed by the Corporation, is implemented in a prompt and efficient manner and in accordance with section 12(1)(a), and compliance by the board or the Corporation, as the case may be, with any directive is deemed to be in compliance with section 12(1)(b).

**NOTE:** (4) Directives; complying with directives.

**(5) Section 16 is amended**

- (a) in clause (b) by adding “in relation to investment” after “entered into by the Corporation”;**
- (b) by adding the following after clause (b):**
  - (b.1) respecting the entering into of joint venture or partnership arrangements by the Corporation;

**NOTE:** (5) Section 16 presently reads in part:

*16 The Lieutenant Governor in Council may make regulations*

- (b) respecting investment by the Corporation and terms and conditions of agreements entered into by the Corporation;*

**(6) This section comes into force on Proclamation.**

**NOTE:** (6) Coming into force.

### **Alberta Research and Innovation Act**

**Amends SA 2009 cA-31.7**

**2(1) The *Alberta Research and Innovation Act* is amended by this section.**

**NOTE:** 2(1) Amends chapter A-31.7 of the Statutes of Alberta, 2009.

**(2) Section 6.1(4) is repealed and the following is substituted:**

**(4) Subject to any regulation made under section 7(2)(a)(ii) after the coming into force of this subsection, the objects of the research and innovation corporation established by subsection (3) are**

- (a) to support research and innovation activities aligned with Government priorities, including, without limitation, activities directed at**
  - (i) the discovery, commercialization and application of knowledge, and**
  - (ii) the discovery, commercialization, monetization and protection of intellectual property,**

**and**

- (b) to increase access to growth capital for Alberta-based companies whose research and innovation activities align with Government priorities.**

**NOTE:** (2) Section 6.1(4) presently reads:

*(4) Subject to any regulation made under section 7(2)(a)(ii) after the coming into force of this subsection, the object of the research and innovation corporation established by subsection (3) is to support research and innovation activities aligned with Government of Alberta priorities, including, without limitation, activities directed at the discovery, commercialization and application of knowledge.*

**(3) Section 7 is amended**

**(a) in subsection (1)**

**(i) by striking out “either or both” and substituting “any”;**

**(ii) by adding the following after clause (b):**

- (c) to improve access to growth capital for Alberta-based companies whose research and innovation activities align with Government priorities;
- (d) to foster the discovery, commercialization, monetization and protection of intellectual property developed by Alberta-based companies whose research and innovation activities align with Government priorities by providing services and supports related to intellectual property to those companies.

**(b) in subsection (2)**

**(i) by adding the following after clause (a):**

- (a.1) respecting investment by the corporation and the terms and conditions of agreements entered into by the corporation in relation to investment;
- (a.2) respecting the use of investment returns received by the corporation;

**(ii) by adding the following after clause (c):**

- (c.1) respecting the application of this Act and the regulations to any subsidiaries of the corporation;

**NOTE:** (3) Section 7 presently reads in part:

*7(1) The Lieutenant Governor in Council may, in accordance with the regulations under subsection (2), establish one or more research and innovation corporations, in addition to the corporation established under section 6.1(3), to do either or both of the following:*

*(2) The Lieutenant Governor in Council may make regulations*

- (a) respecting the establishment of a research and innovation corporation including, without limitation, regulations respecting the following:*

**(4) The following is added after section 7:**

**Research and innovation corporation funding**

**7.1(1)** The Minister may transfer to a research and innovation corporation money voted by the Legislature for the purposes of the corporation.

**(2)** A transfer under subsection (1) is subject to any terms and conditions that the Minister considers advisable, including terms and conditions requiring the research and innovation corporation to pay returns earned on its investments to the General Revenue Fund.

**Investment**

**7.2(1)** Subject to the regulations, a research and innovation corporation may, for the purposes of achieving its objects or carrying out its functions,

- (a) make investments, including the purchase of shares or other forms of equity, and
- (b) enter into joint ventures or partnerships.

(2) For the purpose of subsection (1)(a), a research and innovation corporation may make investments only in accordance with

- (a) this Act,
- (b) the regulations, and
- (c) any terms and conditions imposed under section 7.1(2).

**NOTE:** (4) Research and innovation corporation funding; investment.

**(5) Section 10 is repealed and the following is substituted:**

**Directives**

**10** The Minister may issue directives that a research and innovation corporation or the board of directors of the corporation, or both, must follow in carrying out their powers and duties under this Act and the regulations.

**Complying with directives**

**10.1(1)** In this section, “directive” means

- (a) a directive issued under section 10,
- (b) a directive issued by Treasury Board under the *Financial Administration Act*,
- (c) a policy set under section 10 of the *Alberta Public Agencies Governance Act*, and
- (d) any other directive or direction issued under another enactment.

(2) The board of directors of a research and innovation corporation shall ensure that any directive issued to or required to be followed by the board, and a research and innovation corporation shall ensure that any directive issued to or required to be followed by the corporation, is implemented in a prompt and efficient manner and in accordance with section 8(3)(a), and compliance by the board or the corporation, as the case may be,

with any directive is deemed to be in compliance with section 8(3)(b).

**NOTE:** (5) Section 10 presently reads:

*10 The Minister may issue directives that must be followed by a research and innovation corporation, the board of directors of the corporation, or both, in carrying out their powers, duties and functions under this Act.*

**(6) This section comes into force on Proclamation.**

**NOTE:** (6) Coming into force.

### **Automobile Insurance Act**

**Amends SA 2025 cA-47**

**3(1) The *Automobile Insurance Act* is amended by this section.**

**NOTE:** 3(1) Amends chapter A-47 of the Statutes of Alberta, 2025.

**(2) Section 1 is amended**

**(a) in clause (a) by striking out** “caused by the use or operation of an automobile or by the load of an automobile, including bodily injury or death caused by” **and substituting** “arising from the use or operation of an automobile and includes bodily injury or death caused by the load of an automobile or”;

**(b) by adding the following after clause (e):**

(e.1) “care recipient”, in relation to an insured, means a person

(i) who is

- (A) under 16 years of age, or
  - (B) regularly unable to hold employment,
  - and
  - (ii) to whom the insured provides care;
- (c) in clause (k) by adding “, in relation to an insured,” before “means”;**
- (d) in clause (m) by striking out “holds regular full-time employment” and substituting “holds regular employment on a full-time basis”;**
- (e) by repealing clause (n) and substituting the following:**
- (n) “insured” means a person who, under section 5, is entitled to compensation in respect of their bodily injury or death sustained as a result of an accident;
  - (n.1) “medical assessment” means an assessment of a claimant’s bodily injury required by an insurer under section 57;
- (f) by repealing clause (r) and substituting the following:**
- (r) “non-earner” means an insured who, at the time of the accident, is not employed but is able to work, but does not include
    - (i) a minor,
    - (ii) a student, or
    - (iii) an insured
      - (A) who has not held employment in the 2 years immediately preceding the date of the accident, and
      - (B) who, in an insurer’s opinion, would not have held employment in the future had the accident not occurred;

- (r.1) “occupant” means a person driving, being carried in or on, entering into, getting onto or alighting from an automobile;
- (g) in clause (s) by striking out “holds regular part-time employment” and substituting “holds regular employment on a part-time basis”;**
- (h) by repealing clause (t) and substituting the following:**
- (t) “permanent impairment” means a bodily injury prescribed as a permanent impairment in the regulations;
- (i) in clause (u) by striking out “, admitted to or registered in” wherever it occurs;**
- (j) by repealing clause (w) and substituting the following:**
- (w) “temporary earner” means an insured who, at the time of an accident, holds regular employment on a temporary basis, but does not include a minor or student;

**NOTE:** (2) Section 1 presently reads in part:

*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;
- (k) “dependant” means any of the following:
- (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;
- (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;*
- (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;*

**(3) Section 2 is amended by striking out “January 1, 2027” and substituting “the date this section comes into force”.**

**NOTE:** (3) Section 2 presently reads:

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

**(4) Section 3(a) is amended**

- (a) by striking out “sustained in” and substituting “sustained as a result of”;**

**(b) by striking out “or” at the end of subclause (i), by adding “or” at the end of subclause (ii) and by adding the following after subclause (ii):**

(iii) that is described in the regulations;

**NOTE:** (4) Section 3(a) presently reads:

*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;*

**(5) Section 4 is amended**

**(a) by renumbering it as section 4(1);**

**(b) in subsection (1)**

**(i) by striking out “or enactment but subject to this Division, Part 3 and the regulations” and substituting “but subject to subsections (2) and (3) and the regulations”;**

**(ii) in clauses (a) and (b) by striking out “sustained in” and substituting “sustained as a result of”;**

**(c) by adding the following after subsection (1):**

**(2) Subsection (1) does not bar**

**(a) a right of action or the ability to commence or maintain proceedings in respect of**

- (i) an accident that occurred outside Alberta as described in section 7,
  - (ii) the recovery, under section 8, of compensation paid by an insurer in respect of an accident that occurred outside Alberta, or
  - (iii) the recovery, under section 75 or 76, of compensation paid by an insurer to or on behalf of an insured or other claimant,
- (b) an action or proceeding under section 80 or 81,
  - (c) an action or proceeding in respect of an accident under the *Workers' Compensation Act*, or
  - (d) an action or proceeding brought by the Administrator under the *Motor Vehicle Accident Claims Act*.
- (3) For greater certainty, subsection (1) does not bar a person from
- (a) appealing a decision of an insurer under section 86(1), or
  - (b) applying for judicial review of a decision or order of the Tribunal under section 89(2).

**NOTE:** (5) Section 4 presently reads:

*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.*

**(6) Sections 5 and 6 are repealed and the following is substituted:**

**Benefits payable regardless of fault**

**5(1)** Unless otherwise provided for in this Act or the regulations, an insurer shall, under a motor vehicle liability policy, provide compensation to or in respect of a person who sustains bodily injury or death as a result of an accident in accordance with this Act and the regulations, regardless of whether the person is at fault for the accident.

**(2)** Subject to subsections (9) and (10) and the regulations, a person entitled to compensation under this Act must be compensated in accordance with the following:

- (a) if the person sustained bodily injury or death as a result of an accident while they were an occupant of an automobile, the person must be compensated
  - (i) by the insurer who issued a motor vehicle liability policy under which the person is
    - (A) the named insured,
    - (B) the spouse or adult interdependent partner of the named insured,
    - (C) a dependant of the named insured, or
    - (D) specified as a driver of an automobile identified in the policy,
  - (ii) by the insurer of the automobile in which the person sustained bodily injury or death while they were an occupant, if compensation is unavailable under subclause (i),
  - (iii) by the insurer of any other automobile involved in the accident, if compensation is unavailable under subclause (i) or (ii), or
  - (iv) under the *Motor Vehicle Accident Claims Act*, if compensation is unavailable under subclause (i), (ii) or (iii);
- (b) if the person sustained bodily injury or death as a result of an accident while they were not an occupant of an automobile, the person must be compensated

- (i) by the insurer who issued a motor vehicle liability policy under which the person is
  - (A) the named insured,
  - (B) the spouse or adult interdependent partner of the named insured,
  - (C) a dependant of the named insured, or
  - (D) specified as a driver of an automobile identified in the policy,
- (ii) by the insurer of the automobile that struck the person, if compensation is unavailable under subclause (i),
- (iii) by the insurer of any other automobile involved in the accident, if compensation is unavailable under subclause (i) or (ii), or
- (iv) under the *Motor Vehicle Accident Claims Act*, if compensation is unavailable under subclause (i), (ii) or (iii).

**(3)** If a person is entitled to compensation from more than one insurer under subsection (2)(a)(i) or (iii), in the case of a person who was an occupant of an automobile, or under subsection (2)(b)(i) or (iii), in the case of a person who was not an occupant of an automobile, the person may, in their discretion, decide which insurer must provide the compensation.

**(4)** Notwithstanding subsection (3), if a person is the named insured under a motor vehicle liability policy, the spouse or adult interdependent partner of the named insured or a dependant of the named insured, the person must be compensated by the insurer who issued that policy.

**(5)** Subject to subsection (6), if a person is entitled to compensation from more than one insurer under subsection (4), the person may, in their discretion, decide which insurer must provide the compensation.

