



# The Ontario Gazette

# La Gazette de l'Ontario

Vol. 138-46  
Saturday, 12th November 2005

Toronto

ISSN 0030-2937  
Le samedi 12 novembre 2005

## Proclamation

(Great Seal of Ontario)

JAMES K. BARTLEMAN

*ELIZABETH THE SECOND*, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories, Queen, Head of the Commonwealth, Defender of the Faith.

*ELIZABETH DEUX*, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

### ONTARIANS WITH DISABILITIES ACT, 2001

### LOI DE 2001 SUR LES PERSONNES HANDICAPÉES DE L'ONTARIO

We, by and with the advice of the Executive Council of Ontario, name November 4, 2005 as the day on which section 19 of the *Ontarians with Disabilities Act, 2001*, c. 32 is repealed.

Sur l'avis du Conseil exécutif de l'Ontario, nous désignons le 4 novembre 2005 comme le jour où est abrogé l'article 19 de la *Loi de 2001 sur les personnes handicapées de l'Ontario*, chap. 32.

WITNESS:

TÉMOIN:

THE HONOURABLE  
JAMES K. BARTLEMAN

L'HONORABLE  
JAMES K. BARTLEMAN

LIEUTENANT GOVERNOR OF OUR  
PROVINCE OF ONTARIO

LIEUTENANT-GOUVERNEUR DE NOTRE  
PROVINCE DE L'ONTARIO

GIVEN at Toronto, Ontario, on November 2, 2005.

FAIT à Toronto (Ontario) le 2 novembre 2005.

BY COMMAND

PAR ORDRE

GERRY PHILLIPS  
Minister of Government Services

GERRY PHILLIPS  
(138-G1013)  
ministre des Services gouvernementaux

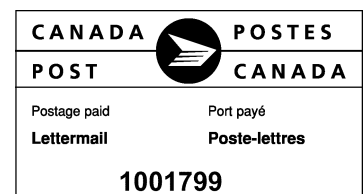
Published by Ministry of Government Services  
Publié par Ministère des Services gouvernementaux



© Queen's Printer for Ontario, 2005  
© Imprimeur de la Reine pour l'Ontario, 2005



3249



## Proclamation

(Great Seal of Ontario)

JAMES K. BARTLEMAN

*ELIZABETH THE SECOND*, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories, Queen, Head of the Commonwealth, Defender of the Faith.

**MINISTRY OF CONSUMER AND BUSINESS SERVICES  
STATUTE LAW AMENDMENT ACT, 2004**

We, by and with the advice of the Executive Council of Ontario, name,

(a) November 7, 2005 as the day on which the following provisions of the *Ministry of Consumer and Business Services Statute Law Amendment Act, 2004*, c. 19 come into force:

1. Subsections 18 (26) to (35), which amend the *Real Estate and Business Brokers Act, 2002*;

(b) March 31, 2006 as the day on which the following provisions of the Act come into force:

1. Subsection 14 (6), which amends the *Licence Appeal Tribunal Act, 1999*;

2. Subsections 18 (1) to (25), which amend the *Real Estate and Business Brokers Act, 2002*;

3. Subsection 21 (2), which amends the *Safety and Consumer Statutes Administration Act, 1996*.

WITNESS:

THE HONOURABLE  
JAMES K. BARTLEMAN

LIEUTENANT GOVERNOR OF OUR  
PROVINCE OF ONTARIO

GIVEN at Toronto, Ontario, on November 2, 2005.

BY COMMAND

GERRY PHILLIPS  
Minister of Government Services

*ELIZABETH DEUX*, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

**LOI DE 2004 MODIFIANT DES LOIS EN CE QUI CONCERNE LE  
MINISTÈRE DES SERVICES AUX CONSOMMATEURS ET AUX  
ENTREPRISES**

Sur l'avis du Conseil exécutif de l'Ontario, nous désignons,

(a) le 7 novembre 2005 comme le jour où entrent en vigueur les dispositions suivantes de la *Loi de 2004 modifiant des lois en ce qui concerne le ministère des Services aux consommateurs et aux entreprises*, chap. 19 :

1. Les paragraphes 18 (26) à (35), qui modifient la *Loi de 2002 sur le courtage commercial et immobilier*;

(b) le 31 mars 2006 comme le jour où entrent en vigueur les dispositions suivantes de la Loi :

1. Le paragraphe 14 (6), qui modifie la *Loi de 1999 sur le Tribunal d'appel en matière de permis*;

2. Les paragraphes 18 (1) à (25), qui modifient la *Loi de 2002 sur le courtage commercial et immobilier*;

3. Le paragraphe 21 (2), qui modifie la *Loi de 1996 sur l'application de certaines lois traitant de sécurité et de services aux consommateurs*.

TÉMOIN:

L'HONORABLE  
JAMES K. BARTLEMAN

LIEUTENANT-GOUVERNEUR DE NOTRE  
PROVINCE DE L'ONTARIO

FAIT à Toronto (Ontario) le 2 novembre 2005.

PAR ORDRE

(138-G1014)

GERRY PHILLIPS  
ministre des Services gouvernementaux

## Proclamation

(Great Seal of Ontario)

JAMES K. BARTLEMAN

*ELIZABETH THE SECOND*, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories, Queen, Head of the Commonwealth, Defender of the Faith.

*ELIZABETH DEUX*, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

**CONSUMER PROTECTION STATUTE LAW AMENDMENT ACT, 2002**

**LOI DE 2002 MODIFIANT DES LOIS EN CE QUI CONCERNE LA PROTECTION DU CONSOMMATEUR**

We, by and with the advice of the Executive Council of Ontario, name,

Sur l'avis du Conseil exécutif de l'Ontario, nous désignons ce qui suit :

(a) November 7, 2005 as the day on which the following provisions of the *Consumer Protection Statute Law Amendment Act, 2002*, c. 30 come into force:

(a) le 7 novembre 2005 comme le jour où entrent en vigueur les dispositions suivantes de la *Loi de 2002 modifiant des lois en ce qui concerne la protection du consommateur*, chap. 30 :

1. Sections 50, 51, 52 and 53 of Schedule C (*Real Estate and Business Brokers Act, 2002*);

1. Les articles 50, 51, 52 et 53 de l'annexe C (*Loi de 2002 sur le courtage commercial et immobilier*);

(b) March 31, 2006 as the day on which the following provisions of the Act come into force:

(b) le 31 mars 2006 comme le jour où entrent en vigueur les dispositions suivantes de la Loi :

1. Sections 1 to 7 and 9 to 49 of Schedule C (*Real Estate and Business Brokers Act, 2002*); and

1. Les articles 1 à 7 et 9 à 49 de l'annexe C (*Loi de 2002 sur le courtage commercial et immobilier*); et

2. Subsection 2 (1) and sections 11, 16 and 20 of Schedule E.

2. Le paragraphe 2 (1) et les articles 11, 16 et 20 de l'annexe E.

WITNESS:

TÉMOIN:

THE HONOURABLE  
JAMES K. BARTLEMAN

L'HONORABLE  
JAMES K. BARTLEMAN

LIEUTENANT GOVERNOR OF OUR  
PROVINCE OF ONTARIO

LIEUTENANT-GOUVERNEUR DE NOTRE  
PROVINCE DE L'ONTARIO

GIVEN at Toronto, Ontario, on November 2, 2005.

FAIT à Toronto (Ontario) le 2 novembre 2005.

BY COMMAND

PAR ORDRE

GERRY PHILLIPS  
Minister of Government Services

(138-G1015)

GERRY PHILLIPS  
ministre des Services gouvernementaux

## Proclamation

(Great Seal of Ontario)

JAMES K. BARTLEMAN

*ELIZABETH THE SECOND*, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories, Queen, Head of the Commonwealth, Defender of the Faith.

*ELIZABETH DEUX*, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

**MINISTRY OF CONSUMER AND BUSINESS SERVICES  
STATUTE LAW AMENDMENT ACT, 2004**

**LOI DE 2004 MODIFIANT DES LOIS EN CE QUI CONCERNE LE  
MINISTÈRE DES SERVICES AUX CONSOMMATEURS ET AUX  
ENTREPRISES**

We, by and with the advice of the Executive Council of Ontario, name November 30, 2005 as the day on which section 12 of the *Ministry of Consumer and Business Services Statute Law Amendment Act, 2004*, c. 19, which amends the *Electricity Act, 1998*, comes into force.

Sur l'avis du Conseil exécutif de l'Ontario, nous désignons le 30 novembre 2005 comme le jour où entre en vigueur l'article 12 de la *Loi de 2004 modifiant des lois en ce qui concerne le ministère des Services aux consommateurs et aux entreprises*, chap. 19, qui modifie la *Loi de 1998 sur l'électricité*.

WITNESS:

TÉMOIN:

THE HONOURABLE  
JAMES K. BARTLEMAN

L'HONORABLE  
JAMES K. BARTLEMAN

LIEUTENANT GOVERNOR OF OUR  
PROVINCE OF ONTARIO

LIEUTENANT-GOUVERNEUR DE NOTRE  
PROVINCE DE L'ONTARIO

GIVEN at Toronto, Ontario, on November 2, 2005.

FAIT à Toronto (Ontario) le 2 novembre 2005.

BY COMMAND

PAR ORDRE

GERRY PHILLIPS  
Minister of Government Services

(138-G1016)

GERRY PHILLIPS  
ministre des Services gouvernementaux

## Ontario Highway Transport Board

Periodically, temporary applications are filed with the Board. Details of these applications can be made available at anytime to any interested parties by calling (416) 326-6732.

The following are applications for extra-provincial and public vehicle operating licenses filed under the Motor Vehicle Transport Act, 1987, and the Public Vehicles Act. All information pertaining to the applicant i.e. business plan, supporting evidence, etc. is on file at the Board and is available upon request.

Any interested person who has an economic interest in the outcome of these applications may serve and file an objection within 29 days of this publication. The objector shall:

1. complete a Notice of Objection Form,
2. serve the applicant with the objection,
3. file a copy of the objection and provide proof of service of the objection on the applicant with the Board,
4. pay the appropriate fee.

Serving and filing an objection may be effected by hand delivery, mail, courier or facsimile. Serving means the date received by a party and filing means the date received by the Board.

LES LIBELLÉS DES DEMANDES PUBLIÉES CI-DESSOUS SONT AUSSI DISPONIBLES EN FRANÇAIS SUR DEMANDE.

Pour obtenir de l'information en français, veuillez communiquer avec la Commission des transports routiers au 416-326-6732.

**Transport St. Leonard Inc. 46547**  
**7880 Boul. Métropolitain Est, Anjou, Quebec H1K 1A1**

For the transportation of passengers on a chartered trip from points in the Province of Québec as authorized by the Province of Québec from the Ontario/Manitoba, Ontario/Québec and Ontario/U.S.A. border crossings

1. to points in Ontario
2. in transit through Ontario to the Ontario/Manitoba, Ontario/Québec, and Ontario/U.S.A. border crossings for furtherance

and for the return of the same passengers on the same chartered trip to point of origin.

