



**Financial Services
Commission
of Ontario**
5160 Yonge Street
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Dispute
Resolution
Services

Guide For Completing Dispute Resolution Services (DRS) Forms

Application for Arbitration - Form C

Arbitration at the Financial Services Commission of Ontario (FSCO)

- Arbitration is a decision-making process for accident benefit disputes. It is similar to a court proceeding but is less formal, shorter, and costs less. An arbitrator will hear witnesses called by the insured person and the insurance company, review all the evidence filed at the hearing and issue a written decision based on the evidence and the law that is binding on both parties.
- You may apply for arbitration only if the issues in dispute between you and the insurance company have been mediated at FSCO, and mediation failed.
- Insurance companies cannot apply for arbitration, but may raise additional issues in response if an insured person applies for arbitration, as long as these issues have been mediated.

Applying for arbitration

- Complete this application form, sign and date it, and send to Arbitration Services at FSCO as follows:
 - the **original and one copy** of the application
 - a copy of the Report of Mediator, if available
 - copies of any other documents that are relevant to your dispute (keep the originals for yourself)
 - the \$100 filing fee, payable to the Minister of Finance

How to complete the Application - Answer all questions relevant to your dispute.

Section 1 Complete **all** parts of this section. Be sure to indicate whether you want an oral hearing and whether you want the hearing to be conducted in English or French. If you require interpretation services in a language other than English or French, FSCO will provide an interpreter for the hearing. If you need other special services (such as sign language or wheelchair access), please give details in this section.

If the Applicant is less than 18 years old or is mentally incapable, an authorized person must sign the Application for Arbitration and complete and file Form P - Representing Minors or Mentally Incapable Persons, which is available on the FSCO website or by calling Arbitration Services.

Section 2 Provide a **detailed** description of the accident benefits that have been mediated and that are still in dispute, including, where possible, the amount and duration of each type of benefit in dispute, and, for medical and rehabilitation benefits, the date and service provider for the treatment in dispute.

Section 3

Document List -list key documents (such as medical reports, tax returns etc.) in your possession to which you will refer in the arbitration

-also list key documents not in your possession that you intend to get from other sources for use in the arbitration. Include any documents you are requesting from the other party (such as surveillance evidence, a summary of benefits paid, etc.) which have not yet been provided to you.

Signature and Certification - ensure that you read the declaration before signing.

The applicant (unless a minor or mentally incapable) and/or their representative must provide an original signature and current date at the bottom of Section 3.

Once the Application for Arbitration is completed, what happens next?

- Arbitration Services will review your application and contact you if additional information or clarification is required.
- Once your application has been accepted, Arbitration Services will forward it to the insurance company. The insurance company must file a *Response by Insurer to an Application for Arbitration* (Form E) within 20 days of receiving your *Application for Arbitration*. You will get a copy of the insurance company's *Response*. The *Response* will set out the company's position on the dispute and may raise further issues that were not resolved at mediation.
- If you wish to reply to the issues raised in the insurance company's *Response*, you may file a *Reply by the Applicant for Arbitration* (Form G) within 10 days of receiving the insurer's *Response*. This step is optional, but if you decide to file a *Reply*, you must provide a copy of your *Reply* to both the insurance company and FSCO.
- In most cases FSCO will schedule a pre-hearing discussion with an arbitrator before you have a hearing. You are required to exchange all relevant documents and reports with the insurer **before** the pre-hearing discussion. At the pre-hearing discussion, you and the insurance company will discuss the issues with an arbitrator, who will assist you to settle the matter or, failing that, will make arrangements for the hearing. You and the insurance company representative are obliged to participate personally in the pre-hearing, even if represented.
- If you do not settle the dispute at the pre-hearing discussion, a hearing will be scheduled. After the hearing, the written decision of the arbitrator, which is binding on both parties, will be sent to you and the insurance company.

For additional information concerning this application or the arbitration process, please refer to the Dispute Resolution Practice Code and FSCO's website at www.fSCO.gov.on.ca or contact:

Arbitration Services
Dispute Resolution Services
Financial Services Commission of Ontario
5160 Yonge Street, 14th Floor, Box 85
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In Toronto at: 416-590-7202 or Toll Free: 1-800-517-2332, ext. 7202

Fax: 416-590-8462

FSCO website: www.fSCO.gov.on.ca