**(6)** If a person is entitled to compensation from more than one insurer under subsection (4) and the person was, at the time of the

accident, an occupant of an automobile in respect of which the person is the named insured under a motor vehicle liability policy, the spouse or adult interdependent partner of the named insured or a dependant of the named insured, the person must be compensated by the insurer of the automobile in which the person was an occupant.

**(7)** If a person is entitled to compensation under this Act in respect of another person's bodily injury or death, the person must be compensated by the same insurer who, under this section, must compensate the person who sustained bodily injury or death.

**(8)** This section applies if the accident occurs in Canada or a jurisdiction of the United States of America or on a vessel travelling between ports of those countries.

**(9)** A person is not entitled to compensation under this Act if

- (a) the person falls within a prescribed class of excluded persons,
- (b) only one automobile is involved in the accident, the automobile is a prescribed excluded automobile and the accident occurs in the prescribed circumstances,
- (c) more than one automobile is involved in the accident, each automobile is a prescribed excluded automobile and the accident occurs in the prescribed circumstances, or
- (d) the accident occurs in the prescribed circumstances.

**(10)** A person who is resident in a jurisdiction outside Alberta is not entitled to compensation under this Act if

- (a) the person 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)** In this section, “excess compensation” means compensation in amounts in excess of either or both of the following:

- (a) the maximum amounts established under this Act that an insurer is liable to pay or reimburse an insured under sections 10 to 16 or section 43 or 44 for an expense the insured incurs;
- (b) the amounts established or determined under this Act that an insurer is liable to pay an insured as a benefit.

**(2)** Subject to the regulations, an insurer may offer a motor vehicle liability policy that provides an insured with excess compensation.

**(3)** An insurer that offers a motor vehicle liability policy that provides excess compensation shall also offer the option of a motor vehicle liability policy that provides compensation only in the amounts established under this Act.

**(4)** If an insured obtains a motor vehicle liability policy that provides excess compensation, only the following persons are entitled to excess compensation under the policy:

- (a) the named insured under the motor vehicle liability policy;
- (b) a spouse or adult interdependent partner of the named insured under the motor vehicle liability policy;
- (c) a dependant of the named insured under the motor vehicle liability policy.

**NOTE:** (6) Sections 5 and 6 presently read:

*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.*

*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.*

**(7) Section 8 is repealed and the following is substituted:**

**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, an 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 from any of the following:

- (a) a person who is a non-resident of Alberta and who was
  - (i) driving an automobile registered or required to be registered in another jurisdiction at the time of the accident, and
  - (ii) at fault for the accident under the law of the place where the accident occurred;
- (b) a person who is liable to pay compensation in respect of the bodily injury or death sustained as a result of the accident for which the non-resident referred to in clause (a) was at fault.

**NOTE:** (7) Section 8 presently reads:

*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.*

**(8) Sections 10 to 12 are repealed and the following is substituted:**

**Health care and related expenses**

**10** Subject to the regulations, an insured is entitled to the payment or reimbursement of reasonable and necessary expenses incurred by the insured for the following because of their bodily injury:

- (a) health care services;
- (b) a prosthesis or orthosis;
- (c) medical equipment;
- (d) medication and supplies.

**Program of care**

**10.1(1)** For the purpose of section 10(a), the Minister may establish a code, guideline, method, practice, standard or body of rules governing

- (a) the diagnosis and treatment of particular bodily injuries, and
- (b) the health care services to which an insured who sustains a particular bodily injury is entitled to have paid or reimbursed.

(2) The *Regulations Act* does not apply to a body of rules established under subsection (1) and, for greater certainty, does not apply to a code, guideline, method, practice or standard established under that subsection.

(3) As soon as practicable after establishing a code, guideline, method, practice, standard or body of rules under subsection (1), the Minister shall make the code, guideline, method, practice, standard or body of rules publicly available on the website of the Minister's department.

(4) A regulation made under section 101 supersedes a code, guideline, method, practice, standard or body of rules established under this section to the extent of any conflict.

(5) An insurer shall

- (a) comply with a code, guideline, method, practice, standard or body of rules established under subsection (1), and
- (b) pay for or reimburse an insured for a health care service that, under the code, guideline, method, practice, standard or body of rules, the insured is entitled to receive in respect of their bodily injury.

**Accessibility supports**

**11** Subject to the regulations, an insured is entitled to the payment or reimbursement of reasonable and necessary expenses incurred by the insured for an accessibility support because of their bodily injury.

**Transportation, lodging and meal expenses**

**12(1)** Subject to the regulations, an insured is entitled to the payment or reimbursement of reasonable and necessary transportation, lodging and meal expenses incurred by the insured for the following purposes:

- (a) receiving or obtaining
  - (i) a health care service referred to in section 10(a),
  - (ii) a prosthesis or orthosis referred to in section 10(b),
  - (iii) medical equipment referred to in section 10(c), or
  - (iv) medication and supplies referred to in section 10(d);
- (b) receiving or obtaining an accessibility support referred to in section 11;
- (c) attending a medical assessment;
- (d) submitting or receiving a document related to a claim for compensation made under this Part.

**(2)** Subject to the regulations, if an insured requires another person's accompaniment to receive or attend to anything referred to in subsection (1), the accompanying person is entitled to the payment or reimbursement of reasonable and necessary transportation, lodging and meal expenses incurred for the purpose of accompanying the insured.

**(3)** Subject to the regulations, if an insured requires critical care because of their bodily injury, a person who attends to the insured is entitled to the payment or reimbursement of reasonable and necessary transportation, lodging and meal expenses incurred for the purpose of attending to the insured.

**NOTE:** (8) Sections 10 to 12 presently read:

*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.*

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.*

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.*

**(9) Section 13 is amended**

- (a) by striking out “perform activities of daily living” and substituting “perform an activity of daily living”;**

- (b) **by striking out** “the insured’s bodily injury” **and substituting** “their bodily injury”;
- (c) **by striking out** “with activities of daily living” **and substituting** “with the activity of daily living”.

**NOTE:** (9) Section 13 presently reads:

*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.*

**(10) Section 14 is amended**

- (a) **by renumbering it as section 14(1) and by adding the following before subsection (1):**

**Expenses for care of other person**

**14(0.1)** In this section, “part-time employment” means regular employment on a part-time basis.

- (b) **in subsection (1)**

- (i) **by striking out** “the insured’s bodily injury” **and substituting** “their bodily injury”;
- (ii) **by striking out** “child under 16 years of age or for a person who is, for any reason, regularly unable to hold employment,” **and substituting** “care recipient”;
- (iii) **by repealing clause (b) and substituting the following:**
  - (b) a part-time earner who held more than one part-time employment for a combined total of not less than 28 hours a week,
- (iv) **by repealing clause (d) and substituting the following:**

- (d) a part-time earner or non-earner, and who, by the end of the prescribed period,
  - (i) elected 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

**(c) by adding the following after subsection (1):**

**(2)** Despite subsection (1), an insured residing with a spouse or adult interdependent partner is entitled to the payment or reimbursement of expenses under this section only for the time that the spouse or adult interdependent partner is also unable to care for a care recipient as a result of the spouse's or adult interdependent partner's

- (a) illness,
- (b) disability,
- (c) work, or
- (d) studies.

**NOTE:** (10) Section 14 presently reads in part:

*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*

- (b) a part-time earner who was regularly employed for a total of not less than 28 hours per week,*
- (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),

**(11) Section 15(1) is amended**

- (a) **by striking out** “the insured’s regular duties” **wherever it occurs and substituting** “their regular duties”;
- (b) **by striking out** “the insured’s bodily injury” **and substituting** “their bodily injury”.

**NOTE:** (11) Section 15(1) presently reads:

*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.*

**(12) Section 16 is amended**

- (a) **by adding** “or other claimant” **before** “is entitled to”;
- (b) **by adding** “or other claimant” **before** “because of the”.

**NOTE:** (12) Section 16 presently reads:

*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.*

**(13) The following is added after section 16:**

**Discretionary goods and services**

**16.1** Subject to the regulations, an insurer may pay or reimburse reasonable and necessary expenses incurred by an insured because of their bodily injury for a good or service for which the insured is not entitled to payment or reimbursement under sections 10 to 16.

**NOTE:** (13) Discretionary goods and services.

**(14) Section 17 is repealed and the following is substituted:**

**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 amount, including the maximum or aggregate amount, if any, established under section 94 that may be paid or reimbursed for the expense, and
- (b) the terms, conditions, restrictions, requirements and exclusions relating to the payment or reimbursement of the expense established in the regulations.

**NOTE:** (14) Section 17 presently reads:

*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.*

**(15) Section 18 is amended by renumbering it as section 18(2) and by adding the following before subsection (2):**

**Full-time earners**

**18(1)** In this section and section 19, “full-time employment” means regular employment on a full-time basis.

**NOTE:** (15) Adds definition.

**(16) Section 21(2) is repealed and the following is substituted:**

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

**NOTE:** (16) Section 21(2) presently reads:

*(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.*

**(17) Section 22 is amended by striking out “a prescribed program of studies at the secondary or post-secondary level” and substituting “their studies”.**

**NOTE:** (17) Section 22 presently reads:

*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.*

**(18) Section 24(2) is amended by striking out “the student’s bodily injury” and substituting “their bodily injury”.**

**NOTE:** (18) Section 24(2) presently reads:

*(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.*

**(19) Section 25 is amended**

- (a) in subsection (1) by striking out “the student’s studies” wherever it occurs and substituting “their studies”;**
- (b) in subsection (2) by striking out “the student’s bodily injury” and substituting “their bodily injury”.**

**NOTE:** (19) Section 25 presently reads:

*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.*

**(20) Section 26 is repealed and the following is substituted:**

**Entitlement to greater benefit**

**26** If a student is entitled to an income replacement benefit under both section 23 and either section 24 or 25, the student is, during the period of dual entitlement, entitled only to whichever income replacement benefit is greater.

**NOTE:** (20) Section 26 presently reads:

*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.*

**(21) Section 27 is amended by striking out “studies in a prescribed educational program” and substituting “their studies”.**

**NOTE:** (21) Section 27 presently reads:

*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.*

**(22) Section 29 is amended**

- (a) in subsection (1)(a) by striking out “the minor’s studies” and substituting “their studies”;**
- (b) in subsection (2) by striking out “the minor’s bodily injury” and substituting “their bodily injury”.**

**NOTE:** (22) Section 29 presently reads in part:

*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*

*(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.*

**(23) Section 30 is amended**

- (a) in subsection (1) by striking out “the minor’s studies” wherever it occurs and substituting “their studies”;**
- (b) in subsection (2) by striking out “the minor’s bodily injury” and substituting “their bodily injury”.**

**NOTE:** (23) Section 30 presently reads:

*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.*

**(24) Section 31 is repealed and the following is substituted:**

**Entitlement to greater benefit**

**31** If a minor is entitled to an income replacement benefit under both section 28 and either section 29 or 30, the minor is, during the period of dual entitlement, entitled only to whichever income replacement benefit is greater.

**NOTE:** (24) Section 31 presently reads:

*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.*

**(25) Section 32 is amended**

**(a) by repealing subsection (1) and substituting the following:**

**Caregiver benefit**

**32(1)** Subject to the regulations, an insured, other than an insured who is 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 the accident is caring for, without remuneration, a care recipient, and
- (b) the insured is unable to continue providing care to the care recipient because of the insured's bodily injury or death.

**(b) by repealing subsection (3)(a) and (b) and substituting the following:**

- (a) a caregiver benefit;

- (b) an income replacement benefit under
  - (i) section 20, in the case of a part-time earner, or
  - (ii) section 21, in the case of a non-earner.
- (c) **in subsection (4) by striking out “An insured” and substituting “A part-time earner or non-earner”;**
- (d) **in subsection (5)**
  - (i) **by striking out “under subsection (3)”;**
  - (ii) **by striking out “period referred to in that subsection” and substituting “prescribed period”;**
- (e) **by repealing subsection (6) and substituting the following:**
  - (6) If a part-time earner or non-earner does not make an election under subsection (4) by the end of the prescribed period, the part-time earner or non-earner is deemed to have made an election in accordance with the regulations.