PROVIDED THAT there be no pick-up or discharge of passengers except at point of origin.

**113239 Canada Ltd. o/a Hills Limousine Service 44839**  
**115-2710 Lancaster Rd., Ottawa, ON K1B 4W8**

Applies for an extra provincial operating licence as follows:

For the transportation of passengers on a chartered trip from:

- A. points in the City of Ottawa, the Counties of Renfrew and Lanark, and the United Counties of Prescott/Russell, Stormont, Dundas & Glengarry and Leeds and Grenville to the Ontario/Québec border crossings for furtherance;
- B. points in the Province of Québec as authorized by the relevant jurisdiction from the Ontario/Québec border crossings for furtherance to points in Ontario;

- 1. and for the return of the same passengers on the same chartered trip to point of origin;

Provided that there be no pick up or drop off of passengers on the same chartered trip to point of origin;

- 2. on a one way chartered trip to points as authorized by the relevant jurisdiction.

PROVIDED THAT the licensee be restricted to the use of Class "D" public vehicles as defined in paragraph (a)(iv) of subsection 1 of Section 7 of Regulation 982 under the Public Vehicles Act, RSO 1990, chapter P. 54.

Applies for a public vehicle operating licence as follows: 44839-A

For the transportation of passengers on a chartered trip from points in the City of Ottawa, the Counties of Renfrew and Lanark, and the United Counties of Prescott and Russell, Stormont, Dundas & Glengarry and Leeds and Grenville.

PROVIDED THAT the licensee be restricted to the use of Class "D" public vehicles as defined in paragraph (a)(iv) of subsection 1 of Section 7 of Regulation 982 under the Public Vehicles Act, RSO 1990, chapter P. 54.

FELIX D'MELLO  
 Board Secretary/Secrétaire de la Commission

(138-G1017)

## Government Notices Respecting Corporations Avis du gouvernement relatifs aux compagnies

### Notice of Default in Complying with the Corporations Tax Act Avis d'inobservation de la Loi sur l'imposition des corporations

The Director has been notified by the Minister of Finance that the following corporations are in default in complying with the *Corporations Tax Act*.

NOTICE IS HEREBY GIVEN under subsection 241(1) of the *Business Corporations Act*, that unless the corporations listed hereunder comply with the requirements of the *Corporations Tax Act* within 90 days of this notice, orders will be made dissolving the defaulting corporations. All enquiries concerning this notice are to be directed to Corporations Tax Branch, Ministry of Finance, 33 King Street West, Oshawa, Ontario L1H 8H6.

Le ministre des Finances a informé le directeur que les sociétés suivantes n'avaient pas respecté la *Loi sur l'imposition des corporations*.

AVIS EST DONNÉ PAR LA PRÉSENTE que, conformément au paragraphe 241(1) de la *Loi sur les sociétés par actions*, si les sociétés citées ci-dessous ne se conforment pas aux prescriptions énoncées par la *Loi sur l'imposition des corporations* dans un délai de 90 jours suivant la réception du présent avis, lesdites sociétés se verront dissoutes par décision. Pour tout renseignement relatif au présent avis, veuillez vous adresser à la Direction de l'imposition des sociétés, ministère des Finances, 33, rue King ouest, Oshawa, Ontario L1H 8H6.

Name of Corporation: Dénomination sociale de la société:	Ontario Corporation Number Numéro de la société en Ontario
--	--

<b>2005-11-12</b>	
ATLANTIC PIPE & FITTINGS SUPPLY INC. ....	001367524
B. S. M. HOLDINGS LIMITED.....	000122224
BAYVIEW COUNTRY ESTATES INC. ....	000707121
BMP IMPORT & EXPORT SERVICES LIMITED.....	001040341
BOVA CONSTRUCTION LTD. ....	000663161
BRANT DOYLE PLUMBING LTD. ....	001317936
CALABRA TECHNOLOGIES INC. ....	001291114
CANADA LOAN LITIGATION INC. ....	001014754
CAPTIONING COMPANY INC. ....	000987253
CROSSTAR INVESTMENTS LTD. ....	000722080

Name of Corporation: Dénomination sociale de la société:	Ontario Corporation Number Numéro de la société en Ontario
--	--

DEVIOUS PRODUCTIONS LTD. ....	001187326
DIAMOND-RAINEE INC. ....	000983625
DOON CONSTRUCTION LIMITED .....	001047437
EFFICIENCY PLUS HEATING & COOLING INC. ....	001185679
ESTEC PRODUCTS SALES INC. ....	000998673
EZWARE SYSTEMS INC. ....	001406230
FACILITIES MANAGEMENT SERVICES INC. ....	001066993
FOODTURE HOLDINGS LIMITED .....	000439997
FORESTPLY LIMITED.....	000421454
FOREVER TRANS INC. ....	001368908
G. H. PROPERTIES HOLDING INC. ....	000791354
GERRY PATERSON PLUMBING AND HEATING LIMITED.....	001114209
GRANDMASTER CONSULTANTS LIMITED .....	000629880
GRANITE HOMES INC. ....	001459709
GRANVILLE RESEARCH INC. ....	000988221
HOME PHOTO INC.....	001309650
HRD CONSULTING COMPANY LIMITED.....	000812144
IEI CANADA INC.....	001285617
IMPULSE COMPUTER CORPORATION.....	001073864
INSURANCE DEPOT LTD. ....	001372324
INTERNEWS CORPORATION.....	001107545
J.L. DERBYSHIRE HOLDINGS INC. ....	001112056
JUDITH HIGGS INC. ....	000403212
JUMPIN' HOT PIZZA CAFE INC. ....	001282035
KARCON CONSTRUCTION GROUP INC. ....	001101850
KINGSWELL LEATHER INC. ....	000905846
KITBAT CONTRACTING LTD. ....	000960388
L.L.J. CONSULTING LTD. ....	001293161
L.S.G. CORPORATION.....	001052897
LIVING TIMES PUBLISHING INC. ....	001309523
MAINELLA PRINTING SERVICES LTD. ....	000992186
MERCHANDISE RECOVERY SERVICES INC. ....	000966070
NUGRAPH VISUALS INC. ....	000699894
NUMBER ONE NAILS INC. ....	000990446
OLA BAR/RESTAURANT INC. ....	001151362
ORIENTAL WOK INC. ....	000663354
PACIFIC INTERIORS AND CABINETS INC. ....	001074904
PICCOLO BAR INC. ....	001291766
ROBERTS FLOAT SERVICE LIMITED .....	000517734

Name of Corporation: Dénomination sociale de la société:	Ontario Corporation Number Numéro de la société en Ontario
--	--

ROCHON SPECIALIZED INDUSTRIAL COATINGS LTD.....	001155408
S.R.S. RESTAURANT LIMITED.....	001171833
SAN'S ENTERPRISES INC.....	001217520
SHILLINGSWORTH CONSTRUCTION CORPORATION.....	000812742
SHOW-TIME COLLECTIBLES INC.....	001017963
SJ AT ONTARIO PLACE INC.....	001469239
SKY QUEST BALLOONS LIMITED.....	001036826
SOFTWARE SENSE CORPORATION.....	001330700
SOLOMAH ADVANCED CERAMICS INTERNATIONAL LTD.....	000731010
SOULTANIAN DRUGS LIMITED.....	000343933
T. E. MIDDLEBROOKS & ASSOCIATES INVESTMENT GROUP OF CANADA LIMITED.....	000908656
TANIK ENTERPRISES INC.....	000713652
TISSIM INC.....	001028630
WAWA PAINT & GLASS LTD.....	000609070
WESTWOOD INC.....	000612750
WING NONG TRADING CO. LTD.....	001294236
1.JASPAL TRANSPORT INC.....	001360325
1009661 ONTARIO INC.....	001009661
1014378 ONTARIO INC.....	001014378
1024255 ONTARIO INC.....	001024255
1025554 ONTARIO INC.....	001025554
1061809 ONTARIO LIMITED.....	001061809
1078082 ONTARIO LIMITED.....	001078082
1180618 ONTARIO INC.....	001180618
1198876 ONTARIO INC.....	001198876
1208237 ONTARIO LIMITED.....	001208237
1230131 ONTARIO INC.....	001230131
1241099 ONTARIO INC.....	001241099
1244534 ONTARIO LTD.....	001244534
1251043 ONTARIO LTD.....	001251043
1260065 ONTARIO INC.....	001260065
1266769 ONTARIO CORPORATION.....	001266769
1291491 ONTARIO INC.....	001291491
1304462 ONTARIO INC.....	001304462
1307956 ONTARIO INC.....	001307956
1352881 ONTARIO INC.....	001352881
1397812 ONTARIO LIMITED.....	001397812
1400184 ONTARIO LIMITED.....	001400184
1408629 ONTARIO INC.....	001408629
1443741 ONTARIO INC.....	001443741
1444023 ONTARIO INC.....	001444023
1470632 ONTARIO INC.....	001470632
1475007 ONTARIO INC.....	001475007
556032 ONTARIO LIMITED.....	000556032
565965 ONTARIO LIMITED.....	000565965
638055 ONTARIO LIMITED.....	000638055
651595 ONTARIO LIMITED.....	000651595
702037 ONTARIO INC.....	000702037
823246 ONTARIO LIMITED.....	000823246
844483 ONTARIO INC.....	000844483
908137 ONTARIO INC.....	000908137
939290 ONTARIO INC.....	000939290
955152 ONTARIO LIMITED.....	000955152
970521 ONTARIO LIMITED.....	000970521
996102 ONTARIO LIMITED.....	000996102

B. G. HAWTON,  
Director, Companies and Personal Property  
Security Branch  
Directrice, Direction des compagnies et des  
sûretés mobilières

(138-G1018)

## Cancellation of Certificates of Incorporation (Corporations Tax Act Defaulters) Annulation de certificats de constitution (Non-respect de la Loi sur l'imposition des corporations)

NOTICE IS HEREBY GIVEN that, under subsection 241(4) of the *Business Corporations Act*, the Certificates of Incorporation of the corporations named hereunder have been cancelled by an Order dated 17 October, 2005 for default in complying with the provisions of the *Corporations Tax Act*, and the said corporations have been dissolved on that date.

AVIS EST DONNÉ PAR LA PRÉSENTE que, conformément au paragraphe 241(4) de la *Loi sur les sociétés par actions*, les certificats de constitution dont les 17 octobre 2005 pour non-respect des dispositions de la *Loi sur l'imposition des corporations* et que la dissolution des sociétés concernées prend effet à la date susmentionnée.

