

**BULLETIN NUMBER: 01-2017**

**TITLE: Updates to Prescribed Automobile Insurance Accident Benefit (AB) and Minor Injury (MI) Forms**

**DATE: May 2017**

**PURPOSE**

This bulletin is to advise all stakeholders of changes to all prescribed Accident Benefit (AB) and Minor Injury (MI) forms applicable to Alberta automobile insurance Accident Benefits (including DTPR) claims and Certified Examinations.

These forms are prescribed by the Superintendent of Insurance pursuant to section 803 of the *Insurance Act* (Act):

Form Number	Form Name	Who Completes the Form
AB-1	Notice of Loss and Proof of Claim	Completed by claimant
AB-1A	Claim for Disability Benefits	Completed by physician
AB-2	Treatment Plan	Completed by Primary Health Care Practitioner (PHCP)
AB-3	Progress Report	Completed by PHCP at request of insurer
AB-4	Concluding Report	Completed by PHCP who provided treatment and completed form AB-2 or has completed the the majority of treatment visits
AB-5	Referral to an Injury Management Consultant	Completed by PHCP who is requesting the consult
MI-1	Request for an Assessment by a Certified Examiner	Completed by applicant—either the claimant or insurer
MI-2	Application to the Superintendent of Insurance to Select a Certified Examiner	Completed by applicant—either the claimant or insurer
MI-3	Certified Examiner Prescribe Form for Providing an Opinion	Completed by the Certified Examiner

**EFFECTIVE DATE OF UPDATED FORMS**

The updated forms are posted on the [Insurance Forms](#) page and may be used immediately. The updated forms will replace the former approved forms on September 1, 2017. The former approved forms are acceptable for use until August 31, 2017, and should no longer be used effective September 1, 2017.

**SUMMARY OF CHANGES**

**Superintendent of Insurance**

402 Terrace Building  
 9515 – 107 Street  
 Edmonton, AB T5K 2C3  
 Telephone: 780-427-8322  
 Facsimile: 780-420-0752  
[www.finance.alberta.ca](http://www.finance.alberta.ca)

The following is a summary of the overall changes made to the forms:

- General formatting and reorganization for readability, including the addition of the Alberta Government logo in the top right corner and form headers, footers and preamble made consistent.
- More space added, where applicable, to allow for completion by hand.
- Contact information updated to:
  - include space for cell phone number and e-mail address,
  - remove fax number (where applicable),
  - separate country from city or town, and
  - ‘Address’ updated to ‘Mailing Address’.
- Date format standardized to dd-mm-yyyy.
- General corrections to grammar/punctuation/etc.
  - For example, amending references from ‘representative’ to ‘Authorized Representative’, and from ‘Medical Doctor’ to ‘Physician’.
- Hyperlinks to legislation/regulations added/updated.
- A section added or moved to the end of each form to be completed by the applicable party, or else indicating to ‘please forward this form to the Insurance Company’.

The following is a list of changes specific to each form:

Form Number	Form Name	Description of Changes
AB-1	Notice of Loss and Proof of Claim	<ul style="list-style-type: none"> <li>• Page 1 - definition of insurance company added.</li> <li>• Part 1, line 7 - amended to read: ‘Provide details (including plan name)’.</li> <li>• Part 3 - amended to remove the date the accident was reported to police.</li> <li>• Part 3 - amended from ‘appointment booked for’ to ‘appointment was/is booked for’.</li> </ul>
AB-1A	Claim for Disability Benefits	<ul style="list-style-type: none"> <li>• Policy number and date of accident information moved from the beginning of the form to the end.</li> <li>• Part 1 - a checkbox indicated where ‘you can best be reached at’ added.</li> <li>• Part 1 - boxes added for the Authorized Representative’s name.</li> <li>• Part 2 - if ‘yes’ or ‘no’ option bolded and font increased.</li> <li>• Part 3 - date of examination added and box to enumerate profession removed.</li> </ul>
AB-2	Treatment Plan	<ul style="list-style-type: none"> <li>• Policy number and date of accident information moved from the beginning of the form to the end.</li> <li>• Part 1 - expanded to include more claimant</li> </ul>

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Form Number	Form Name	Description of Changes
		<p>information.</p> <ul style="list-style-type: none"> <li>• Part 3 - now includes a reference to Superintendent Notice 07-2014.</li> <li>• Part 3 - Functional Goals have been expanded to include more space for 3 functional goals automatically, and an 'improved moderately' option has been added.</li> <li>• Part 4 - title has been amended to reference Superintendent Notices.</li> </ul>
AB-3	Progress Report	<ul style="list-style-type: none"> <li>• Changes limited to general described above.</li> </ul>
AB-4	Concluding Report	<ul style="list-style-type: none"> <li>• Policy number and date of accident information moved from the beginning of the form to the end.</li> <li>• Part 1 - expanded to include more claimant information.</li> <li>• Part 3 - updated to include number of treatments to date.</li> <li>• Part 3 - expanded to include more space for 3 functional goals automatically, and an 'improved moderately' option has been added.</li> <li>• Part 4 – functional goals defined.</li> <li>• Part 4 - a certification before the signature line added that the 'information provided is true and correct to the best of my knowledge'.</li> </ul>
AB-5	Referral to an Injury Management Consultant	<ul style="list-style-type: none"> <li>• Policy number and date of accident information moved from the beginning of the form to the end.</li> <li>• Part 1 – Authorized Representative information removed.</li> <li>• Part 1 – boxes added to indicate where 'you can best be reached at' and when is the best time to be reached.</li> <li>• The heading of 'Section 2: Summary of Injury and Treatment' removed from form.</li> <li>• Part 7 - a certification before the signature line added that the 'information provided is true and correct to the best of my knowledge'.</li> </ul>
MI-1	Request for an Assessment by a Certified Examiner	<ul style="list-style-type: none"> <li>• Changes limited to general described above.</li> </ul>
MI-2	Application to the	<ul style="list-style-type: none"> <li>• Preamble reorganized to flow logically.</li> </ul>

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Form Number	Form Name	Description of Changes
	Superintendent of Insurance to Select a Certified Examiner	<ul style="list-style-type: none"> <li>• Part 1 – ‘title’ changed to ‘salutation’ on this form only.</li> <li>• Part 1 – more space for different telephone numbers and space for an e-mail address added/ fax number removed.</li> <li>• Part 1a – salutation added, and space added for e-mail address and telephone number extension.</li> <li>• Part 2 – salutation of claims representative removed.</li> <li>• Parts 3 and 4 – sections streamlined to only include full names of first and second declined Certified Examiners.</li> <li>• Part 5 - answer to question indicating ‘please indicate whether this request is being made by or on behalf of’ amended to include ‘the claimant’s representative’.</li> <li>• Superintendent’s office contact information added at the end of the form.</li> </ul>
MI-3	Certified Examiner Prescribe Form for Providing an Opinion	<ul style="list-style-type: none"> <li>• Parts 1 through 14 have been aligned with the list of information required enumerated in the previous MI-3 form.</li> <li>• Part 12 includes checkboxes to clearly determine whether the Certified Examiner diagnoses the injury as a minor injury, and whether there is a serious impairment.</li> </ul>

Any questions regarding the contents of this bulletin or the forms to which it applies, may be directed to my office at 780-643 2237 or toll free by dialing 310-0000 then 780-643 2237 or e-mail to [TBF.insurance@gov.ab.ca](mailto:TBF.insurance@gov.ab.ca).

[ORIGINAL SIGNED]

Ms. Nilam Jetha  
Superintendent of Insurance

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