**NOTE:** (25) Section 32 presently reads in part:

*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.*

*(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.*

**(26) Section 33 is amended**

- (a) in subsection (1) by striking out “or a retirement income benefit in respect of that accident” and substituting “in respect of bodily injury sustained as a result of the accident”;**
- (b) in subsection (2)**
  - (i) in clause (b) by striking out “has” and substituting “had”;**
  - (ii) in clause (c) by striking out “satisfies” and substituting “satisfied”.**

**NOTE:** (26) Section 33 presently reads in part:

*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*

*(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.*

**(27) Sections 34 and 35 are repealed and the following is substituted:**

**Retirement income benefit**

**34** Subject to the regulations, an insured whose entitlement to an income replacement benefit ceases under section 49(1)(c) or 50(2)(a) is entitled to a retirement income benefit.

**Determination of entitlement to benefits**

**35** An insurer shall

- (a) determine an insured's entitlement to a benefit under this Division in accordance with the terms, conditions, restrictions, requirements and exclusions established in the regulations, and
- (b) calculate and determine the amount of a benefit to which an insured is entitled in accordance with
  - (i) any amounts, guidelines, tables, formulas or rules established under section 94(1) or (3) for that purpose, and
  - (ii) the regulations.

**NOTE:** (27) Sections 34 and 35 presently read:

*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.*

*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.*

**(28) Section 38 is repealed and the following is substituted:**

**Determination of entitlement to permanent impairment benefit**

**38** An insurer shall

- (a) determine an insured's entitlement to a permanent impairment benefit in accordance with the terms, conditions, restrictions, requirements and exclusions established in the regulations, and
- (b) calculate and determine the amount of a permanent impairment benefit to which an insured is entitled in accordance with
  - (i) any amounts, guidelines, tables, formulas or rules established under section 94(1) or (3) for that purpose, and
  - (ii) the regulations.

**NOTE:** (28) Section 38 presently reads:

*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.*

**(29) The following is added after section 42:**

**Determination of entitlement to death benefit**

**42.1** An insurer shall

- (a) determine a person's entitlement to a death benefit in accordance with the terms, conditions, restrictions, requirements and exclusions established in the regulations, and
- (b) calculate and determine the amount of a death benefit to which a person is entitled in accordance with
  - (i) any amounts, guidelines, tables, formulas or rules established under section 94(1) or (3) for that purpose, and
  - (ii) the regulations.

**NOTE:** (29) Determination of entitlement to death benefit.

**(30) Sections 43 and 44(b) are amended by adding “and necessary” before “expenses”.**

**NOTE:** (30) Sections 43 and 44(b) presently read:

*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.*

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

- (b) *incurs reasonable expenses for and related to grief counselling respecting the death of the deceased.*

**(31) Section 45 is repealed and the following is substituted:**

**Determination of entitlement to payment or reimbursement**

**45** The entitlement of a person to the payment or reimbursement of an expense under sections 43 and 44 is subject to

- (a) the amount, including the maximum or aggregate amount, if any, established under section 94 that may be paid or reimbursed for the expense, and
- (b) the terms, conditions, restrictions, requirements and exclusions relating to the payment or reimbursement of the expense established in the regulations.

**NOTE:** (31) Section 45 presently reads:

*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.*

**(32) Section 47 is repealed and the following is substituted:**

**Compensation reduced, suspended, terminated or denied**

**47** An insurer may, in accordance with the regulations, reduce, suspend, terminate or deny compensation payable to or on behalf of an insured or other claimant in respect of the insured's bodily injury or death sustained as a result of an accident, if

- (a) the insured wilfully caused the accident,
- (b) the insured wilfully caused their own bodily injury or death,
- (c) the insured
  - (i) was using or operating an automobile involved in the accident,
  - (ii) caused the accident, and
  - (iii) is, in respect of their use or operation of the automobile at the time of the accident,
    - (A) found guilty of a *Criminal Code* (Canada) offence prescribed for the purpose of this section,
    - (B) found guilty under the *Youth Criminal Justice Act* (Canada) or the *National Defence Act* (Canada) of a *Criminal Code* (Canada) offence prescribed under paragraph (A),
    - (C) found guilty of a *Traffic Safety Act* offence prescribed for the purpose of this section,
    - (D) found guilty of an offence under a provision of the law of another jurisdiction in Canada that is the same as or substantially similar to an offence prescribed under paragraph (C),
    - (E) found guilty of an offence under a provision of the law of a jurisdiction of the United States of America that is the same as or substantially similar to an offence prescribed under paragraph (A) or (C),
    - (F) issued a notice of administrative penalty under a prescribed provision of the *Traffic Safety Act*,

- (G) issued a penalty under a provision of the law of another jurisdiction in Canada or of the United States of America that is the same as or substantially similar to a provision of the *Traffic Safety Act* prescribed under paragraph (F), or
  - (H) found guilty of a prescribed offence under a prescribed Act,
- (d) the insured
- (i) was an occupant of an automobile involved in the accident, regardless of who caused the accident, and
  - (ii) is, in respect of the automobile, found guilty
    - (A) of a *Criminal Code* (Canada) offence prescribed for the purpose of this section,
    - (B) under the *Youth Criminal Justice Act* (Canada) or the *National Defence Act* (Canada) of a *Criminal Code* (Canada) offence prescribed under paragraph (A),
    - (C) of an offence under a provision of the law of a jurisdiction of the United States of America that is the same as or substantially similar to an offence prescribed under paragraph (A), or
    - (D) of a prescribed offence under a prescribed Act,
- (e) the insured
- (i) was using or operating an automobile involved in the accident,
  - (ii) caused the accident, and
  - (iii) is, in respect of their use or operation of the automobile at the time of the accident, charged
    - (A) with a *Criminal Code* (Canada) offence prescribed for the purpose of this section,

- (B) under the *Youth Criminal Justice Act* (Canada) or the *National Defence Act* (Canada) with a *Criminal Code* (Canada) offence prescribed under paragraph (A),
  - (C) with a *Traffic Safety Act* offence prescribed for the purpose of this section,
  - (D) with an offence under a provision of the law of another jurisdiction in Canada that is the same as or substantially similar to an offence prescribed under paragraph (C),
  - (E) with an offence under a provision of the law of a jurisdiction of the United States of America that is the same as or substantially similar to an offence prescribed under paragraph (A) or (C), or
  - (F) with a prescribed offence under a prescribed Act,
- (f) the insured
- (i) was an occupant of an automobile involved in the accident, regardless of who caused the accident, and
  - (ii) is, in respect of the automobile, charged
    - (A) with a *Criminal Code* (Canada) offence prescribed for the purpose of this section,
    - (B) under the *Youth Criminal Justice Act* (Canada) or the *National Defence Act* (Canada) with a *Criminal Code* (Canada) offence prescribed under paragraph (A),
    - (C) with an offence under a provision of the law of a jurisdiction of the United States of America that is the same as or substantially similar to an offence prescribed under paragraph (A), or
    - (D) with a prescribed offence under a prescribed Act,
- (g) the insured or other claimant knowingly provides false or inaccurate information to an insurer that is material to the compensation being claimed,

- (h) the insured or other claimant commits a prescribed act or omission,
- (i) the insured or other claimant fails to comply with a prescribed requirement, or
- (j) the prescribed circumstances exist.

**NOTE:** (32) Section 47 presently reads:

*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.*

**(33) Section 49 is amended**

**(a) in subsection (1)**

**(i) by adding the following after clause (b):**

- (b.1) the insured is able to hold a prescribed employment;
- (b.2) one year has elapsed from the day the insured was able to hold a prescribed employment;
- (b.3) the insured holds a prescribed employment;

**(ii) by repealing clause (d);**

**(b) by repealing subsection (2) and substituting the following:**

**(2)** An insured who would cease to be entitled to an income replacement benefit under subsection (1)(a), (b) or (b.1) continues to be entitled to receive an income replacement benefit, in the amount and for the period determined in accordance with the regulations, if the insured satisfies the criteria specified in the regulations.

**(c) in subsection (3) by striking out “within a prescribed period”.**

**NOTE:** (33) Section 49 presently reads in part:

*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:*

*(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.*

**(34) Section 50(1)(c) is repealed and the following is substituted:**

(c) the insured holds a prescribed employment.

**NOTE:** (34) Section 50(1)(c) presently reads:

*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*

*(c) the insured satisfies the prescribed criteria.*

**(35) Section 51 is amended by striking out “for which” and substituting “from which”.**

**NOTE:** (35) Section 51 presently reads:

*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.*

**(36) Section 52 is amended**

(a) in clause (a)

- (i) **in subclause (i) by striking out** “the student’s prescribed program of studies referred to in section 22” **and substituting** “their studies”;
  - (ii) **in subclause (ii) by striking out** “that program of studies” **and substituting** “their studies”;
- (b) **in clause (b)(i) by striking out** “the minor’s studies in an educational program referred to in section 27” **and substituting** “their studies”.

**NOTE:** (36) Section 52 presently reads in part:

*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*

**(37) Section 53 is repealed and the following is substituted:**

**End of caregiver benefit**

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

- (a) the care recipient

- (i) reaches 16 years of age, in the case of a care recipient described in section 1(e.1)(i)(A), or
- (ii) becomes able to hold employment, in the case of a care recipient described in section 1(e.1)(i)(B);
- (b) the insured is able to resume caring for the care recipient;
- (c) the period prescribed for the purpose of section 32(3) has elapsed and the insured
  - (i) has elected 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).

**NOTE:** (37) Section 53 presently reads:

*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.*

**(38) Section 54(1) is repealed and the following is substituted:**

**Claims**

**54(1)** A claim for compensation under this Part must be made in accordance with the regulations.

**NOTE:** (38) Section 54(1) presently reads:

*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.*

**(39) Section 57 is repealed and the following is substituted:**

**Medical assessments**

**57(1)** In this section, “medical assessor” means a health care practitioner who, under the regulations, is authorized to conduct a medical assessment.

**(2)** Subject to the regulations, an insurer may require a claimant to undergo a medical assessment by a medical assessor

- (a) when and as often as the insurer reasonably requires, or
- (b) following a request for a medical assessment made by or on behalf of a claimant, if the insurer agrees that a medical assessment is warranted.

**(3)** An insurer who requires a claimant to undergo a medical assessment shall, in accordance with the regulations, apply to the Superintendent to select a medical assessor.

**(4)** On receipt of an application, the Superintendent shall, in accordance with the regulations, select a medical assessor to assess the claimant.

**(5)** A medical assessor shall schedule and conduct a medical assessment of a claimant in accordance with the regulations.

(6) A medical assessor shall, after conducting a medical assessment, prepare a report on a claimant's bodily injury in accordance with the regulations and provide a copy of the report to

- (a) the insurer, and
- (b) any other person set out in the regulations.

(7) An insurer must, on request by a claimant, provide a copy of a medical assessor's report to the claimant.

(8) On receipt of a medical assessor's report, the insurer shall use the report for a purpose specified in the regulations.

(9) Subject to the regulations, a medical assessment of a claimant must be at an insurer's expense.

(10) Subject to the regulations, an insurer may not require a claimant to undergo any form of assessment or examination related to the claimant's bodily injury other than as provided for in this section.

**NOTE:** (39) Section 57 presently reads:

*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.*

**(40) Section 58 is amended**

- (a) in subsection (1) by striking out “prescribed”;**
- (b) in subsection (2)**
  - (i) in clause (a)**
    - (A) in subclause (iii) by striking out “health care was provided” and substituting “the claimant was attended to, diagnosed, treated or seen for a consultation, as the case may be”;**
    - (B) by repealing subclause (vi);**
  - (ii) by repealing clause (b) and substituting the following:**
    - (b) other information the insurer reasonably requests related to the claimant’s bodily injury.
- (c) by repealing subsection (3) and substituting the following:**
  - (3) The information referred to in subsection (2) must be provided to an insurer as soon as reasonably practicable after a request by the insurer.**

**NOTE:** (40) Section 58 presently reads in part:

*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:*
    - (iii) *the claimant's condition at the time health care was provided;*
    - (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.*

**(41) Section 60 is amended by adding “or both” after “either”.**

**NOTE:** (41) Section 60 presently reads in part:

*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:*

**(42) Section 61(2) is repealed.**

**NOTE:** (42) Section 61(2) presently reads:

*61(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.*

**(43) Section 62 is repealed.**

**NOTE:** (43) Section 62 presently reads:

*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.*

**(44) Section 63 is amended**

- (a) by striking out** “another plan, scheme, coverage, source, enactment or law that provides benefits or payments” **and substituting** “a private insurance scheme”;
- (b) by striking out** “section 62” **and substituting** “section 94(2)”.