Name of Corporation: Dénomination sociale de la société:	Ontario Corporation Number Numéro de la société en Ontario
--	--

<b>2005-10-17</b>	
AL JOHNSON AUTO SALES & REPAIR LTD.....	001263046
ANNEX GLOBAL EXPRESS INC.....	001292785
ARCHITOPION DESIGN AND CONSTRUCTION LTD.....	000986592
B. W. CHAPMAN ELECTRIC LIMITED.....	000911678
BIO-DATA SYSTEMS INC.....	001440229
BNR HOMES LTD.....	001227223
BOEMER ANDERSON CONSTRUCTION LIMITED.....	000385194
C.A.S.H. LTD.....	000947250
CARS IMMACULATE INC.....	001086900
CENTRAL COIFFURES LIMITED.....	000338840
CHARLEBOIS FURS LIMITED.....	000044269
CHARMANTE RESEARCH & DEVELOPMENT INC.....	000592155
COOPER REFRACTORIES INC.....	001162667
DANTE'S ITALIAN FOODS LTD.....	001127192
DURHAM CLAIMS SERVICES INC.....	001121609
EABAMETOONG FIRST NATION HOUSING AUTHORITY INC.....	001191458
ELKOBANI & CO GMBH CORPORATION.....	001181797
ERSHTE PUBLISHING INC.....	001174464
EUROPEAN AUTO REBUILDERS LTD.....	001100806
FABULOUS PASSAGE TO INDIA INC.....	000794965
FAUN PRODUCTIONS INC.....	000973022
GERRY BEADLE ENTERPRISES LIMITED.....	000701170
IAIN A MACLELLAN INC.....	001135174
INTEGRAL MANAGEMENT CONSULTING INC.....	001230180
IQUEST GLOBAL INC.....	001292442
L. & S. SHEET METAL CONTRACTORS LIMITED.....	000435916
LEVEL ENERGY CANADA LTD.....	001217905
LOGOS BOOKSTORE LIMITED.....	000360909
M.M. WARREN & CO. LTD.....	001207804
MATTRESS WAREHOUSE LTD.....	001220277
MEGASSOCIATES DRUG TRADING INC.....	001166382
MONA LISA RISTORANTE LTD.....	001192884
MORGAN PACKAGING INC.....	000960053
MOUNT NEMO TRUCKING INC.....	001125804
NAVAN FENCE LTD.....	001065991
NET WORKS WEB DESIGN INC.....	001242754
NICHOLSON MANAGEMENT SERVICES LIMITED.....	000428450
NOR-A ENTERPRISES INC.....	001044348
ON/OFF ROAD MECHANICAL SERVICES LTD.....	001162164
ONOCO ONTARIO OIL CORPORATION.....	001326370
PERFECT PLANNER CALENDAR INC.....	001461876
PERLY'S MAPS LTD.....	000429916
PRESTON WOODWORKING MACHINERY LTD.....	000458045

Name of Corporation: Dénomination sociale de la société:	Ontario Corporation Number Numéro de la société en Ontario
PRIDE OF AFRICA SAFARIS INC.	001176785
PROFESSIONAL CONSULTANCY LIMITED	000512550
PROMOTION SPORTS INC.	001457961
QUATRANE, A MANAGEMENT CORPORATION	000614729
RAJIV'S MANAGEMENT AND BOOKKEEPING SERVICES LTD.	000407330
RE/MAX DISCOVER REALTY INC.	000973234
RENASCENT MANAGEMENT SERVICES CORPORATION	001006274
SHABAB ENTERPRISES INC.	000930170
SPARTAN EQUIPMENT LTD.	001074115
STEFANIZZI INSURANCE BROKERS LTD.	000690243
STICK BY ME INC.	001325813
STOCKIE HOLDINGS LIMITED	001055052
STRIDER INTERNATIONAL INC.	001118094
THE SHOE SHOPPE LIMITED	000220188
TIME-OUT RESTAURANT & SPORTS LOUNGE INC.	001154456
TRANSAMERICA MEDICAL COMPANY INC.	000831682
TRICONTINENTAL BROOKHILL INC.	001108486
TT FORMING INC.	000733979
TUCKER CREEK LIMITED	000476417
UNIVERSE2U CANADA INC.	001456172
W. TUBMAN CONSTRUCTION LTD.	000980677
WORLDWIDE MONEY EXCHANGE CORPORATION	001259514
XTRA-SOFT COMPUTER INC.	000531990
ZEGNA ELECTRONIC INC.	000712886
1031348 ONTARIO LIMITED	001031348
1061096 ONTARIO INC.	001061096
1070625 ONTARIO INC.	001070625
1095696 ONTARIO LTD.	001095696
1096822 ONTARIO LTD.	001096822
1103565 ONTARIO LIMITED	001103565
1129601 ONTARIO LIMITED	001129601
1141246 ONTARIO LIMITED	001141246
1144332 ONTARIO INC.	001144332
1161798 ONTARIO INC.	001161798
1171327 ONTARIO LIMITED	001171327
1198388 ONTARIO LTD.	001198388
1213720 ONTARIO INC.	001213720
1214237 ONTARIO INC.	001214237
1236098 ONTARIO LIMITED	001236098
1254707 ONTARIO LTD.	001254707
1257337 ONTARIO LTD.	001257337
1259655 ONTARIO INC.	001259655
1264026 ONTARIO LTD.	001264026
1269020 ONTARIO LIMITED	001269020
1271604 ONTARIO INC.	001271604
1273051 ONTARIO INC.	001273051
1281729 ONTARIO INC.	001281729
1292170 ONTARIO LTD.	001292170
1307466 ONTARIO LTD.	001307466
1318874 ONTARIO LTD.	001318874
1329305 ONTARIO LIMITED	001329305
1333539 ONTARIO LIMITED	001333539
1343377 ONTARIO INC.	001343377
1358962 ONTARIO LIMITED	001358962
1373699 ONTARIO INC.	001373699
1391198 ONTARIO LIMITED	001391198
1411428 ONTARIO INC.	001411428
1448997 ONTARIO INC.	001448997
2 IMAGINE INC.	001413715
593288 ONTARIO LIMITED	000593288
738494 ONTARIO LTD.	000738494
742040 ONTARIO LIMITED	000742040
823533 ONTARIO INC.	000823533
885704 ONTARIO INC.	000885704
913966 ONTARIO LTD.	000913966
939547 ONTARIO INC.	000939547
967136 ONTARIO LIMITED	000967136

Name of Corporation: Dénomination sociale de la société:	Ontario Corporation Number Numéro de la société en Ontario
978930 ONTARIO LIMITED	000978930
985370 ONTARIO INC.	000985370

(138-G1019)

B. G. HAWTON,  
Director, Companies and Personal Property  
Security Branch  
Directrice, Direction des compagnies et des  
sûretés mobilières

## Certificates of Dissolution Certificats de dissolution

NOTICE IS HEREBY GIVEN that a certificate of dissolution under the *Business Corporations Act*, has been endorsed. The effective date of dissolution precedes the corporation listings.

AVIS EST DONNÉ PAR LA PRÉSENTE que, conformément à la *Loi sur les compagnies*, un certificat de dissolution a été inscrit pour les compagnies suivantes : la date d'entrée en vigueur précède la liste des compagnies visées.

Name of Corporation: Dénomination sociale de la compagnie:	Ontario Corporation Number Numéro de la compagnie en Ontario
<b>2005-09-27</b>	
BANNER PRODUCTIONS LTD.	001236179
BRIDGE BASE INC.	000903237
HAMPTON HOBBIES INC.	000890933
MARANATHA HOLDING INC.	000746496
NICKEL CITY ELECTRIC LIMITED	000152297
WANG LIN & ASSOCIATE LIMITED	000851494
3D ILLUSIONS LIMITED	001216584
<b>2005-09-28</b>	
AXCESS CORPORATE SERVICES LTD.	001321830
BENZOS RESTAURANTS INC.	000854674
CANADA 3000 TICKETS LTD.	001316346
COUNTRY HARVEST CREATIONS INC.	002025597
CROSSKING PROPERTIES LIMITED	000265297
DECOR INTERIORS LTD.	000933811
DIRECT HOLIDAYS LTD.	001321734
EAR TECHNOLOGIES & SHELLS LTD.	001008607
FIRST TERRCO (C) HOLDINGS LIMITED	000807213
GLOBECAN INDUSTRIAL PRODUCTS INC.	001108886
GOOSE PASTURE AVIATION INC.	001118996
H & C TRUCKING LTD.	001287654
HOLLYFAIR HOLDINGS INC.	001459848
JAYTECH INC.	000521401
JP ADVANTAGE TECHNOLOGY INC.	001259765
KENSTRUCTION SERVICES LTD.	000331208
KUNG YIK MANUFACTURING INC.	000949782
PEERS HOME INSPECTIONS LTD.	000721611
1088706 ONTARIO LTD.	001088706
1145892 ONTARIO INC.	001145892
1164881 ONTARIO LIMITED	001164881
1249855 ONTARIO INC.	001249855
1301844 ONTARIO LIMITED	001301844
1335776 ONTARIO INC.	001335776
1412015 ONTARIO INC.	001412015
1455528 ONTARIO LTD.	001455528
1514405 ONTARIO INC.	001514405
1534814 ONTARIO INC.	001534814
1604791 ONTARIO INC.	001604791
2021608 ONTARIO INC.	002021608
481857 ONTARIO LIMITED	000481857
657102 ONTARIO INCORPORATED	000657102
798567 ONTARIO LTD.	000798567
953499 ONTARIO INC.	000953499

Name of Corporation: Dénomination sociale de la compagnie:	Ontario Corporation Number Numéro de la compagnie en Ontario
<b>2005-09-29</b>	
ANTIA ENGINEERING INC.	001550185
BHARANI BUSINESS CONSULTING INC.	001007165
CANADIAN CARPET CARE INC.	000609839
CARERE HOLDINGS INC.	001010886
CARPEN CONSTRUCTION LIMITED.	000132994
CASEY'S PET SUPPLIES LTD.	001207629
CHUCK WILLIAMSON GENERAL CONTRACTING INC.	000687680
DAUGHARTY HOLDINGS LIMITED	000441915
EAST AFRICAN CANADIAN TEA CORP.	000729307
EDELSTEIN DIVERSIFIED (ONTARIO) LTD.	000332466
FAIRLANE PROMOTIONS MANAGEMENT INC.	001452883
FOREFRONT CONSULTING INC.	001201198
GOLDEN PIZZA SOUVLAKI PLACE DINING LOUNGE LTD.	001060717
HARRY SCHWAB'S DELICATESSEN LTD.	000458564
IGRACO INC.	001149473
KINETIC IMAGERY INC.	000938807
KRAMARK CONSTRUCTION LIMITED	001116271
MARBAK FINANCIAL INC.	001150383
SCENEWAY CO. LTD.	001095892
STANBRU HOLDINGS LIMITED	000226463
SUNSPOT CONSTRUCTION LIMITED	000510977
SUPERIOR CHECKROOM SERVICE INC.	001213036
TEACHERS' PRESS LTD.	000334983
TESOLIN TILE LIMITED	000242903
TIBERLEA REHABILITATION INC.	001564881
TOP DRAWER GIFT COMPANY LTD.	000516424
TOPCAN CONSULTANCY INC.	001321426
1014852 ONTARIO INC.	001014852
1067180 ONTARIO LTD.	001067180
1209662 ONTARIO LTD.	001209662
1267998 ONTARIO LIMITED	001267998
1295337 ONTARIO INC.	001295337
1591881 ONTARIO INC.	001591881
692263 ONTARIO LIMITED	000692263
715606 ONTARIO INC.	000715606
721100 ONTARIO LIMITED	000721100
880240 ONTARIO INC.	000880240
<b>2005-09-30</b>	
A. J. STAMPER ENTERPRISES INC.	000675755
ACCENT TORONTO INC.	000547966
ADAF ENTERPRISES LTD.	000669414
AXIAL CONSTRUCTION INC.	001304223
BONVILLE APARTMENTS LIMITED	001477880
BUBBLES TEA HOUSE INC.	001488225
BUSINESS WEBWORKS INC.	001376858
DOUZAINÉ HOLDINGS LIMITED	000657838
GOLD AUTO FINE CARS INC.	000982594
GRENVILLE CONCRETE FORMING LTD.	001278232
H.O.C. ENTERPRISES INC.	000894380
J. DOMBOVIC'S FARMS LIMITED	000855164
J. J. COMMERCIAL ART INC.	000477513
JOHN P. PRINCE COMPANY LIMITED	000220582
JOSEF TESCHL PHOTOGRAPHER INC.	000601781
KELLY'S FAIRWAY TIRE & AUTO SERVICE INC.	000742935
KENDALTON ENTERPRISES INC.	000436794
KENDALTON RESOURCES INC.	000436793
L. J. CUNNINGHAM & ASSOCIATES LIMITED	000265927
M K ELECTRONICS INC.	001225501
RANDEAU LTD.	001403937
SHERMAN FAMILY HOLDINGS LIMITED	000146919
SLYDER SPORTS CANADA INC.	001065457
TASHKENT ELECTRIC INC.	001399375
THE T. HOCKIN COMPANY LIMITED	000003985
TURN KEY CUSTOM DESIGNS INC.	000832776
VIDAL INTERNATIONAL TRADE V.I.T INC.	001482824
VOLMEDIA.COM INCORPORATED	001427037
WINDEMERE PROPERTY MAINTENANCE INC.	000774521
1040767 ONTARIO INC.	001040767

Name of Corporation: Dénomination sociale de la compagnie:	Ontario Corporation Number Numéro de la compagnie en Ontario
1348312 ONTARIO INC.	001348312
1553276 ONTARIO INC.	001553276
1605827 ONTARIO INC.	001605827
625217 ONTARIO LIMITED	000625217
904926 ONTARIO LIMITED	000904926
938163 ONTARIO LIMITED	000938163
<b>2005-10-03</b>	
BUNNY SNOW'S GARAGE LTD.	000574918
CANPOR CONSTRUCTION MATERIALS (IMPORTS & EXPORTS) LTD.	001473206
FOUR SEASONS POULTRY HOLDINGS LTD.	000556256
GLEN FORREST VIDEO INC.	000766986
J. N. SILVER CONSULTANTS LTD.	000868993
JAPAN PRINTING EQUIPMENT INC.	000992198
LAZCON ENTERPRISES INC.	002028086
NEOVATORS INC.	000798445
NORTH TRADING CO. LTD.	002039572
OMNI CONSTRUCTION & SERVICES LTD.	000795654
OP. ED. SERVICES INC.	001029940
ROBERT TAIT INSURANCE AGENCY LIMITED	000211611
ROYALTY HOME FURNITURE INC.	001587867
T.O.M. MANAGEMENT LTD.	000941996
TIGHT-SPOT EXCAVATING LTD.	001093893
WALGREN CONSULTING GROUP INC.	000917357
WARREN ASPHALT PAVING LIMITED	001207520
1125201 ONTARIO INC.	001125201
1520742 ONTARIO INC.	001520742
1536441 ONTARIO INC.	001536441
1563174 ONTARIO LIMITED	001563174
642916 ONTARIO LIMITED	000642916
798022 ONTARIO LIMITED	000798022
902595 ONTARIO INC.	000902595
<b>2005-10-04</b>	
BEDFORD OFFICE TOWERS LIMITED	000148068
CENTRAL HAIRDRESSING ACADEMY LIMITED	001285847
COMPUACCOUNT CONSULT INC.	001259870
DAVID WALTON PHOTOGRAPHER INC.	000686738
EIGHT WELLESLEY STREET EAST LTD.	001097879
EVER-REST FURNITURE INC.	000318234
GRAY BROS. FARM EQUIPMENT LIMITED	000222560
H.K. WHITE ROSE BEAUTY SALON LIMITED	001174242
IN-TIME FASHIONS LTD.	001113609
INDEPENDENT HOME & COTTAGE INSPECTION SERVICE INCORPORATED	001140727
MASS PRODUCTIONS INC.	001446569
MCGREGOR HOMES & RENOVATIONS LTD.	001390451
PINERIDGE HOME HEALTHCARE SERVICES INC.	001276635
SCHERRER CONSULTING SERVICES INC.	001134903
SIX HUNDRED INVESTMENTS LIMITED	000116704
SLW INCORPORATED	000982451
STEEL-TECH DRAFTING INC.	001315412
STEVE BOUTIN ENTERPRISES INC.	000900794
SURESOFT COMPUTING INC.	001274194
WEBGATE TECHNOLOGIES INC.	001180867
1050816 ONTARIO INC.	001050816
1145068 ONTARIO INC.	001145068
1375212 ONTARIO INC.	001375212
1467766 ONTARIO INC.	001467766
494085 ONTARIO LTD.	000494085
691279 ONTARIO LTD.	000691279
717581 ONTARIO LIMITED	000717581
734421 ONTARIO LIMITED	000734421
767934 ONTARIO LTD.	000767934
768342 ONTARIO LIMITED	000768342
842751 ONTARIO LIMITED	000842751
<b>2005-10-05</b>	
CHIP ROD GARAGE INC.	002006412
PRO TEAM MOBILE LUBE INC.	001105362
TOTAL CONCEPT FINANCIAL INC.	002013481
<b>2005-10-06</b>	
FRUITMAN REAL ESTATE (1988) INC.	000773729



Name of Corporation: Dénomination sociale de la compagnie:	Ontario Corporation Number Numéro de la compagnie en Ontario
PETER WARREN INCORPORATED ARCHITECT.....	000437396
SEZAM FINE FOOD LTD.....	001176488
1197683 ONTARIO INC.....	001197683
<b>2005-10-07</b>	
SEQION EDUCATIONAL SOLUTIONS INC.....	001269954
1176153 ONTARIO INC.....	001176153
<b>2005-10-11</b>	
CANADA TOTEM INTERNATIONAL CULTURAL DEVELOPMENT INC.....	001519001
DESIGNATED AID INC.....	001501347
JAPAN MARKETING INC.....	001038365
LEANNE'S LANDMARK CUSTOM HOMES INC.....	001306733
PRIDE CAR HAND WASH INC.....	000979090
SAULT MARTIAL ARTS INC.....	001092335
SHRI INC.....	001376260
1050339 ONTARIO INC.....	001050339
<b>2005-10-12</b>	
A & M BLACK OXIDING LTD.....	001597144
LFM FINANCIAL LTD.....	001254689
SYKAM SYSTEMS LIMITED.....	000430247
1157185 ONTARIO INC.....	001157185
1159338 ONTARIO LTD.....	001159338
1254690 ONTARIO LTD.....	001254690
2024272 ONTARIO INC.....	002024272
<b>2005-10-13</b>	
APLAND SLASHING INC.....	002009307
ARDELT WAREHOUSING & DISTRIBUTION INC.....	000502353
BARKE INDUSTRIES LTD.....	001230071
CANDERSON INVESTMENT & DEVELOPMENT INC.....	001524632
DOMINION EIGHT LIMITED.....	000263887
FOXTAIL SYSTEMS LIMITED.....	000943046
MONTROSE APPLIANCES LIMITED.....	000604026
1067101 ONTARIO INC.....	001067101
1092481 ONTARIO INC.....	001092481
1178278 ONTARIO INC.....	001178278
1236340 ONTARIO LTD.....	001236340
1298965 ONTARIO LIMITED.....	001298965
1597640 ONTARIO INC.....	001597640
998385 ONTARIO LIMITED.....	000998385
<b>2005-10-14</b>	
ALL CANADIAN TENTS INC.....	001455186
KAZIMIER AND VAN EYK INC.....	000911237
KBCAL ENTERPRISES LIMITED.....	001155018
PRECISION SEARCH SOFTWARE INC.....	001384419
471696 ONTARIO LIMITED.....	000471696
690888 ONTARIO LIMITED.....	000690888
986088 ONTARIO LIMITED.....	000986088
<b>2005-10-15</b>	
GRAHAM EDWARDS AND ASSOCIATES LIMITED.....	000689620
GREEN ISLAND INTERNATIONAL IMPORT & EXPORT ENTERPRISES INC.....	001421396
JACK B. ELLIS AND ASSOCIATES LTD.....	000253929
MCCAGUE MERION SOD LIMITED.....	000121743
NORTHEAST HOLDINGS INCORPORATED.....	000271414
WATCH & WARES LTD.....	000644500
1027092 ONTARIO LIMITED.....	001027092
1091480 ONTARIO LIMITED.....	001091480
1258943 ONTARIO INC.....	001258943
1313325 ONTARIO LIMITED.....	001313325
1314454 ONTARIO LIMITED.....	001314454
435622 ONTARIO LIMITED.....	000435622
<b>2005-10-17</b>	
CARLYLE COURT INVESTMENTS INC.....	000781986
DELEK INTERNATIONAL COMPANY LIMITED.....	001240543
PALMIRA FOODS & SPECIALTIES LTD.....	001014502
SECOND TERRAVILLE (A) LIMITED.....	001081873
1014696 ONTARIO LIMITED.....	001014696
1319452 ONTARIO LTD.....	001319452
1595053 ONTARIO LTD.....	001595053
646874 ONTARIO LIMITED.....	000646874