**NOTE:** (44) Section 63 presently reads:

*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.*

**(45) Section 64 is repealed and the following is substituted:**

**Interest where compensation not paid**

**64(1)** Subject to the regulations, an insurer shall pay interest if

- (a) the insurer fails to pay compensation to which an insured or other claimant is entitled within the prescribed period,
- (b) the insurer reduced, suspended, terminated or denied compensation payable to an insured or other claimant

and the insured's or other claimant's entitlement to the compensation reduced, suspended, terminated or denied is later

- (i) established following a reconsideration or review of the insurer's decision under Division 9,
- (ii) established by a decision or order of the Tribunal, or
- (iii) otherwise affirmed by the insurer,

or

- (c) the insurer reduced, suspended, terminated or denied compensation payable to an insured or other claimant, the grounds on which the insurer was authorized to reduce, suspend, terminate or deny the compensation cease, and the insured or other claimant is entitled to be paid the compensation that the insurer reduced, suspended, terminated or denied.

(2) Interest payable under subsection (1) must be calculated in accordance with the regulations.

**NOTE:** (45) Section 64 presently reads:

*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.*

**(46) Section 65 is amended**

**(a) in subsection (1)**

- (i) **by striking out** "to which an insured is entitled in accordance with" **and substituting** "to an insured in accordance with the";
- (ii) **by striking out** "prescribed" **and substituting** "required";

**(b) by repealing subsection (3) and substituting the following:**

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

**(c) by repealing subsection (4).**

**NOTE:** (46) Section 65 presently reads in part:

*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.*

*(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.*

**(47) Section 68(2) is repealed and the following is substituted:**

**(2)** A payment made by an insurer in accordance with subsection (1) discharges the insurer to the extent of the amount of the payment.

**NOTE:** (47) Section 68(2) presently reads:

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

**(48) Section 69 is repealed and the following is substituted:**

**Payment to adult lacking capacity**

**69(1)** Subject to the regulations, if an insured or other person entitled to compensation under this Part has a trustee under the *Adult Guardianship and Trusteeship Act* or an attorney acting under the *Powers of Attorney Act*, an insurer shall pay the compensation to the trustee or attorney.

**(2)** A payment made by an insurer in accordance with subsection (1) discharges the insurer to the extent of the amount of the payment.

**NOTE:** (48) Section 69 presently reads:

*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.*

**(49) Section 73(2) is amended by striking out “the prescribed time” and substituting “10 business days”.**

**NOTE:** (49) Section 73(2) presently reads:

*(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.*

**(50) Section 74 is repealed.**

**NOTE:** (50) Section 74 presently reads:

*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.*

**(51) The heading preceding section 75 is amended by striking out “Payments” and substituting “Compensation”.**

**NOTE:** (51) The heading preceding section 75 presently reads:

*Division 10  
Recovery of Payments*

**(52) Section 75(3) is repealed.**

**NOTE:** (52) Section 75(3) presently reads:

*(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.*

**(53) Section 76 is repealed and the following is substituted:**

**Insurer entitled to recovery from certain persons**

**76(1)** Subject to subsection (3) and the regulations, where an insurer pays compensation under this Part to or on behalf of an insured or other claimant in respect of the insured’s bodily injury

or death sustained as a result of an accident, the insurer may recover the amount of compensation it paid from the following as a debt due to the insurer:

- (a) the insured to whom or on behalf of whom the compensation was paid if
  - (i) the insured
    - (A) was using or operating an automobile involved in the accident,
    - (B) caused the accident, and
    - (C) is, in respect of their use or operation of the automobile at the time of the accident,
      - (I) found guilty of a *Criminal Code* (Canada) offence prescribed for the purpose of this section,
      - (II) found guilty under the *Youth Criminal Justice Act* (Canada) or the *National Defence Act* (Canada) of a *Criminal Code* (Canada) offence prescribed under subparagraph (I),
      - (III) found guilty of a *Traffic Safety Act* offence prescribed for the purpose of this section,
      - (IV) found guilty of an offence under a provision of the law of another jurisdiction in Canada that is the same as or substantially similar to an offence prescribed under subparagraph (III),
      - (V) found guilty of an offence under a provision of the law of a jurisdiction of the United States of America that is the same as or substantially similar to an offence prescribed under subparagraph (I) or (III),
      - (VI) issued a notice of administrative penalty under a prescribed provision of the *Traffic Safety Act*,

(VII) issued a penalty under a provision of the law of another jurisdiction in Canada or of the United States of America that is the same as or substantially similar to a provision of the *Traffic Safety Act* prescribed under subparagraph (VI), or

(VIII) found guilty of a prescribed offence under a prescribed Act,

or

(ii) the insured

(A) was an occupant of an automobile involved in the accident, regardless of who caused the accident, and

(B) is, in respect of the automobile, found guilty

(I) of a *Criminal Code* (Canada) offence prescribed for the purpose of this section,

(II) under the *Youth Criminal Justice Act* (Canada) or the *National Defence Act* (Canada) of a *Criminal Code* (Canada) offence prescribed under subparagraph (I),

(III) of an offence under a provision of the law of a jurisdiction of the United States of America that is the same as or substantially similar to an offence prescribed under subparagraph (I), or

(IV) of a prescribed offence under a prescribed Act;

(b) a person who is a third party described in section 80(2) who caused the accident;

(c) a person who prevents or obstructs the insurer from exercising the insurer's right of subrogation or recovery under this Act;

(d) a person in a prescribed class of persons or a person in the prescribed circumstances.

(2) Notwithstanding the *Contributory Negligence Act*, if 2 or more persons caused an accident and an insurer may recover the amount of compensation it paid in respect of bodily injury or death resulting from the accident from one or more persons under subsection (1), each person referred to in subsection (1)(b) or (d) from whom the insurer may recover is

(a) liable to the insurer only in proportion to the degree to 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.

(3) An insurer may not recover under subsection (1) the amount it paid as compensation in the prescribed circumstances.

(4) The *Limitations Act* applies to an action to recover an amount paid as compensation as set out in the regulations.

#### **Loss transfer**

**76.1** An insurer who, under section 5(2), must compensate a person within a class of persons specified in the regulations is entitled, subject to the terms, conditions, restrictions, requirements and exclusions as may be prescribed, to indemnification in relation to the compensation it paid from an insurer of an automobile within a class of automobiles specified in the regulations if an automobile within that specified class was involved in the accident from which the liability to pay the compensation arose.

**NOTE:** (53) Section 76 presently reads:

*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.*

**(54) Section 77 is amended**

**(a) by repealing subsection (1)(b) to (f) and substituting the following:**

**(b) under**

- (i) the *Canada Pension Plan* (Canada), the *Act respecting the Québec Pension Plan* (Québec) or a similar plan in a jurisdiction outside Canada,**
- (ii) a medical, surgical, dental, hospital or similar plan in Alberta or in a jurisdiction outside Alberta, or**
- (iii) an employee benefit plan or scheme that provides income continuation or replacement benefits in the event of bodily injury or death,**

- (c) under any other insurance wherever issued and in effect other than a contract of automobile insurance,
- (d) by the Government of Alberta or the government of another jurisdiction outside Alberta,
- (e) under an enactment of Alberta or another jurisdiction, or
- (f) by or under a prescribed source.

**(b) in subsection (2)**

- (i) **by striking out** “sections 78 and 79” **and substituting** “section 78”;
- (ii) **by striking out** “for a loss or expense similar to a loss or expense covered under this Part” **and substituting** “in respect of the insured’s bodily injury or death”;

**(c) in subsection (3) by striking out “, 78 and 79” and substituting “and 78”.**

**NOTE:** (54) Section 77 presently reads in part:

*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*

- (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.*

**(55) Section 78(1) is repealed and the following is substituted:**

**Compensation under Workers' Compensation Act**

**78(1)** Subject to the regulations, if an insured or other claimant is entitled to compensation under the *Workers' Compensation Act* or a similar law of another jurisdiction in respect of the insured's bodily injury or death sustained as a result of an accident, the insured or other claimant

- (a) is not entitled to compensation under this Part, and
- (b) does not have a right of action, and may not commence or maintain proceedings, under section 80 or 81.

**NOTE:** (55) Section 78(1) presently reads:

*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.*

**(56) Section 79 is repealed.**

**NOTE:** (56) Section 79 presently reads:

*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.*

**(57) Sections 80 to 82 are repealed and the following is substituted:**

**Tort action for non-pecuniary damages**

**80(1)** Subject to this section and the regulations, a person who sustained bodily injury as a result of an accident has a right of action and may commence or maintain proceedings in respect of their bodily injury against the following:

(a) a person

(i) who caused the accident, and

(ii) who, in respect of the accident, is

- (A) found guilty of a *Criminal Code* (Canada) offence prescribed for the purpose of this section,
  - (B) found guilty under the *Youth Criminal Justice Act* (Canada) or the *National Defence Act* (Canada) of a *Criminal Code* (Canada) offence prescribed under paragraph (A),
  - (C) found guilty of a *Traffic Safety Act* offence prescribed for the purpose of this section,
  - (D) issued a notice of administrative penalty under a prescribed provision of the *Traffic Safety Act*, or
  - (E) found guilty of a prescribed offence under a prescribed Act;
- (b) a person who is a third party described in subsection (2);
  - (c) a person in a prescribed class of persons.

**(2)** An action or proceeding under subsection (1)(b) may be commenced or maintained against only 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* that authorizes 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 under subsection (1) may only be brought to recover the following:

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

**(4)** Notwithstanding the *Contributory Negligence Act*, if 2 or more persons caused an accident, each person against whom an action exists and a proceeding may be commenced or maintained under subsection (1) is

- (a) liable for damages to the person who sustained bodily injury as a result of the accident only in proportion to the degree to 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.

**(5)** Notwithstanding any other law but subject to subsection (6), a person who would, but for this section, be vicariously liable for damages arising from the use or operation of an automobile in an action or proceeding under subsection (1)(a) is absolved of that liability.

**(6)** Subsection (5) does not apply to a person who is a third party described in subsection (2).

**(7)** Notwithstanding subsection (1), section 4 applies to bar an action or proceeding under this section by a prescribed person.

**(8)** 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 a permanent impairment benefit to which the insured is entitled under section 36.

(9) The *Limitations Act* applies to an action under this section as set out in the regulations.

**Tort action for pecuniary damages**

**81(1)** Subject to this section and the regulations, a person who sustained bodily injury or death as a result of an accident has a right of action and proceedings respecting their bodily injury or death may be commenced or maintained to recover damages for only the following pecuniary losses:

- (a) a loss of earnings, to be calculated as the difference between the following:
  - (i) the amount of the person's income replacement benefit, calculated in accordance with the regulations as if it were not subject to the maximum yearly insurable income specified in the regulations;
  - (ii) the amount of the person's income replacement benefit, calculated in accordance with the regulations, but subject to the maximum yearly insurable income specified in the regulations;
- (b) a loss related to a reasonably and necessarily incurred expense for the following that exceeds the maximum amount that an insurer is liable to pay or reimburse the person under Part 2 for that expense:
  - (i) a health care service under section 10(a);
  - (ii) a prosthesis or orthosis under section 10(b);
  - (iii) medical equipment under section 10(c);
  - (iv) medication and supplies under section 10(d);
- (c) a loss related to a reasonably and necessarily incurred expense for an accessibility support under section 11 that exceeds the maximum amount that an insurer is liable to pay or reimburse the person under Part 2 for that expense;
- (d) a loss related to a reasonably and necessarily incurred expense for transportation, lodging or meals under section 12 that exceeds the maximum amount that an

insurer is liable to pay or reimburse the person under Part 2 for that expense;

- (e) a loss related to a reasonably and necessarily incurred expense to assist with an activity of daily living under section 13 that exceeds the maximum amount that an insurer is liable to pay or reimburse the person under Part 2 for that expense;
- (f) a loss related to a reasonably and necessarily incurred expense to provide care to a care recipient under section 14 that exceeds the maximum amount that an insurer is liable to pay or reimburse the person under Part 2 for that expense;
- (g) a loss related to a reasonably and necessarily incurred expense to hire a person for a family enterprise under section 15 that exceeds the maximum amount that an insurer is liable to pay or reimburse the person under Part 2 for that expense;
- (h) a loss related to a reasonably and necessarily incurred expense under a prescribed category of expense under section 16 that exceeds the maximum amount that an insurer is liable to pay or reimburse the person under Part 2 for that expense;
- (i) a prescribed loss.

**(2)** Subject to this section and the regulations, the following persons have a right of action and may commence or maintain proceedings to recover damages for the following losses:

- (a) a person who incurs a loss related to a reasonably and necessarily incurred funeral and interment expense under section 43 that exceeds the maximum amount that an insurer is liable to pay or reimburse the person under Part 2 for that expense;
- (b) a person who is in a class of relationship with a deceased prescribed under section 44 and who incurs a loss related to a reasonably and necessarily incurred grief counselling expense that exceeds the maximum amount that an insurer is liable to pay or reimburse the person under Part 2 for that expense.

(3) A person has a right of action and may commence or maintain proceedings to recover damages for a loss of earnings under subsection (1)(a), or a loss related to a reasonably and necessarily incurred expense under subsection (1)(b) to (i) or (2), only if the person was entitled to

- (a) an income replacement benefit, in the case of a loss described in subsection (1)(a), or
- (b) the payment or reimbursement of the expense described in subsection (1)(b) to (i) or (2) to which the loss relates, in the case of a loss described in subsection (1)(b) to (i) or (2).

(4) Notwithstanding the *Contributory Negligence Act*, if 2 or more persons caused an accident, each person against whom an action exists and a proceeding may be commenced or maintained under subsection (1) or (2) is

- (a) liable for damages to the person who sustained bodily injury or death, or a person described in subsection (2), as the case may be, only in proportion to the degree to 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.

(5) 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.

(6) Notwithstanding subsection (1), section 4 applies to bar an action or proceeding under this section by a prescribed person.

(7) For greater certainty, section 4 applies to bar an action or proceeding under this section for the recovery of any damage or loss not described in subsection (1) or (2).

**No subrogation**

**82** An insurer shall not maintain a subrogated claim in connection with any action or proceeding under section 80 or 81.

**NOTE:** (57) Sections 80 to 82 presently read:

*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.*

*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).*

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

**(58) Section 85 is amended**

- (a) by repealing subsection (1) and substituting the following:**

**Powers of Tribunal**

**85(1)** Subject to the regulations, the Tribunal has exclusive jurisdiction to examine, inquire into, hear and determine all matters and questions arising under this Act or the regulations related to a decision made by an insurer in respect of a claim for compensation under Part 2.

- (b) in subsection (2)**

- (i) in clause (k) by striking out “examinations” and substituting “assessments”;**

- (ii) in clause (l) by striking out “examination” and substituting “assessment”.**

**NOTE:** (58) Section 85 presently reads in part:

*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*

*(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),*

**(59) Section 86 is amended**

- (a) by repealing subsection (2) and substituting the following:**

**(2)** A decision made by an insurer includes

- (a) a decision for which a notice of decision is required under this Act,
- (b) a decision made under section 72 following a reconsideration,
- (c) a review decision made under section 73, and
- (d) a decision related to
  - (i) an ineligible payment or overpayment to or on behalf of a claimant,
  - (ii) the recovery of an ineligible payment or overpayment under section 75, or
  - (iii) the recovery of compensation under section 76(1)(a).

- (b) by adding the following after subsection (5):**

- (6) For greater certainty, a claimant may appeal
- (a) more than one decision made by an insurer in respect of a claim for compensation, and
  - (b) multiple insurer decisions concurrently.

**NOTE:** (59) Section 86 presently reads in part:

*(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.*

**(60) The following is added after section 92:**

**Court application**

**92.1** The Superintendent may apply to seek the advice and direction of the Court respecting the application of this Act, the interpretation of this Act or the rights or obligations of a person to whom this Act applies.

**NOTE:** (60) Court application.

**(61) Sections 93 to 94 are repealed and the following is substituted:**

**Guidelines and interpretation bulletins**

**93** The Superintendent may issue guidelines and interpretation bulletins respecting the interpretation or application of this Act or any one or more regulations under this Act.

**Standards, rules, etc.**

**93.1(1)** The Minister may establish a code, guideline, method, practice, standard or body of rules relating to any matter for which a regulation may be made under section 101.

**(2)** The *Regulations Act* does not apply to a body of rules established under subsection (1) and, for greater certainty, does

not apply to a code, guideline, method, practice or standard established under that subsection.

(3) As soon as practicable after establishing a code, guideline, method, practice, standard or body of rules under subsection (1), the Minister shall make the code, guideline, method, practice, standard or body of rules publicly available on the website of the Minister's department.

(4) A regulation made under section 101 supersedes a code, guideline, method, practice, standard or body of rules established under this section to the extent of any conflict.

(5) An insurer shall comply with a code, guideline, method, practice, standard or body of rules established under subsection (1).

#### **Fee and compensation amounts**

**94(1)** The Minister may by order establish the following:

- (a) fees and disbursements, or the maximum fees and disbursements, to be charged or paid for
  - (i) a health care service under section 10(a), or
  - (ii) a medical assessment;
- (b) fees and disbursements, or the maximum fees and disbursements, to be charged or paid for any activity or function necessitated by, described in or referred to in this Act or the regulations;
- (c) fees respecting appeals under Part 4;
- (d) fees for any other things given or done by or under the authority of the Minister, the Superintendent or the Tribunal under this Act or the regulations;
- (e) amounts, including the maximum or aggregate amount, that an insurer is liable to pay or reimburse an insured or other claimant in respect of the following:
  - (i) an expense that an insured or other claimant is entitled to have paid or reimbursed under this Act;

- (ii) a benefit that an insured or other claimant is entitled to receive under this Act;
  - (f) amounts to be used by an insurer, as directed by the regulations, in calculating and determining the amount of compensation to which an insured or other claimant is entitled.
- (2) An amount established under subsection (1) must be adjusted in the manner and frequency specified in the regulations.
- (3) In addition to establishing amounts under subsection (1), the Minister may establish guidelines, tables, formulas or rules for use by an insurer in determining the amount of
  - (a) an expense that an insured or other claimant is entitled to have paid or reimbursed under this Act, or
  - (b) a benefit that an insured or other claimant is entitled to receive under this Act.
- (4) The *Regulations Act* does not apply to
  - (a) an order made under subsection (1), or
  - (b) a rule established under subsection (3) and, for greater certainty, does not apply to a guideline, table or formula established under that subsection.
- (5) As soon as practicable after making an order under subsection (1) or establishing a guideline, table, formula or rule under subsection (3), the Minister must make the order, guideline, table, formula or rule publicly available on the website of the Minister's department.
- (6) If the Minister establishes maximum fees and disbursements under subsection (1), a person shall not charge or collect a fee or a disbursement that is greater than those maximum fees or disbursements.
- (7) An insurer shall follow an order made under subsection (1), or a guideline, table, formula or rule under subsection (3), when calculating and determining the amount of compensation to which an insured or other claimant is entitled.

**NOTE:** (61) Sections 93 and 94 presently read:

*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.*

*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.*

**(62) The following is added after section 96:**

**Electronic insurance claims information system**

**96.1(1)** The Minister may establish an electronic insurance claims information system to be used for the purposes set out in the regulations.

**(2)** A person specified in the regulations shall use the electronic insurance claims information system in the administration of a claim in accordance with the regulations.

**NOTE:** (62) Electronic insurance claims information system.

**(63) Section 101 is amended**

**(a) in subsection (1)**

**(i) in clause (b) by striking out** “expression used in this Act” **and substituting** “phrase defined in this Act”;

**(ii) by adding the following after clause (b):**

(b.1) prescribing catastrophic injuries for the purposes of section 1(f);

(b.2) prescribing permanent impairments for the purpose of section 1(t);

**(iii) by adding the following after clause (f):**

(f.1) describing accidents to which the Act does not apply for the purpose of section 3(a)(iii);

**(iv) by repealing clause (h) and substituting the following:**

(h) respecting a person’s entitlement to compensation under section 5, including regulations respecting

(i) the determination of which insurer shall provide compensation, and

- (ii) the resolution of disagreements between insurers;

**(v) in clause (j)**

**(A) by striking out “Part 1” and substituting “Part 2”;**

**(B) in subclause (i) by adding “the specific” before “expenses”;**

**(C) by repealing subclauses (ii) to (iv) and substituting the following:**

- (ii) respecting the terms, conditions, restrictions, requirements and exclusions governing an insured’s or other claimant’s entitlement to the payment or reimbursement of an expense,
- (iii) respecting the amount that may be paid or reimbursed for an expense or a category of expense,
- (iv) respecting the period within which an expense must be claimed for payment or reimbursement,

**(vi) by repealing clauses (k) to (m) and substituting the following:**

- (k) respecting the payment or reimbursement of expenses referred to in section 10, including regulations establishing procedures for determining the health care services to which an insured is entitled to have the associated expenses paid or reimbursed;
- (l) respecting the diagnosis and treatment of an insured’s bodily injury, including regulations
  - (i) establishing or governing a system or process for the diagnosis and treatment of bodily injuries,
  - (ii) respecting the treatments an insured may receive for a bodily injury, and
  - (iii) respecting health care practitioners who may diagnose or treat an insured’s bodily injury,

including providing for the establishment and use of a register of health care practitioners;

**(vii) by repealing clauses (o) to (t) and substituting the following:**

- (o) respecting the payment or reimbursement of expenses incurred for an accessibility support under section 11;
- (p) respecting the payment or reimbursement of expenses incurred for transportation, lodging and meals under section 12;
- (q) respecting the payment or reimbursement of expenses incurred to assist with an activity of daily living under section 13, including regulations
  - (i) establishing an assessment scheme for the purpose of determining the amount of assistance an insured requires for an activity of daily living,
  - (ii) distinguishing between the expenses an insured is entitled to have paid or reimbursed based on their age, and
  - (iii) respecting the determination and calculation of the amount that may be paid or reimbursed for an expense to assist an insured with an activity of daily living;
- (r) respecting the payment or reimbursement of expenses incurred for the care of a care recipient under section 14;
- (s) respecting the payment or reimbursement of family enterprise expenses under section 15;
- (t) respecting the payment or reimbursement of expenses under section 16, including prescribing categories of expenses;
- (t.1) respecting the payment or reimbursement of expenses incurred for a good or service under section 16.1;

**(viii) by repealing clause (v);**

**(ix) by repealing clause (w) and substituting the following:**

- (w) respecting the calculation and determination of benefits under Division 3 of Part 2, including regulations
  - (i) respecting the type of benefit and amount of a benefit a person is entitled to receive,
  - (ii) respecting the formulas, methods and procedures to be used to establish the amount of a benefit,
  - (iii) respecting the manner and frequency of payment of a benefit,
  - (iv) respecting the circumstances in which an insurer may adjust the amount of a benefit, including where an insured regains the ability to hold employment or suffers a relapse of their bodily injury, and
  - (v) distinguishing between the calculation and determination of benefits for a catastrophically injured insured and a non-catastrophically injured insured;

**(x) in clause (x)(ii) by striking out “prescribing the manner in which an insured shall be deemed” and substituting “the manner in which an insured is deemed”;**

**(xi) by adding the following after clause (x):**

- (x.1) prescribing requirements for the purpose of section 33(2)(c);