Name of Corporation: Dénomination sociale de la compagnie:	Ontario Corporation Number Numéro de la compagnie en Ontario
<b>2005-10-18</b>	
INTERNEK INC.....	001302333
LEAP YEAR HOLDINGS INC.....	000559136
MONKEY AROUND PRODUCTION SERVICES INC.....	001322422
PRIDEMARK DEVELOPMENT INC.....	001361952
TAILOU INVESTMENTS INC.....	000863896
UNIVERSAL IT SOLUTIONS INC.....	001520929
1417693 ONTARIO INC.....	001417693
619618 ONTARIO LIMITED.....	000619618
<b>2005-10-19</b>	
AUTHENTIC HELP SERVICES INC.....	001613884
BOUTIQUE ROMEO INC.....	000894584
HOTE ENTERPRISES INC.....	002046261
NETWELL CANADA INC.....	001219080
<b>2005-10-20</b>	
A B W VENDING INC.....	001088436
ALL R MACHINING INC.....	001553797
DAVID MCLEOD HOLDINGS LIMITED.....	000301843
DAVID MCLEOD SIGNS INC.....	000334402
GILMERTON INC.....	001007693
GREAT WALL RESTAURANT (HAMILTON) INC.....	001315792
JCG GLOBAL CONSULTING INCORPORATED.....	001470296
MYCOGEN CANADA INC.....	000593104
RICKERT'S LANDING INC.....	001238564
STEWDALE (2000) INC.....	001407892
VOC-CARE REHABILITATION MANAGEMENT INC./ GESTION EN REHABILITATION VOC-CARE INC.....	001350921
1140603 ONTARIO LTD.....	001140603
684880 ONTARIO LIMITED.....	000684880
<b>2005-10-21</b>	
ACG 2 INC.....	001390118
AL-RAYES TRADING LTD.....	001279035
AMBA CORPORATION.....	001278377
ARITHMETIC AT HOME INC.....	001202641
CAVIAR INTERNATIONAL INC.....	001483818
CLEARVISION INVESTMENTS LTD.....	001539592
DENLIN INDOOR PLAY INCORPORATED.....	001185479
DRS CANADA INC.....	000916033
DYNAMIC SECURITY SYSTEMS INC.....	000783559
ELEVEN SIXTEEN INC.....	001568114
FINSBURY HOLDINGS INC.....	000831225
GARA INVESTMENTS INC.....	002028539
LACLU FOREST PRODUCTS LTD.....	000305597
LINKDOR JEWELLERY MFG. LTD.....	000556667
MISTRY DRUGS LTD.....	000935280
NOVA PORT HOLDINGS LIMITED.....	001428711
OSHAWA HARDWOOD FLOORS LTD.....	001378060
RETAIL DEVELOPMENT GROUP LTD.....	001395110
S. H. EXPORT & IMPORT INC.....	001574962
SIMKAN CORPORATION LTD.....	000289029
SUN SUN RENOVATIONS INC.....	000862030
THE JAG DOCTOR INC.....	001310992
WOVEN TREASURES IMPORTERS OF EXOTIC RUGS INC.....	001355471
1062463 ONTARIO INC.....	001062463
1072052 ONTARIO INC.....	001072052
1236507 ONTARIO LIMITED.....	001236507
1239295 ONTARIO INC.....	001239295
1377887 ONTARIO LIMITED.....	001377887
1559208 ONTARIO LTD.....	001559208
1578999 ONTARIO INC.....	001578999
1589288 ONTARIO INC.....	001589288
2001352 ONTARIO INC.....	002001352
2020892 ONTARIO INC.....	002020892
646737 ONTARIO LIMITED.....	000646737
795026 ONTARIO INC.....	000795026
<b>2005-10-23</b>	
374935 ONTARIO LIMITED.....	000374935
<b>2005-10-24</b>	
BAYVIEW MALL DRUGS LIMITED.....	000134672
BGI SYSTEMS INTEGRATION LTD.....	000913344

Name of Corporation: Dénomination sociale de la compagnie:	Ontario Corporation Number Numéro de la compagnie en Ontario
DELMORO FUNERAL HOME (NORTH YORK) LTD. ....	000983784
FOOCAN EDIBLE FUNGUS DEVELOPMENT INC. ....	001363926
GENRECO INC. ....	001606532
GEORGE H. MCFARLANE LIMITED .....000376977	
HALLWOOD & ASSOCIATES INC. ....	001197234
J. PISANI AND SONS INC. ....	001029317
JEN (MPM) INDUSTRIES INC. ....	001412199
KAIHO ENTERPRISES LTD. ....	001224650
MCDONALD PRODUCE CO. LTD. ....	001214746
O'BRODOVICH MEDICAL CONSULTANTS LTD. ....	001069327
SINODAWN INTERNATIONAL ENTERPRISES INC. ....	001271822
SLING-CHOKER MFG. (LABRADOR) LTD. ....	001211358
TEMPLE VACATION PROPERTIES INC. ....	000994503
THE RESULTS GROUP CANADA INC. ....	001307005
TOMSYL MANAGEMENT LIMITED .....000366123	
UNION PROPERTIES (ONTARIO) LIMITED .....000105235	
1111417 ONTARIO INC. ....	001111417
1203020 ONTARIO INC. ....	001203020
1264682 ONTARIO INC. ....	001264682
1292335 ONTARIO INC. ....	001292335
1322551 ONTARIO LIMITED .....001322551	
1355357 ONTARIO INC. ....	001355357
1609046 ONTARIO INC. ....	001609046
564654 ONTARIO LTD. ....	000564654
893276 ONTARIO LTD. ....	000893276
<b>2005-10-25</b>	
AFFINITY 101 INC. ....	001578274
AJKBEA INC. ....	001093462
ALLIANCE 2000 CONSULTING INC. ....	001249620
ANDRE NUFER COMMERCIAL PHOTOGRAPHY INC. ....000748143	
APEX KARTING INCORPORATED .....001600942	
AUTO DECOR INC. ....	001292770
D & M DRYWALL ACOUSTICS INC. ....	001121277
DIGITAL MAGNETICS CANADA INC. ....	001267231
FUREDY RESEARCH & ADVISING INC. ....	000932453
GAMBLE'S INN LIMITED .....000279929	
INFOSTORM INCORPORATED .....001241555	
KCAST CANADA LTD. ....	001451789
KING'S EXIMCO LTD. ....	001544549
NURSING AND HOMECARE SERVICES INC. ....	001277195
PERFECT IMAGE SCREEN PRINTING & EMBROIDERY INC. ....	002012377
ROSA'S PROPERTIES INCORPORATED .....001290995	
TORONTO GRAPHIC INC. ....	001128806
WHITE TOWER DRY CLEANERS LTD. ....	001272817
WISMER & ASSOC. INSURANCE BROKERS LTD. ....001379842	
1067547 ONTARIO LTD. ....	001067547
1088877 ONTARIO LIMITED .....001088877	
1194937 ONTARIO INC. ....	001194937
1266656 ONTARIO LIMITED .....001266656	
1277614 ONTARIO INC. ....	001277614
1277776 ONTARIO LTD. ....	001277776
1364841 ONTARIO INC. ....	001364841
1368002 ONTARIO INC. ....	001368002
1516725 ONTARIO INC. ....	001516725
1519886 ONTARIO LIMITED .....001519886	
1520051 ONTARIO LIMITED .....001520051	
1520052 ONTARIO LIMITED .....001520052	
2017735 ONTARIO INC. ....	002017735
292449 ONTARIO LIMITED .....000292449	
375689 ONTARIO LIMITED .....000375689	
575798 ONTARIO LIMITED .....000575798	
978489 ONTARIO LIMITED .....000978489	
<b>2005-10-26</b>	
ACG 40 INC. ....	001390153
AIR TREADS OF CANADA LIMITED .....000295026	
BERGE'S WATER COMPANY LTD. ....	001477987
CANNA INTERNATIONAL CONSULTING SERVICE LTD. ....	001580957
DGW ASSOCIATES INC. ....	001252382
EGO FLOORING LTD. ....	001599016

Name of Corporation: Dénomination sociale de la compagnie:	Ontario Corporation Number Numéro de la compagnie en Ontario
GLEN GORDON MUSKOKA PROPERTIES LIMITED .....000080545	
GRAND ELECTRIC LTD. ....	001209488
H. KOSLOFF CONSTRUCTION LIMITED .....000261882	
HORSESHOE FALLS MOTEL LIMITED .....000132283	
L. G. MATTHYS AND ASSOCIATES LIMITED .....000590525	
MANAGED CARE RESOURCES, INC. ....	001292737
MIDNORTH LEASING OF SUDBURY (1985) LIMITED...000510814	
MOROMAX LTD. ....	001140790
RITTERSPACK HOLDINGS LIMITED .....000212484	
ROGER EDWARDS SPORT LTD. ....	001144286
SINO CONSTRUCTION LTD. ....	000405046
1069126 ONTARIO LIMITED .....001069126	
1085048 ONTARIO INC. ....	001085048
1236486 ONTARIO INC. ....	001236486
1336556 ONTARIO LIMITED .....001336556	
2028166 ONTARIO INC. ....	002028166
5200 LAKESHORE PROPERTIES LTD. ....	000991839
551768 ONTARIO LIMITED .....000551768	
582314 ONTARIO LTD. ....	000582314
625633 ONTARIO LIMITED .....000625633	
679001 ONTARIO LIMITED .....000679001	
<b>2005-10-27</b>	
ASEAN CANADIAN FINANCIAL CORP. ....	000958863
CLIFF TAM & ASSOCIATES INC. ....	001283202
CONAGRA LMC LTD. ....	000874883
EVOLUTION CONSTRUCTION INC. ....	000848361
FROSTAD COMMUNICATIONS INC. ....	001358176
HONG FAR (H.K.) CAFE LTD. ....	001346558
J.M CANADA CORPORATION LIMITED .....001009994	
JINGER ENTERPRISE INTERNATIONAL INC. ....	001282989
LAMONT HARDWARE & LUMBER LTD. ....	000503732
LORIMER LAKE RESORT LTD. ....	000771498
M. TYRCZ DESIGN CONSULTANTS INC. ....	000763474
ORIENTAL SKY CANADA INC. ....	001493393
ROCKANDEL GM&P PARTNER CORPORATION .....001586132	
SMITH STREET TECHNOLOGY CONSULTING INC. ....001572430	
YUMA CITY CONSTRUCTION INC. ....	000790128
1123855 ONTARIO INC. ....	001123855
1170808 ONTARIO LIMITED .....001170808	
1264546 ONTARIO LTD. ....	001264546
1485834 ONTARIO INC. ....	001485834
<b>2005-10-28</b>	
AGE TECHNOLOGIES (N.A.), INC. ....	001221713
BRAIN LIGHTNING CANADA EDUCATION SERVICES CENTRE INC. ....	002043283
CANADA LEADTEX CLOTHING INC. ....	002029467
D.R. CONSULTANTS INC. ....	002004392
FARIL DEVELOPMENTS LIMITED .....000102357	
INTENSIVE CLEANSE INC. ....	001497535
PORT PROTECTION SERVICES INC. ....	001403776
S.R.D. JEWELLERY INC. ....	000830813
TOM VASKO COMPANY LIMITED .....002033621	
TRIENLIGHT GLASS CO. LTD. ....	000813400
WORD & IMAGE MEDIA INC. ....	001529763
ZEUS' TRAILER REPAIRS & SERVICES INC. ....002065937	
1135933 ONTARIO INC. ....	001135933
1284936 ONTARIO INC. ....	001284936
1417884 ONTARIO INC. ....	001417884
1613829 ONTARIO LIMITED .....001613829	

B. G. HAWTON,  
Director, Companies and Personal Property  
Security Branch  
Directrice, Direction des compagnies et des  
sûretés mobilières

(138-G1020)

## Order in Council Décret

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and concurrence of the Executive Council, orders that:

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur, sur l'avis et avec le consentement du Conseil exécutif, décrète ce qui suit:

O.C./Décret 1669/2005

PURSUANT to the provisions of the *Executive Council Act*, section 2(3), Order in Council O.C. 1129/2005, dated June 30, 2005, is amended by deleting the following names and assignments:

Michael A. Brown	as Parliamentary Assistant to the Minister of Natural Resources and to the Minister Responsible for Aboriginal Affairs
Donna H. Cansfield	as Parliamentary Assistant to the Minister of Energy
Jean-Marc Lalonde	as Parliamentary Assistant to the Minister of Transportation
Jeff Leal	as Parliamentary Assistant to the Minister of Economic Development and Trade (Small Business)
David Oraziatti	as Parliamentary Assistant to the Minister of Education

And substituting in lieu thereof the following names and assignments:

Jean-Marc Lalonde	as Parliamentary Assistant to the Minister of Economic Development and Trade
Jeff Leal	as Parliamentary Assistant to the Minister of Energy
David Oraziatti	as Parliamentary Assistant to the Minister of Natural Resources and to the Minister Responsible for Aboriginal Affairs

And by adding the following names and assignments:

Linda Jeffrey	as Parliamentary Assistant to the Minister of Children and Youth Services
Phil McNeely	as Parliamentary Assistant to the Minister of Transportation

Recommended DALTON MCGUINTY  
Premier and President of the Council

Concurred DAVID JAMES RAMSAY  
Chair of Cabinet

Approved and Ordered November 1, 2005.