**(xii) by repealing clause (z);**

**(xiii) in clause (aa)**

**(A) in subclause (i) by striking out “schedule of permanent impairments” and substituting “permanent impairment assessment scheme”;**

**(B) in subclause (iii) by adding the following after paragraph (A):**

(A.1) the formulas, methods and procedures for determining the amount of a permanent impairment benefit,

**(xiv) in clause (bb) by striking out “and” at the end of subclause (i) and by adding the following after subclause (i):**

(i.1) the terms, conditions, requirements, restrictions and exclusions governing a person’s entitlement to a death benefit, and

**(xv) in clause (cc)**

**(A) in subclause (ii) by adding “, requirements” after “conditions”;**

**(B) in subclause (iii) by striking out “prescribing the maximum amounts” and substituting “respecting the amount”;**

**(xvi) by repealing clauses (dd) and (ee) and substituting the following:**

(dd) respecting the reduction, suspension, termination or denial of compensation for the purpose of section 47, including regulations

(i) respecting the manner in and amount by which compensation may be reduced, suspended, terminated or denied,

(ii) respecting the payment of compensation that was not paid or that was reduced, suspended, terminated or denied under section 47 in the event that circumstances change and the compensation becomes payable, including determining if interest is payable, and if so, the amount of interest and the manner of payment,

- (iii) respecting whether, and in what circumstances, compensation is to be reduced, suspended, terminated or denied,
- (iv) respecting the formulas, methods and procedures to be used to establish
  - (A) the amount by which compensation may be reduced, or
  - (B) the period for which compensation may be reduced, suspended or denied,
- (v) prescribing offences, Acts and provisions for the purposes of section 47(c) to (f),
- (vi) prescribing acts or omissions for the purpose of section 47(h),
- (vii) prescribing requirements for the purpose of section 47(i), and
- (viii) prescribing circumstances for the purpose of section 47(j);
- (dd.1) respecting the end of an insured's entitlement to a benefit following the insured's death;
- (ee) respecting the end or suspension of a benefit under section 49 or 50, including regulations
  - (i) prescribing employment for the purposes of sections 49(1) and 50(1),
  - (ii) respecting the criteria that an insured must meet for their income replacement benefit to continue under section 49(2),
  - (iii) establishing the amount of an income replacement benefit and the period for which an insured may continue to receive an income replacement benefit under section 49(2),
  - (iv) providing for the continuation of an income replacement benefit in other circumstances,

- (v) prescribing circumstances for the purpose of section 50(2)(b),
- (vi) respecting relapses, and
- (vii) distinguishing between the suspension or end of an income replacement benefit for a catastrophically injured insured and a non-catastrophically injured insured;

**(xvii) by repealing clause (gg) and substituting the following:**

- (gg) respecting the end of a loss-of-studies benefit under section 52;
- (gg.1) respecting the end of a caregiver benefit under section 53;

**(xviii) in clause (hh)**

- (A) by striking out “application process for a claim” and substituting “process for making a claim”;**
- (B) by repealing subclause (iii) and substituting the following:**

- (iii) respecting the period within which a claim for compensation must be made;

**(xix) by repealing clause (jj) and substituting the following:**

- (jj) respecting medical assessments, including regulations respecting
  - (i) the use and purpose of a medical assessment,
  - (ii) limitations on when a medical assessment may be required,
  - (iii) the application for and selection of a medical assessor,
  - (iv) the eligibility requirements for a health care practitioner to act as a medical assessor,

- (v) the scheduling and conduct of a medical assessment,
  - (vi) the preparation and content of a report made following a medical assessment,
  - (vii) the persons who may receive a copy of a medical assessor's report,
  - (viii) the use of a medical assessor's report,
  - (ix) the payment of the cost of a medical assessment or report, and
  - (x) the assessments or examinations excluded from the application of section 57(10);
- (jj.1) respecting the provision of information and reports under section 58;

**(xx) by repealing clauses (mm) and (nn);**

**(xxi) in clause (oo) by striking out "payment" and substituting "calculation";**

**(xxii) by repealing clause (pp) and substituting the following:**

- (pp) respecting alternative financial arrangements under section 65, including regulations specifying any terms, conditions, requirements, restrictions and exclusions on entering into an alternative financial arrangement;

**(xxiii) by repealing clause (rr) and substituting the following:**

- (rr) respecting payments made under section 69;

**(xxiv) by repealing clause (ss) and substituting the following:**

- (ss) respecting the exemptions and restrictions related to civil enforcement proceedings against, or the ability to assign, compensation under section 70;

**(xxv) in clause (vv) by striking out “**, including regulations prescribing the time within which a decision must be reviewed and a review decision issued for the purposes of section 73(2)”;

**(xxvi) by repealing clause (ww);**

**(xxvii) in clause (xx) by striking out “**, without limitation,”;

**(xxviii) by repealing clauses (yy) and (zz) and substituting the following:**

(yy) respecting an insurer’s ability to recover, under section 76, compensation paid to an insured or other claimant, including regulations

(i) respecting the formulas, methods and procedures to be used to establish the amount of compensation an insurer may recover,

(ii) prescribing offences, Acts and provisions for the purposes of section 76(1)(a)(i) and (ii),

(iii) prescribing classes of persons or circumstances for the purposes of section 76(1)(d),

(iv) respecting the method to be used for apportioning fault for an accident for the purposes of section 76(2),

(v) prescribing the circumstances, under section 76(3), in which an insurer is not entitled to recover compensation, or

(vi) respecting the application of the *Limitations Act*;

(yy.1) respecting an insurer’s indemnification under section 76.1, including regulations

(i) specifying a class of persons for the purpose of that section,

(ii) prescribing the terms, conditions, restrictions, requirements and exclusions related to an

insurer's indemnification for the purposes of that section,

- (iii) specifying a class of automobiles for the purpose of that section, and
- (iv) respecting the resolution of disagreements between insurers;
- (zz) respecting the coordination of compensation under Part 2 and other compensation available to a person, including regulations
  - (i) respecting the priority in which an insurer is liable to pay compensation under Part 2 when an insured or other claimant is entitled to other compensation, and
  - (ii) prescribing a source of other compensation for the purpose of section 77(1)(f);

**(xxix) by repealing clauses (bbb) and (ccc) and substituting the following:**

- (bbb) respecting tort actions for non-pecuniary damages under section 80, including regulations
  - (i) respecting the rules and restrictions that apply to an action or proceeding under section 80,
  - (ii) prescribing offences, Acts and provisions for the purposes of section 80(1)(a),
  - (iii) prescribing a class of persons against whom an action or proceeding may be commenced or maintained for the purpose of section 80(1)(c),
  - (iv) prescribing a third party against whom an action or proceeding may be commenced or maintained for the purpose of section 80(2)(h),
  - (v) respecting the method to be used for apportioning fault for an accident for the purposes of section 80(4),

- (vi) prescribing persons to whom section 4 applies to bar an action or proceeding for the purpose of section 80(7), and
- (vii) respecting the application of the *Limitations Act*;
- (ccc) respecting tort actions for pecuniary damages under section 81, including regulations
  - (i) respecting the rules and restrictions that apply to an action or proceeding under section 81,
  - (ii) respecting the calculation and determination of the amount of a pecuniary loss,
  - (iii) prescribing a loss for the purpose of section 81(1)(i),
  - (iv) respecting the method to be used for apportioning fault for an accident for the purposes of section 81(4),
  - (v) respecting the method and amount by which damages for a pecuniary loss may be reduced for the purpose of section 81(5), and
  - (vi) prescribing persons to whom section 4 applies to bar an action or proceeding for the purpose of section 81(6);

**(xxx) by adding the following after clause (eee):**

- (eee.1) respecting the jurisdiction of the Tribunal, including regulations respecting the referral of matters between a court and the Tribunal;

**(xxxi) by adding the following after clause (hhh):**

- (hhh.1) respecting the adjustment, under section 94(2), of amounts established under section 94(1), including regulations respecting the manner and frequency of adjustment;
- (hhh.2) respecting the use of a guideline, table, formula or rule established under section 94(3);

- (hhh.3) respecting the establishment of an electronic insurance claims information system under section 96.1, including regulations respecting
  - (i) the purposes of the system,
  - (ii) the persons who are required to use the system, and
  - (iii) when and how a person is required to use the system;
- (b) in subsection (2) by striking out “made under subsection (1)” and substituting “made under this Act”;**
- (c) by repealing subsections (3) and (4) and substituting the following:**

**(3)** A regulation made under this Act may adopt or incorporate in whole, in part or with modifications documents that set out codes, guidelines, methods, practices, standards or bodies of rules of any government, organization or person, including, without limitation, any codes, guidelines, methods, practices, standards or bodies of rules published by the Minister under section 10.1(1), 93.1(1) or 94(3), as they read at a particular time or as amended or replaced from time to time, relating to any matter in respect of which a regulation may be made under this Act.

**(4)** Where a code, guideline, method, practice, standard or body of rules is adopted or incorporated by regulation under this Act, the Minister shall ensure a copy of the code, guideline, method, practice, standard or body of rules is made available to the public.

**NOTE:** (63) Section 101 presently reads in part:

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

- (b) further defining any word or expression used in this Act;*
- (h) respecting excluded individuals and excluded automobiles for the purposes of section 5(3);*

- (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,*
- (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);*
- (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;*
- (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*
  - (ii) *prescribing the manner in which an insured shall be deemed to have made an election for the purposes of section 32(6);*
- (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*
- (iii) *the calculation and determination of a permanent impairment benefit under Division 4 of Part 2, including,*
- (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*
  - (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*
- (dd) *respecting the reduction, suspension, termination or refusal to pay compensation for the purposes of section 47, including regulations*
  - (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;*
- (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*
  - (iii) *prescribing the period within which an insured must apply for compensation;*
- (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);*
- (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);*
- (rr) *prescribing personal representatives for the purposes of section 69(1);*
- (ss) *respecting compensation exempt from civil enforcement action under section 70;*
- (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;*

*(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);*

*(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.*

**(64) Section 103 is amended**

- (a) by striking out “January 1, 2027” wherever it occurs and substituting “the coming into force of section 2”;**
- (b) by striking out “any bodily injury or death sustained by an insured in”.**

**NOTE:** (64) Section 103 presently reads:

*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.*

**Insurance Act**

**Amends RSA 2000 cl-3**

**4(1) The *Insurance Act* is amended by this section.**

**NOTE:** 4(1) Amends chapter I-3 of the Revised Statutes of Alberta 2000.

**(2) Section 16 is amended by adding the following after clause (c.1):**

- (c.2) further defining any word or phrase that is defined in this Act;

**NOTE:** (2) Adds regulation-making authority.

**(3) Section 106(b) is amended by striking out “C” and substituting “E”.**

**NOTE:** (3) Section 106(b) presently reads:

*106 The Lieutenant Governor in Council may make regulations*

*(b) prescribing the amount for “C” for the purposes of section 100;*

**(4) Section 470(1) is repealed and the following is substituted:**

**Terms and conditions**

**470(1)** The Minister may issue a certificate of authority that is subject to the following:

- (a) the terms and conditions provided for in the regulations;
- (b) any terms and conditions the Minister considers appropriate.

**NOTE:** (4) Section 470(1) presently reads:

*470(1) The Minister may issue a certificate of authority subject to terms and conditions provided for in the regulations.*

**(5) Section 474(4) is amended by striking out “within 14 days from the resignation or death” and substituting “within the prescribed period”.**

**NOTE:** (5) Section 474(4) presently reads:

*(4) If a designated representative of a business resigns or dies, the business must, within 14 days from the resignation or death, submit to the Minister a written designation of an*

*individual who meets the requirements of this Act and the regulations to be the new designated representative and, if the business does not comply with this requirement, the certificate of authority of the business is automatically suspended.*

**(6) Section 480(1) is amended by adding “, or that the Minister considers appropriate,” after “impose terms and conditions provided for in the regulations”.**

**NOTE:** (6) Section 480(1) presently reads:

*480(1) If the Minister is satisfied that the holder or a former holder of a certificate of authority*

- (a) has been guilty of misrepresentation, fraud, deceit, untrustworthiness or dishonesty,*
- (b) has contravened any provision of this Act or the regulations or similar legislation in another jurisdiction or legislation that is a predecessor of this Act or the regulations,*
- (c) has unreasonably failed to pay any premium collected by the holder within the time period stipulated in the holder’s agency contract to an insurer or an insurance agent who is entitled to the premium,*
- (d) has placed insurance with an insurer not licensed in Alberta under this Act without complying with the provisions of this Act relating to unlicensed insurers, or*
- (e) has demonstrated incompetence to act as an insurance agent in the case of an insurance agent’s certificate of authority or to act as an adjuster in the case of an adjuster’s certificate of authority,*

*the Minister may revoke, suspend or refuse to renew or reinstate one or more of the certificates of authority held by the holder, impose terms and conditions provided for in the regulations on one or more of the certificates of authority*

*held by the holder and impose a penalty on the holder or former holder.*

**(7) The following is added after section 495:**

**Insurance council rules**

**495.1(1)** An insurance council may, in accordance with the regulations, make rules on any matter related to a power, duty or function delegated to it.

(2) The Minister must approve a rule made by an insurance council under subsection (1).

(3) An insurance council shall make a rule publicly available in accordance with the regulations.

(4) The *Regulations Act* does not apply to a rule an insurance council makes under subsection (1).

**NOTE:** (7) Insurance council rules.

**(8) Section 498 is amended by adding the following after clause (m):**

(m.1) respecting the making and publication of rules by an insurance council under section 495.1;

**NOTE:** (8) Adds regulation-making authority.

**(9) The following is added after section 506:**

**Providing policy information**

**506.1(1)** The Minister may direct an insurer, insurance agent or adjuster to provide an insured or applicant for insurance with the information the Minister specifies relating to

(a) a contract of insurance in effect between the insurer and insured, in the case of an existing insured, or

- (b) a contract of insurance that is the subject of an application for, or renewal of, insurance, in the case of an applicant for insurance or an insured renewing a contract of insurance.

**(2)** An insurer, insurance agent or adjuster directed to provide information must do so

- (a) in accordance with
  - (i) the Minister's direction,
  - (ii) the form and manner, if any, specified by the Minister, and
  - (iii) the regulations, if any,
- and
- (b) within the period specified by the Minister.

**NOTE:** (9) Providing policy information.

**(10) Section 509 is amended by adding the following after subsection (1):**

**(1.1)** The Minister may designate an act or practice to be unfair, coercive or deceptive for the purpose of subsection (1)(c).

**(1.2)** As soon as practicable after making the designation, the Minister must publish notice of the designation on the website of the Minister's department.

**NOTE:** (10) Adds power for Minister to designate an unfair, coercive or deceptive act or practice.

**(11) Section 511(1) is amended by adding the following after clause (g.1):**

- (g.11) respecting the provision of information by an insurer, insurance agent or adjuster to an insured or applicant for insurance under section 506.1;

**NOTE:** (11) Adds regulation-making authority.

**(12) Section 549 is amended**

- (a) in clause (b.1) by adding “and comprehensive” after “collision”;**
- (b) in clause (c) by striking out “sections 571 and 573” and substituting “sections 571, 573 and 585.1”;**
- (c) by repealing clause (f) and substituting the following:**

- (f) “rating program” means
  - (i) the rules, criteria, policies, guidelines, algorithms and rating variables used by an insurer to determine premiums for basic coverage or additional coverage, and
  - (ii) the underwriting rules that govern the decision by an insurer to accept or decline a risk, coverage or endorsement.

**NOTE:** (12) Section 549 presently reads in part:

*549 In this Subpart,*

- (b.1) “additional coverage” means automobile insurance that may be made available by an insurer that supplements basic coverage, including, without limitation, collision coverage;*
- (c) “basic coverage” means insurance coverage required or provided for under sections 571 and 573;*
- (f) “rating program” means the rules, criteria, policies or guidelines of any nature used or adopted by an*

*insurer to determine the premiums to be charged to an insured for automobile insurance.*

**(13) Sections 579(4)(c) and 586(2) are amended by striking out “of any state or the District of Columbia” and substituting “jurisdiction”.**

**NOTE:** (13) Sections 579(4)(c) and 586(2) presently read:

*579(4) The right of a person who is entitled under subsection (1) to have insurance money applied in or toward the person’s judgment or claim is not prejudiced by*

*(c) any contravention of the Criminal Code (Canada) or a statute of any province or territory or of any state or the District of Columbia of the United States of America by the owner or driver of the automobile,*

*586(2) The insurance mentioned in subsection (1) does not apply in respect of a person specified in the contract who has a right of recovery under the Motor Vehicle Accident Claims Act or similar legislation of any other province or territory or of any state or the District of Columbia of the United States of America.*

**(14) Section 598 is amended by striking out “608” and substituting “609”.**

**NOTE:** (14) Section 598 presently reads:

*598 In this section and sections 599 to 608, “Board” means the Automobile Insurance Rate Board.*

**(15) Section 599 is amended**

**(a) in subsection (1)**

**(i) by repealing clause (a) and substituting the following:**

(a) at least 4 but not more than 8 members appointed by the Lieutenant Governor in Council, and

**(ii) by repealing clause (b);**

**(b) by repealing subsection (2);**

**(c) by repealing subsections (6) and (7) and substituting the following:**

**(6)** A member of the Board may be reappointed for further terms not exceeding 3 years so long as the reappointment would not result in the member holding office for more than 12 consecutive years.

**(7)** A person who serves 12 consecutive years as a member of the Board is not eligible to be appointed again as a member of the Board until at least 3 years has elapsed from the date the person ceases to hold office.

**(7.1)** A break in service of less than 2 years shall be disregarded in determining the number of consecutive years for the purposes of subsections (6) and (7).

**(d) by repealing subsection (11) and substituting the following:**

**(11)** At least half of the members of the Board constitutes a quorum for the purpose of exercising its powers and performing its duties and functions.

**(e) in subsection (18) by striking out “operations” and substituting “capital costs and operations,”.**

**NOTE:** (15) Section 599 presently reads in part:

*599(1) The Automobile Insurance Rate Board is established consisting of*

*(a) at least 3 but not more than 7 members appointed by the Lieutenant Governor in Council,*

*(b) a consumer representative appointed by the Minister, and*

*(2) The consumer representative referred to in subsection (1)(b)*

- (a) must have expertise and experience in consumer issues in the area of automobile insurance, and*
- (b) must not be*
  - (i) an adjuster,*
  - (ii) a director or officer of a provincial company,*
  - (iii) a director or officer of an extra-provincial company,*
  - (iv) a director or officer of an extra-provincial Crown insurer or of an affiliate of an extra-provincial Crown insurer,*
  - (v) a director or officer of a federally authorized company,*
  - (vi) a director or officer of a financial institution,*
  - (vii) an insurance agent,*
  - (viii) a director or officer of a life company,*
  - (ix) a director or officer of a mutual provincial company,*
  - (x) a director or officer of a property and casualty company, or*
  - (xi) a special broker.*

*(6) A member of the Board referred to in subsection (1)(a) may be reappointed for 2 additional terms of office.*

*(7) Despite subsection (6), the chair of the Board is always eligible to be reappointed as chair.*

*(11) A majority of the members of the Board constitutes a quorum for the purpose of exercising its powers and performing its duties and functions.*

*(18) The Lieutenant Governor in Council may make regulations authorizing the Board to charge and collect from licensed insurers of automobiles fees, levies or other assessments for the Board's operations and for matters under its administration, including, without limitation, regulations respecting the amount of the fees, levies and other assessments and the manner in which and the times at which they must be paid.*

**(16) Section 601(2) is repealed.**

**NOTE:** (16) Section 601(2) presently reads:

*(2) The Minister must lay the report before the Legislative Assembly if it is then sitting or, if it is not then sitting, within 15 days after the commencement of the next sitting.*

**(17) The following is added after section 604:**

**Board guidelines**

**604.1(1)** The Board may issue guidelines on any matter related to

- (a) a power conferred or duty imposed on it under this Act or the regulations, or
- (b) a power or duty assigned to it by the Minister.

**(2)** The Board shall publish a guideline issued under subsection (1) on the Board's website.

**(3)** The *Regulations Act* does not apply to a guideline issued under subsection (1).

**NOTE:** (17) Board guidelines.

**(18) Section 608 is amended by adding the following after clause (b):**

- (b.1) respecting administrative expense targets and profitability targets for insurers;
- (b.2) respecting the treatment of premiums collected in excess of profitability targets;

**NOTE:** (18) Adds regulation-making authority.

**(19) Section 609(2) to (4) are amended by striking out “Superintendent” wherever it occurs and substituting “Board”.**

**NOTE:** (19) Section 609(2) to (4) presently read:

*(2) A copy of the constitution, bylaws, rules and regulations of a proposed Government approved industry plan must be filed with the Superintendent for approval.*

*(3) On acceptance of the filing and approval by the Superintendent under subsection (2), the plan is deemed to be a Government approved industry plan to ensure a market for automobile insurance for all owners of automobiles in Alberta and for operators of automobiles in Alberta who hold operator’s licences issued under the Traffic Safety Act or under any similar legislation of another province or territory.*

*(4) A copy of a proposed change to be made in the constitution, bylaws, rules or regulations of a Government approved industry plan or a notice of termination of a plan must be filed with the Superintendent at least 15 days before the change or termination is proposed to be effective, and that change or termination must not take place unless approved by the Superintendent.*

**(20) Section 610 is repealed.**

**NOTE:** (20) Section 610 presently reads:

*610(1) In this section,*

- (a) “insured” includes an applicant for a contract;*

- (b) *“insurer” includes a servicing carrier under a Government approved industry plan referred to in section 609;*
- (c) *“order” includes any directions given by the Superintendent pursuant to subsection (5) in respect of an order made under subsection (2);*
- (d) *“premium” means a premium for automobile insurance and includes any rates, fees, surcharges or other amounts defined or otherwise described as a premium in an order made under subsection (2).*

*(2) The Lieutenant Governor in Council may by order, effective on the date or for the period provided for in the order, freeze premiums prescribed or otherwise described in the order at the levels prescribed or otherwise described in the order.*

*(3) Without limiting the generality of subsection (2), an order made under subsection (2) may*

- (a) be made retroactive to the extent set out or otherwise provided for in the order;*
- (b) exempt in whole or in part a contract or class of contracts from the application of the order;*
- (c) exempt in whole or in part an automobile or class of automobiles from the application of the order;*
- (d) exempt in whole or in part an insurer or class of insurers from the application of the order;*
- (e) prescribe or otherwise describe the premiums and the levels of premiums to which the order applies;*
- (f) prohibit an insurer from charging premiums in excess of the premiums provided for under the order;*
- (g) contain provisions specifying the manner or method or the procedures to be used by an insurer to determine premiums for contracts made or renewed after the effective date of the order, including provisions suspending or modifying the insurer’s*

*rating program or any part of the insurer's rating program;*

- (h) suspend or modify the application or operation of any one or more provisions of this Act during any period that the order is in effect;*
- (i) suspend or modify any decision of the Automobile Insurance Rate Board;*
- (j) be specific or general in its application;*
- (k) define or otherwise describe rates, fees, surcharges or other amounts as premiums for the purpose of the order;*
- (l) contain provisions*
  - (i) requiring an insurer to reimburse or otherwise provide a refund or credit to an insured for any part of any premiums paid by the insured as a result of the insurer's non-compliance with the order, and*
  - (ii) specifying the manner in which and the time at which any reimbursement, refund or credit of those premiums must be made;*
- (m) define any word or term used in this section that is not otherwise defined in this section;*
- (n) include any other provisions that the Lieutenant Governor in Council considers necessary or advisable for carrying out the purpose and intent of this section.*

*(4) An order made under subsection (2)*

- (a) is in effect for any period stated in the order, and*
- (b) may be renewed for any further period or periods the Lieutenant Governor in Council considers appropriate.*

*(5) The Superintendent may give directions to an insurer with respect to an order made under subsection (2), including, without limitation, directions with respect to*

(a) *determining premiums during the period for which the order is in effect, and*

(b) *the application of the insurer's rating program in respect of premiums to which the order applies,*

*for the purposes of ensuring that the order is carried out within the spirit and intent of this section and the order.*

(6) *Section 789 applies to an order made under subsection (2).*

(7) *The Regulations Act does not apply to an order made under subsection (2).*

**(21) Section 801.1 is amended by adding “, including capital costs,” before “incurred”.**

**NOTE:** (21) Section 801.1 presently reads in part:

*801.1 The Lieutenant Governor in Council may make regulations authorizing the Minister to charge and collect from reciprocal insurance exchanges, fraternal societies and insurers fees, levies or other assessments to be used to recover the costs incurred in the administration of this Act and the regulations, including, without limitation, regulations respecting*

## **Seniors Benefit Act**

**Amends RSA 2000 cS-7**

**5(1) The Seniors Benefit Act is amended by this section.**

**NOTE:** 5(1) Amends chapter S-7 of the Revised Statutes of Alberta 2000.

**(2) Section 2.1 is amended**

**(a) by repealing subsection (3) and substituting the following:**

**(3)** The maximum annual cash benefit referred to in section 4 of the Schedule is,

- (a) effective July 1, 2026, the amounts set out in the Schedule, and
- (b) effective January 1, 2027, the amounts adjusted annually in accordance with the Schedule.