(138-G1021) CHIEF JUSTICE MCMURTRY  
Administrator of the Government

## Applications to Provincial Parliament — Private Bills Demandes au Parlement provincial — Projets de loi d'intérêt privé

### PUBLIC NOTICE

The rules of procedure and the fees and costs related to applications for Private Bills are set out in the Standing Orders of the Legislative Assembly. Copies of the Standing Orders, and the guide "Procedures for Applying for Private Legislation", may be obtained from the Legislative Assembly's Internet site at <http://www.ontla.on.ca> or from:

Committees Branch  
Room 1405, Whitney Block, Queen's Park  
Toronto, Ontario M7A 1A2

Telephone: 416/325-3500 (Collect calls will be accepted)

Applicants should note that consideration of applications for Private Bills that are received after the first day of September in any calendar year may be postponed until the first regular Session in the next following calendar year.

(8699) T.F.N. CLAUDE L. DESROSIERS,  
Clerk of the Legislative Assembly.

## Applications to Provincial Parliament

### NOTICE OF APPLICATION

"NOTICE IS HEREBY GIVEN that on behalf of Robert Sidoff and Mary Sidoff an application will be made to the Legislative Assembly of the Province of Ontario for an Act to revive Sidoff's Cleaners & Tailors Limited. The applicants represent that they were the sole officers and directors of the corporation when it was dissolved. The corporation was dissolved under the *Business Corporations Act* pursuant to articles of dissolution on December 6, 2004. The applicants would like to revive the corporation in order to deal with certain property that was held in the corporation's name at the time of the dissolution.

The application will be considered by the Standing Committee on Regulations and Private Bills. Any person who has an interest in the application and who wishes to make submissions, for or against the application, to the Standing Committee on Regulations and Private Bills should notify, in writing, the Clerk of the Legislative Assembly, Legislative Building, Queen's Park, Toronto, Ontario, M7A 1A2.

DATED at Hamilton, this 18th, day of October 2005

JAMES C. BROWN  
Simpson Wigle LLP  
Barristers, Solicitors & Trade-Mark Agents  
Telephone: (905) 528-8411 Ext. 310  
Email: [brownj@simpsonwigle.com](mailto:brownj@simpsonwigle.com)  
Making an application on behalf  
of Robert Sidoff and  
(138-P727) 44, 45, 46, 47 Maruscia (MARY) Sidoff

## Corporation Notices

### ATRADIUS CREDIT INSURANCE N.V. APPLICATION FOR AN INSURANCE LICENCE

NOTICE IS HEREBY GIVEN, pursuant to Section 49 of the *Insurance Act* (Ontario), that Atradius Credit Insurance N.V. intends to apply to the Superintendent of Financial Services of the Financial Services Commission of Ontario for an insurance licence authorizing Atradius Credit Insurance N.V. to carry on the business of credit insurance within Ontario.

Ottawa, Ontario

October 24, 2005

ERIN SMITH  
Solicitor for the applicant  
Nelligan O'Brien Payne LLP  
1900 – 66 Slater Street  
Ottawa, Ontario  
K1P 5H1

(138-P741) 45, 46

### TRISURA GUARANTEE INSURANCE COMPANY / COMPAGNIE D'ASSURANCE TRISURA GARANTIE

#### APPLICATION FOR AN INSURANCE LICENCE

NOTICE IS HEREBY GIVEN, pursuant to section 49 of the *Insurance Act* (Ontario), that Trisura Guarantee Insurance Company (a company yet to be incorporated) intends to apply to the Superintendent of Financial Services for an insurance licence authorizing Trisura Guarantee Insurance Company to carry on within Ontario the business of boiler and machinery insurance, fidelity insurance, legal expenses insurance, liability insurance, property insurance and surety insurance.

October 29, 2005

BLAIR KEEFE  
Solicitor for the applicant  
Torys LLP  
Suite 3000, 79 Wellington Street West  
Toronto, Ontario M5K 1N2

(138-P746) 45, 46, 47

### 1036937 Ontario Ltd. Ontario Corporation No. 1036937

TAKE NOTICE CONCERNING WINDING UP OF 1036937 Ontario Ltd., Date of Incorporation: July 12, 1993, Liquidator: Thomas P. Gannon, Address: P.O. Box 785, 4 Al Wende Avenue, Kirkland Lake, Ontario, P2N 3K4, Appointed: August 31, 2005.

This notice is filed under subsection 193(4) of the *Business Corporations Act*. The Special Resolution requiring the Corporation to be wound up voluntarily was passed/consented to by the shareholders of the Corporation on August 31, 2005.

DATED at Kirkland Lake, this 20th day of October, 2005.

(138-P747) THOMAS P. GANNON  
Liquidator

#### NOTICE

Take Notice that the law firm partnership carried on by Deidre Smith, James C. MacDonald, Gary Stuart Joseph, Suzette Blom, Phyllis Brodtkin, Susan Jack and William H. Abbott under the name "MacDonald & Partners LLP" will be dissolved effective close of business on October 31, 2005.

October 31 2005

(138-P748) "DEIDRE SMITH"

AIG United Guaranty Mortgage Insurance Company Canada

#### APPLICATION FOR LICENSE

NOTICE IS HEREBY GIVEN, pursuant to section 49 of the *Insurance Act* (Ontario), that AIG United Guaranty Mortgage Insurance Company Canada, in English, and Compagnie d'assurance d'hypothèques AIG United Guaranty du Canada, in French has applied to the Superintendent/CEO of Financial Services Commission of Ontario for an insurance license authorizing the company to transact Mortgage Insurance class of business in Ontario.

DATED at Toronto, this 31st day of October, 2005.

AIG United Guaranty Mortgage  
Insurance Company Canada  
JOHN E. GAINES  
Senior Vice President and  
Chief Operating Officer

Compagnie d'assurance d'hypothèques AIG United Guaranty du Canada

#### AVIS DE DEMANDE DE PERMIS

AVIS EST DONNÉ PAR LES PRÉSENTES, conformément à l'article 49 de la *Loi sur les assurances*, que AIG United Guaranty Mortgage Insurance Company Canada, en anglais, et Compagnie d'assurance d'hypothèques AIG United Guaranty du Canada, en français, a déposé auprès du Surintendant et Directeur général de la Commission des services financiers de l'Ontario une demande de permis d'assureur pour souscrire de l'assurance hypothécaire en Ontario.

Toronto, le 31 octobre 2005

AIG United Guaranty Mortgage  
Insurance Company Canada  
JOHN E. GAINES  
Vice-président principal et  
Chef de la direction

(138-P749) 46, 47

## Sheriff's Sales of Lands Ventes de terrains par le shérif

Under and by virtue of a Writ of Seizure and Sale issued out of the, ONTARIO SUPERIOR COURT OF JUSTICE NEWMARKET, ONTARIO dated MAY 10, 2004, Court File 69120/03 SR to me directed, against the real and personal property of GALINA VITS, Defendant at the suit of PARADISE ENTERPRISES LIMITED Plaintiff, I have seized and taken in execution all right, title, interest and EQUITY OF REDEMPTION of GALINA VITS :

UNIT 10, LEVEL 6, YORK REGION STANDARD CONDOMINIUM PLAN NO.996 AND ITS APPURTENANT INTERETS.THE DESCRIPRION OF THE CONDOMINIUM PROPERTY IS:PT LTS 3 & 4 PL 3805 & PL LT 10, PL 3806, PTS 19 TO 26, INCL 65R22774, RICHMOND HILL T/W/ & S/T/ AS SET OUT IN SCHEDULE "A" OF DECLARATION YR311354 LAND TITLES OFFICE FOR THE LAND TITLES DIVISION OF YORK (NO. 65) AND MUNICIPALLY known as 9 Northern Heights Drive. Ste. 610 Richmond Hill, Ontario L4B 4M5.

All of which said right, title, interest and EQUITY OF REDEMPTION of Galina Vits, Defendant, in the said Lands and Tenements described above, I shall offer for sale by Public Auction subject to the conditions set out below at The Court House on 1st Floor, 50 Eagle Street West, NEWMARKET, Ontario on Wednesday, November 30, 2005 at 1:00 o'clock in the afternoon.

#### CONDITIONS:

The purchaser to assume responsibility for all mortgages, charges, liens, outstanding taxes, and other encumbrances. No representation is made

regarding the title of the land or any other matter relating to the interest to be sold. Responsibility for ascertaining these matters rests with the potential purchaser(s).

**TERMS:** Deposit 10% of bid price or \$1,000.00, whichever is greater  
 Payable at time of sale by successful bidder  
 To be applied to purchase price  
 Non-refundable  
 Ten business days from date of sale to arrange financing and pay balance in full at Court Enforcement Office, Civil/Enforcement, 50 Eagle St, W, Newmarket, ON L3Y 6B1  
 All payments in cash or by certified cheque made payable to the Minister of Finance.  
 Other conditions as announced.

THIS SALE IS SUBJECT TO CANCELLATION BY THE SHERIFF WITHOUT FURTHER NOTICE UP TO THE TIME OF SALE.

**Note:** No employee of the Ministry of the Attorney General may purchase any goods or chattels, lands or tenements exposed for sale by a Sheriff under legal process, either directly or indirectly.

Date: November 1, 2005

(138-P750) Sheriff  
 Civil/Enforcement Office  
 Regional Municipality of York  
 Telephone (905) 853-4809  
 Contact Betty at Ext 6210

Under and by virtue of a Writ of Seizure and Sale issued out of the, ONTARIO COURT GENERAL DIVISION TORONTO, ONTARIO dated May 23 1997, Court File 96-CU-110729 to me directed, against the real and personal property of Vincenzo Piacente and Sue C.Piacente Defendant at the suit of ROYAL BANK OF CANADA Plaintiff, I have seized and taken in execution all right, title, interest and EQUITY OF REDEMPTION of VINCENZO PIACENTE :

Parcel 12-1, Section 65M-2514 Being Lot 12, Plan 65M-2514 City of Vaughan (formerly Town Of Vaughan); NEWMARKET LAND TITLES OFFICE FOR THE LAND TITLES DIVISION OF YORK (NO. 65) AND MUNICIPALLY known as 74 Woburn Drive Woodbridge, Ontario L4L 7G3.