**(3.1)** The maximum annual supplementary accommodation assistance component referred to in section 5 of the Schedule is,

- (a) effective January 1, 2025, the amount set out in the Schedule or determined in accordance with the Schedule, and
- (b) effective January 1, 2026, the amount adjusted annually in accordance with the Schedule.

**(b) in subsection (7) by adding “(3.1),” after “subsections (3),”.**

**NOTE:** (2) Section 2.1 presently reads in part:

*(3) The maximum annual cash benefit referred to in section 4 of the Schedule and the maximum annual supplementary accommodation assistance component referred to in section 5 of the Schedule are*

- (a) effective January 1, 2025, the amounts set out in the Schedule or determined in accordance with the Schedule, and*
- (b) effective January 1, 2026, the amounts adjusted annually in accordance with the Schedule.*

*(7) Despite subsections (3), (4) and (5), the amounts referred to in those subsections may be increased at any time in accordance with the regulations.*

**(3) Section 2.2 is amended**

**(a) by repealing subsection (4) and substituting the following:**

**(4)** A discontinuous special needs component of a benefit may be classified into primary funded items and secondary funded items and the following matters relating to the funded items may be designated in accordance with the regulations:

- (a) categories of primary funded items and secondary funded items;
- (b) additional eligibility criteria, factors and conditions that must be met in respect of each funded item;
- (c) the maximum number of each funded item that may be provided and the frequency with which each funded item may be provided to a person either annually or in a lifetime, or both.

**(b) by adding the following after subsection (5):**

**(5.1)** The maximum amount that may be paid for a primary funded item or a secondary funded item referred to in subsection (4), including whether that amount is subject to adjustment under subsection (5), may be designated in accordance with the regulations.

**NOTE:** (3) Section 2.2 presently reads in part:

*(4) A discontinuous special needs component of a benefit may be classified into primary and secondary funded items in accordance with the regulations.*

**(4) Section 6(i) and (j) are repealed and the following is substituted:**

- (i) classifying, or authorizing the Minister to, by order, classify a discontinuous special needs component of a benefit into primary funded items and secondary funded items and designating, or authorizing the Minister to, by order, designate the matters referred to in section 2.2(4);

- (j) respecting the maximum amount that may be paid for a primary funded item or a secondary funded item referred to in clause (i), including authorizing the Minister to designate, by order, the maximum amount that may be paid for each funded item and whether that amount is subject to adjustment under section 2.2(5);

**NOTE:** (4) Section 6(i) and (j) presently read:

*6 The Lieutenant Governor in Council may make regulations*

- (i) classifying primary and secondary funded items for the purpose of the special needs component of a benefit;*
- (j) respecting the maximum amount that may be paid for primary or secondary funded items;*

**(5) The Schedule is amended**

**(a) in section 2**

- (i) by adding “, (3.1)(b)” after “section 2.1(3)(b)”;**
- (ii) in clause (a) by striking out “for the previous calendar year” and substituting “as of December 31 of the previous calendar year”;**

**(b) in section 4 by repealing Table 1 and substituting the following:**

**Table 1**

<b>Accommodation and Relationship Category</b>	<b>Percentage</b>	<b>Maximum Annual Cash Benefit</b>
Homeowner		
Single senior	17.14%	\$3946
Senior couple	17.17%	\$5918
Renter		
Single senior	17.14%	\$3946
Senior couple	17.17%	\$5918
Lodge Resident		
Single senior	17.14%	\$3946

Senior couple	17.17%	\$5918
Continuing Care Home		
Single senior	17.14%	\$3946
Senior couple	17.17%	\$5918
All other		
Accommodation		
Single senior	11.94%	\$2749
Senior couple	15.94%	\$5496

- (c) in section 5(5) by striking out “section 2.1(3)(b)” and substituting “section 2.1(3.1)(b)”;
- (d) in section 7(4) by striking out “by the formula” and substituting “by the following formula:”;
- (e) in section 8(1)
- (i) in clause (a) by striking out “\$21 030” and substituting “\$23 020”;
- (ii) in clause (b) by striking out “\$31 480” and substituting “\$34 460”;
- (f) in section 9
- (i) in subsection (2)
- (A) in clause (b)
- (I) in subclause (i) by striking out “\$28 150” and substituting “\$32 690”;
- (II) in subclause (ii) by striking out “adjusted annually,”;
- (B) in clause (c)
- (I) in subclause (i) by striking out “\$45 720” and substituting “\$53 800”;
- (II) in subclause (ii) striking out “adjusted annually,”;
- (C) in clause (d)

**(I) in subclause (i) by striking out “\$23 750” and substituting “\$28 290”;**

**(II) by repealing subclause (ii) and substituting the following:**

(ii) effective the benefit adjustment date of each benefit adjustment year, an amount calculated in accordance with the formula in subsection (2.1),

**(D) in clause (e)**

**(I) in subclause (i) by striking out “\$37 520” and substituting “\$45 600”;**

**(II) by repealing subclause (ii) and substituting the following:**

(ii) effective the benefit adjustment date of each benefit adjustment year, an amount calculated in accordance with the formula in subsection (2.1).

**(ii) by adding the following after subsection (2):**

**(2.1)** The amounts referred to in subsection (2)(d)(ii) and (e)(ii) for a benefit adjustment year are the amounts calculated by the following formula:

$$H = I + (J - K)$$

where

H is the amount calculated for the purposes of subsection (2)(d)(ii) and (e)(ii) for a single senior or senior couple, as the case may be, for that benefit adjustment year;

I is the amount in subsection (2)(d)(i) or (e)(i) or the amount calculated under subsection (2)(d)(ii) or (e)(ii) for a single senior or senior couple, as the case may be, for the benefit adjustment year immediately preceding that benefit adjustment year;

J is the amount determined under subsection (2)(b)(ii) or (c)(ii) for a single senior or senior couple, as the case may be, for that benefit adjustment year;

K is the amount in subsection (2)(b)(i) or (c)(i) or the amount determined under subsection (2)(b)(ii) or (c)(ii) for a single senior or senior couple, as the case may be, for the benefit adjustment year immediately preceding that benefit adjustment year.

**NOTE:** (5) The Schedule presently reads in part:

*2 A benefit or an amount used to calculate a benefit or eligibility for a benefit that is to be adjusted under section 2.1(3)(b) or (5)(a)(ii) or 2.2(3)(b) or (5)(b) of this Act must be adjusted by an amount equal to*

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*Table 1*

<i>Accommodation and Relationship Category</i>	<i>Percentage</i>	<i>Maximum Annual Cash Benefit</i>
<i>Homeowner</i>		
<i>Single senior</i>	<i>15.89%</i>	<i>\$3868</i>
<i>Senior couple</i>	<i>15.92%</i>	<i>\$5801</i>
<i>Renter</i>		
<i>Single senior</i>	<i>15.89%</i>	<i>\$3868</i>
<i>Senior couple</i>	<i>15.92%</i>	<i>\$5801</i>
<i>Lodge Resident</i>		
<i>Single senior</i>	<i>15.89%</i>	<i>\$3868</i>
<i>Senior couple</i>	<i>15.92%</i>	<i>\$5801</i>
<i>Continuing Care Home</i>		
<i>Single senior</i>	<i>15.89%</i>	<i>\$3868</i>
<i>Senior couple</i>	<i>15.92%</i>	<i>\$5801</i>

<i>All other Accommodation</i>		
<i>Single senior</i>	<i>11.08%</i>	<i>\$2695</i>
<i>Senior couple</i>	<i>14.80%</i>	<i>\$5388</i>

*5(5) Each time the maximum annual supplementary accommodation assistance component of the benefit is adjusted under subsection (3) or section 2.1(3)(b) of this Act, the applicable percentage referred to in subsection (2)(b) must be adjusted in accordance with the following formula:*

*8(1) The non-deductible income amount is*

- (a) \$21 030 for single seniors, and*
- (b) \$31 480 for senior couples.*

*9(2) An applicant is eligible for a discontinuous special needs component of a benefit if*

- (b) in the case of primary funded items and an applicant who is a single senior, the applicant's total income, after deducting the supplementary accommodation assistance benefit and Canada Pension Death benefit paid to the applicant in the calendar year immediately preceding the benefit adjustment year, is less than*
  - (i) \$28 150, or*
- (c) in the case of primary funded items and an applicant who is part of a senior couple, the senior couple's total income, after deducting the supplementary accommodation assistance benefit and Canada Pension Death benefit paid to the senior couple in the calendar year immediately preceding the benefit adjustment year, is less than*
  - (i) \$45 720, or*
- (d) in the case of secondary funded items and an applicant who is a single senior, the applicant's total income, after deducting the supplementary accommodation assistance benefit and Canada Pension Death benefit paid to the applicant in the*

*calendar year immediately preceding the benefit adjustment year, is less than*

- (i) \$23 750, or*
  - (ii) effective the benefit adjustment date of each benefit adjustment year, the sum of*
    - (A) the single senior non-deductible income amount under section 8 for the benefit adjustment year,*
- plus*
- (B) an amount equal to the maximum annual amount, not including retroactive payments and not adjusted for deferral, of the monthly pension payable to a single senior under the Old Age Security Act (Canada) in the calendar year that ended before the commencement of the benefit adjustment year,*

*adjusted annually,*

*and*

- (e) in the case of secondary funded items and an applicant who is part of a senior couple, the senior couple's total income, after deducting the supplementary accommodation assistance benefit and Canada Pension Death benefit paid to the senior couple in the calendar year immediately preceding the benefit adjustment year, is less than*
  - (i) \$37 520, or*
  - (ii) effective the benefit adjustment date of each benefit adjustment year, the sum of*
    - (A) the senior couple non-deductible income amount under section 8 for the benefit adjustment year,*

*plus*

*(B) an amount equal to double the maximum annual amount, not including retroactive payments and not adjusted for deferral, of the monthly pension payable to a single senior under the Old Age Security Act (Canada) in the calendar year that ended before the commencement of the benefit adjustment year,*

*adjusted annually.*

**(6) This section comes into force on July 1, 2026.**

**NOTE:** (6) Coming into force.

**RECORD OF DEBATE**

Stage	Date	Member	From	To
		<b>Interventions</b>	<b>From</b>	<b>To</b>
<b>Stage</b>	<b>Date</b>	<b>Member</b>	<b>From</b>	<b>To</b>
		<b>Interventions</b>	<b>From</b>	<b>To</b>
<b>Stage</b>	<b>Date</b>	<b>Member</b>	<b>From</b>	<b>To</b>
		<b>Interventions</b>	<b>From</b>	<b>To</b>
<b>Stage</b>	<b>Date</b>	<b>Member</b>	<b>From</b>	<b>To</b>
		<b>Interventions</b>	<b>From</b>	<b>To</b>
<b>Stage</b>	<b>Date</b>	<b>Member</b>	<b>From</b>	<b>To</b>
		<b>Interventions</b>	<b>From</b>	<b>To</b>