All of which said right, title, interest and EQUITY OF REDEMPTION Vincenzo Piacente, Defendant, in the said Lands and Tenements described above, I shall offer for sale by Public Auction subject to the conditions set out below at The Court House on 1st Floor, 50 Eagle Street West, NEWMARKET, Ontario on Wednesday, November 30, 2005 at 1:00 o'clock in the afternoon.

**CONDITIONS:**

The purchaser to assume responsibility for all mortgages, charges, liens, outstanding taxes, and other encumbrances. No representation is made regarding the title of the land or any other matter relating to the interest to be sold. Responsibility for ascertaining these matters rests with the potential purchaser(s).

**TERMS:** Deposit 10% of bid price or \$1,000.00, whichever is greater  
 Payable at time of sale by successful bidder  
 To be applied to purchase price  
 Non-refundable  
 Ten business days from date of sale to arrange financing and pay balance in full at Court Enforcement Office, Civil/Enforcement, 50 Eagle St, W, Newmarket, ON L3Y 6B1  
 All payments in cash or by certified cheque made payable to the Minister of Finance.  
 Other conditions as announced.

THIS SALE IS SUBJECT TO CANCELLATION BY THE SHERIFF WITHOUT FURTHER NOTICE UP TO THE TIME OF SALE.

**Note:** No employee of the Ministry of the Attorney General may purchase any goods or chattels, lands or tenements exposed for sale by a Sheriff under legal process, either directly or indirectly.

Date: November 1, 2005

(138-P751) Sheriff  
 Civil/Enforcement Office  
 Regional Municipality of York  
 Telephone (905) 853-4809  
 Contact Betty at Ext 6210

Under and by virtue of a Writ of Seizure and Sale issued out of the, ONTARIO SUPERIOR COURT OF JUSTICE NEWMARKET, ONTARIO dated February 1, 2005, Court File 787/04 to me directed, against the real and personal property of Steve Doyle, Stephen Patrick Doyle, Steve P Doyle, Stephen P Doyle, Gerald John Doyle, Gerald J Doyle, Gerald Doyle Defendant at the suit of CITI CARDS CANADA INC Plaintiff, I have seized and taken in execution all right, title, interest and EQUITY OF REDEMPTION of Steve Doyle et al. :

PCL100-1 SEC 65M3124; LT 100 PL 65M3124; T/W PT LT 88 CON 1 PTS 8, 9, 10 65R14976 AS IN B1599B; T/W PT LT 88 CON 1 PTS 11, 12, 13 65R14976 AS IN B19821B; S/T RIGHT LT1197494; NEWMARKET LAND TITLES OFFICE FOR THE LAND TITLES DIVISION OF YORK (NO. 65) AND MUNICIPALLY known as 412 Heddle Cres Newmarket, Ontario L3X 2J2.

All of which said right, title, interest and EQUITY OF REDEMPTION GERALD DOYLE, Defendant, in the said Lands and Tenements described above, I shall offer for sale by Public Auction subject to the conditions set out below at The Court House on 1st Floor, 50 Eagle Street West, NEWMARKET, Ontario on Wednesday, November 30, 2005 at 1:00 o'clock in the afternoon.

**CONDITIONS:**

The purchaser to assume responsibility for all mortgages, charges, liens, outstanding taxes, and other encumbrances. No representation is made regarding the title of the land or any other matter relating to the interest to be sold. Responsibility for ascertaining these matters rests with the potential purchaser(s).

**TERMS:** Deposit 10% of bid price or \$1,000.00, whichever is greater  
 Payable at time of sale by successful bidder  
 To be applied to purchase price  
 Non-refundable  
 Ten business days from date of sale to arrange financing and pay balance in full at Court Enforcement Office, Civil/Enforcement, 50 Eagle St, W, Newmarket, ON L3Y 6B1  
 All payments in cash or by certified cheque made payable to the Minister of Finance.  
 Other conditions as announced.

THIS SALE IS SUBJECT TO CANCELLATION BY THE SHERIFF WITHOUT FURTHER NOTICE UP TO THE TIME OF SALE.

**Note:** No employee of the Ministry of the Attorney General may purchase any goods or chattels, lands or tenements exposed for sale by a Sheriff under legal process, either directly or indirectly.

Date: November 1, 2005

(138-P752) Sheriff  
 Civil/Enforcement Office  
 Regional Municipality of York  
 Telephone (905) 853-4809  
 Contact Betty at Ext 6210

**Sale of Lands for Tax Arrears  
by Public Tender  
Ventes de terrains par appel d'offres  
pour arriéré d'impôt**

*Municipal Act, 2001*

SALE OF LAND BY PUBLIC TENDER

**THE CORPORATION OF THE TOWNSHIP OF  
HURON-KINLOSS**

Take Notice that tenders are invited for the purchase of the lands described below and will be received until 3:00 p.m. local time on the 2nd day of December, 2005 at the Council Chambers of The Corporation of the Township of Huron-Kinloss, 21 Queen Street, Ripley, Ontario NOG 2RO.

The tenders will then be opened in public on the same day at 3:05 p.m. in the Council Chambers at 21 Queen Street, Ripley, Ontario NOG 2RO.

**Description of Lands:**

East Half Lot 18, Concession 6, Township of Huron-Kinloss (formerly Township of Kinloss), County of Bruce. Previously described in Instrument Number 71150.

Vacant Land

**Minimum Tender Amount: \$9,241.45**

Tenders must be submitted in the prescribed form and must be accompanied by a deposit in the form of a money order or of a bank draft or cheque certified by a bank or trust corporation payable to the municipality and representing at least 20 per cent of the tender amount.

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the land to be sold. Responsibility for ascertaining these matters rests with the potential purchasers.

The lands do not include mobile homes situate on the lands, if any.

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and the relevant land transfer tax.

The municipality has no obligation to provide vacant possession to the successful purchaser.

NOTE: G.S.T. MAY BE PAYABLE BY SUCCESSFUL PURCHASER.

For further information regarding this sale and a copy of the prescribed form of tender contact:

JODI MACARTHUR  
Treasurer  
The Corporation of the  
Township of Huron-Kinloss  
21 Queen Street  
Ripley, Ontario  
NOG 2RO  
(519) 395-3735

(138-P753)

*Municipal Act, 2001*

SALE OF LAND BY PUBLIC TENDER

**THE CORPORATION OF THE TOWNSHIP OF  
GORDON & ALLAN WEST**

Take notice that tenders are invited for the purchase of the land(s) described below and will be received until 3:00 p.m. local time on December 8, 2005, at: The Corporation of the Township of Gordon & Allan West, Box 120, Gore Bay, Ontario P0P 1H0

The tenders will be opened following the close of tenders;

658 7th Line, Gore Bay, Ontario P0P 1H0, At the Municipal Office

**DESCRIPTION OF LAND(S):**

FILE NO. G-04-02  
Part of Lot 26, Concession 2  
Township of Allan  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$2,373.29**

FILE NO. G-04-08  
Part of Lot 18, Concession 4  
Township of Gordon  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$3,170.49**

FILE NO. G-04-09  
Part of Lot 18, Concession 4  
Township of Gordon  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$2,163.52**

FILE NO. G-04-10  
Part of Lot 27, Concession 1  
Township of Allan  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$2,339.30**

FILE NO. G-04-11  
Part of Lot 29, Concession 2  
Township of Allan  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$2,619.44**

FILE NO. G-04-12  
Part of Lot 28, Concession 1  
Township of Allan  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$2,832.76**

FILE NO. G-04-13  
Firstly: Part of Lot 25, Concession 6  
Secondly: Part of Lot 25, Concession 7  
Township of Allan  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$5,309.68**

FILE NO. G-04-14  
Part of Lot 24, Concession 7  
Township of Allan  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$4,902.73**

FILE NO. G-04-15  
Part of Lot 17, Concession 4  
Township of Gordon  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$6,190.04**

FILE NO. G-04-16  
Part of Lot 18, Concession 4  
Township of Gordon  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$2,235.69**

FILE NO. G-04-17  
Part of Lot 25, Concession 1  
Township of Allan  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$2,578.45**

FILE NO. G-04-18  
Part of Lot 25, Concession 1  
Township of Allan  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$2,602.44**

FILE NO. G-04-19  
Part of Lot 28, Concession 1  
Township of Allan  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$2,338.90**

FILE NO. G-04-20  
Part of Lot 17, Concession 4  
Township of Gordon  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$5,708.41**

FILE NO. G-04-21  
Part of Lot 5, Concession 8  
Being Part 1 on Plan 31R-1969  
Township of Gordon  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$9,162.92**

FILE NO. G-04-23  
Part of Lot 24, Concession 1  
Township of Allan  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$2,132.09**

FILE NO. G-04-24  
Part of Lot 18, Concession 4  
Township of Gordon  
The Corporation of the Township of Gordon  
District of Manitoulin  
**MINIMUM TENDER AMOUNT: \$3,031.97**

Tenders must be submitted in the prescribed form and must be accompanied by a deposit in the form of a money order or of a bank draft or cheque certified by a bank or trust corporation payable to the municipality (or board) and representing at least twenty per cent (20%) of the tender amount.

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the land to be sold. Responsibility for ascertaining these matters rests with the potential purchasers.

The land(s) do(es) not include the mobile homes situated on the land(s). (If applicable).

This sale is governed by the *Municipal Act, 2001*, and the Municipal Tax Sales Rules made under the Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and the relevant land transfer tax.

The municipality has no obligation to provide vacant possession to the successful purchaser.

For further information regarding this sale and a copy of the prescribed form of tender contact:

(138-P754) CARRIE LEWIS, Clerk-Treasurer  
The Corporation of the Township  
of Gordon & Allan West  
Box 120, Gore Bay, Ontario P0P 1H0  
705-282-2702

*Municipal Act, 2001*

SALE OF LAND BY PUBLIC TENDER

**THE CITY OF HAMILTON**

**1633-1653 Highway 6 North, Flamborough**

**CONTRACT NO. C6-16-05**

Sealed Offers **plus three copies**, addressed to the Manager of Purchasing, Standard Life Building, 120 King Street West, 9th Floor, Suite 900, Hamilton, ON, L8P 4V2 will be received at only the Purchasing Section up to and including **FOUR o'clock p.m., Local Time, Tuesday December 13, 2005** for the above.

**INFORMATION MEETING:**

**City of Hamilton**

**City Hall**

**71 Main St. West 2nd floor Meeting Room 219**

**Thursday, November 24, 10:00 a.m.**

**Offerors please note that only one scheduled information meeting will take place.**

**Individual requests will not be entertained after this meeting.**

**SCOPE**

The City of Hamilton is offering for sale, a property known as 1633 - 1653 Highway 6 North in Flamborough. The property consists of two residential homes and one legal non-conforming business operating as a salvage yard. The property is currently zoned as Agricultural/Conservation Management and can continue to be operated as a salvage/scrap yard under legal non-conforming use. The site is registered with the Ministry of the Environment as a Polychlorinated Biphenyl (PCB) Waste Disposal site. According to Ministry records there are approximately 700kg of solid PCB contaminated waste, properly stored at the Site. Other issues to be dealt with by a new purchaser will be the removal of 5,000+ tires on the site as well as batteries and waste rags.

The City will require a detailed plan for review by the City to address the issues of location of materials and appropriate landscaping and fencing to protect the environmentally sensitive wetlands that surround the site. The two homes currently located at the site have an estimated value of \$400,000 and are in the protected Provincial Greenbelt zone. As such no severances would be allowed and the homes could continue to be used for rental income purposes.

The City currently has the option to take ownership of this Property due to a failed tax sale, for non payment of property taxes from April of 2005 (Municipal Act 2001, section 379 (5B)). It is the City's intention to find a new owner for this property who will purchase the site **as is**, or re-develop the property to a use suitable to the zoning.

Documents must be obtained at the Purchasing Section, 9th Floor, 120 King Street West, Hamilton, ON between 8:30 a.m. and 4:30 p.m. – **FREE OF CHARGE**

If unable to attend in person to obtain documents, you may arrange to forward your completed return courier waybill, including your account number with the courier, and envelope; and have the courier pick up on your behalf. **The Purchasing Section must be contacted at telephone number 905.546.2773 and informed of this so that staff may prepare the package for pickup by courier.** Documents will not be sent out by collect shipment by courier.

(138-P755) Manager of Purchasing  
City of Hamilton

*Municipal Act, 2001*

SALE OF LAND BY PUBLIC TENDER

**THE CORPORATION OF THE TOWNSHIP OF  
VAL RITA - HARTY**

TAKE NOTICE that tenders are invited for the purchase of the land(s) described below and will be received until 3:00 p.m. local time on Friday, November 25th, 2005 at 2 Avenue De l'Église, Val Rita, Ontario.

Description of Lands: Parcel 7608 Centre Cochrane, being the SR of that part of Lot 7, Concession 15, Township of Owens, being Part 1 on Plan CR-1041, District of Cochrane.

**Minimum Tender Amount: \$6,534.51**

Tenders must be submitted in the prescribed form and must be accompanied by a deposit in the form of a money order or of a bank draft or cheque certified by a bank or trust corporation payable to the municipality and representing at least 20 per cent of the tender amount.

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the land to be sold. Responsibility for ascertaining these matters rests with the potential purchasers.

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and the relevant land transfer tax.

The municipality has no obligation to provide vacant possession to the successful purchaser.

For further information regarding this sale and a copy of the prescribed form of tender contact:

(138-P756) CHRISTIANE POTVIN - Treasurer  
The Corporation of the Township of Val Rita - Harty  
P.O.Box 100, 2 Ave De l'Église  
Val Rita, Ontario P0L 2G0  
Tel: (705) 335-6146

*Municipal Act, 2001*

SALE OF LAND BY PUBLIC TENDER

**CITY OF MISSISSAUGA**

Take Notice that tenders are invited for the purchase of the lands described below and will be received until 3:00 p.m. local time on November 28, 2005, at Materiel Management, Corporate Services Department, 4th Floor, 300 City Centre Drive, Mississauga, Ontario. The tenders will then be opened in public on the same day at 4:00 p.m. at City Hall, 300 City Centre Drive, Mississauga, Ontario.

**Description of Lands:**

(1) Legal Description: Part of Lot 12, Plan STR 2, Streetsville, as in RO1097507, City of Mississauga, Regional Municipality of Peel (PIN: 13128-0189(LT)).

Municipal Address: 44-46 Queen Street South, Mississauga

**Minimum Tender Amount: \$65,942.54**

Tenders must be submitted in the prescribed form and must be accompanied by a deposit in the form of a money order or of a bank draft or certified by a bank or trust corporation payable to the municipality (or board) and representing at least 20 per cent of the tender amount.

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the lands to be sold. Responsibility for ascertaining these matters rests with the potential purchasers.

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes the relevant land transfer tax, and GST if applicable.

The municipality has no obligation to provide vacant possession to the successful purchaser. For further information regarding this sale and a copy of the prescribed form of tender contact:

(138-P757) BRIAN SMITH, Intermediate Buyer,  
Materiel Management  
The Corporation of the City of Mississauga  
Corporate Services Department,  
Materiel Management  
4th Floor, 300 City Centre Drive,  
Mississauga, ON L5B 3C1  
905-615-3472

*Municipal Act, 2001*

SALE OF LAND BY PUBLIC TENDER

**THE CORPORATION OF THE TOWNSHIP OF MCGARRY**

Take Notice that tenders are invited for the purchase of the land(s) described below and will be received until 3:00 p.m. local time on December 9th, 2005, at the Municipal Office on 27 Webster Street Virginiatown, Ontario. P0K 1X0.

The tenders will then be opened in public on Tuesday December 13, 2005 at 6:30 p.m. in the XYZ Club Room in the Community Centre, on Highway 66 Virginiatown, Ontario. P0K 1X0.

**Description of Land(s):**

File # 2001-08  
Roll # 5458-000-001-01100-0000 Parcel 10465 CST  
PIN # 61224-0987 Being Lot 11, Plan M-126T Lot Size 40ft.x100ft.  
Municipal Address: 2 Cockeram Street  
Assessed Residential \$12,400.00  
**Minimum Tender Amount: \$8,035.00**

File # 2001-07  
Roll # 5458-000-001-09300-0000 Parcel 10647 and 10717 CST  
PIN # 61224-0738 and 61224-0737 Being Lots 93 and 94 Plan M-126T  
Lot Size 80ft x 100ft  
Municipal Address: 10 Monroe Street  
Assessed Residential \$14,600.00  
**Minimum Tender Amount: \$9,992.07**

File # 2001-01  
Roll # 5458-000-001-11400-0000 Parcel 5091 and 9695 CST  
PIN # 61224-0733 and 61224-0882 Being Lot 114 and 115 Plan M-126T Lot Size 80ft. x 100 ft.



Municipal Address: 53 Connell Avenue  
 Assessed Commercial Property \$16,700.00  
 Known as Windsor Hotel  
**Minimum Tender Amount: \$37,366.78**

File # 2001-03  
 Roll # 5458-000-001-25900-0000 Parcel 11779 CST  
 PIN # 61224-0693 Being Lot 261 Plan M-132T Lot Size 38ft. x 90ft. -  
 Vacant Land  
 Municipal Address: 9 Reddick Ave.  
 Assessed Residential \$2,700.00  
**Minimum Tender Amount: \$5,974.41**

File # 2001-04  
 Roll # 5458-000-003-01400-0000 Parcel 12857 CST  
 PIN # 61224-0319 Being Lots 14 and 15 Plan M-125T Lot Size 80ft x  
 100ft. - Vacant Land  
 Municipal Address: 130 Government Road Kearns, Ont.  
 Assessed Residential \$500.00  
**Minimum Tender Amount: \$11,586.84**

File # 2001-05  
 Roll # 5458-000-001-18400-0000 Parcel 5226 CST  
 PIN # 61224-0733 Being Lot 184 Plan M-126T Lot Size 40ft. x 100ft. -  
 Vacant Land  
 Municipal Address: 80 Connell Avenue  
 Assessed Commercial \$300.00  
**Minimum Tender Amount: \$13,595.76**

Tenders must be submitted in the prescribed form and must be accompanied by a deposit in the form of a money order or of a bank draft or cheque certified by a bank, trust corporation payable to the municipality or board and representing at least 20 percent of the tender amount.

The municipality makes no representation regarding the title to or any matters relating to the land to be sold. Responsibility for ascertaining these matters rests with the potential purchasers.

This sale is governed by the Municipal Tax Sales Act and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and the relevant land transfer tax and GST if applicable.

For further information regarding this sale and a copy of the prescribed form of tender, contact:

JACQUELINE HULL, Acting Clerk-Treasurer  
 The Corporation of the Township of McGarry  
 P.O. Box 99  
 27 Webster Street  
 Virginiatown, Ontario P0K 1X0

Personal information contained on this form, collected pursuant to the Municipal Tax Sales Act, and Regulation thereunder, will be used for the purposes of that Act. Questions should be directed to the Freedom of Information and Privacy Coordinator at the institution responsible for the procedures under that Act.

(138-P758)

*Municipal Act, 2001*

#### SALE OF LAND BY PUBLIC TENDER

#### THE CORPORATION OF THE CITY OF PORT COLBORNE

TAKE NOTICE that tenders are invited for the purchase of land(s) described below and will be accepted if sealed in an envelope and clearly marked with the address, PIN (Property Identification Number) and the Roll Number of the property for which the tender is submitted. A separate tender must be submitted for each property.

Tenders will be received ONLY at the City of Port Colborne Municipal Office, City Clerk's Office, 1st Floor, 66 Charlotte Street, Port

Colborne, Ontario, L3K 3C8, until 3:00 p.m. local time on Monday December 12, 2005. The tenders will then be opened in public on the same day at 3:15 p.m. at the City of Port Colborne Municipal Office, Committee Room, 3rd Floor, 66 Charlotte Street, Port Colborne, Ontario. L3K 3C8.

#### Description of Land:

Part Lot 54, Plan 857, Village of Port Colborne, now City of Port Colborne, Regional Municipality of Niagara, being the lands in Instrument No. RO312505.

PIN: 64164-0304 (LT)  
 Municipal Address: 130 Rodney Street  
 Vacant Residential Land  
 Roll No.: 2711-020-007-03100-0000  
 2005 Assessed Value: \$16,600 - Residential Taxable  
 2005 Annual Property Taxes: \$318.54  
 Site Area: 66.00 x 33.00 feet more or less  
**Minimum Tender Amount: \$10,497.03**

Lot 10, Plan 806, Township of Humberstone, now City of Port Colborne, Regional Municipality of Niagara.

PIN: 64169-0153 (LT)  
 Municipal Address: Pleasant Beach Road E/S  
 Vacant Residential Land  
 Roll No.: 2711-040-001-10500-0000  
 2005 Assessed Value: \$9,100 - Residential Taxable  
 2005 Annual Property Taxes: \$174.62  
 Site Area: 51.70 x 100 feet more or less  
**Minimum Tender Amount: \$10,113.77**

Part Lot 19, Concession 3, Township of Humberstone, now City of Port Colborne, Regional Municipality of Niagara, designated as Part 2, Plan 59R-3040.

PIN: 64135-0101 (LT)  
 Municipal Address: 1396 Chippawa Road  
 Industrial Property  
 Roll No.: 2711-040-005-06003-0000  
 2005 Assessed Value: \$91,000 - Industrial Taxable  
 2005 Annual Property Taxes: \$7,218.64  
 Site Area: 270 x 309.49 feet more or less  
**Minimum Tender Amount: \$82,156.20**

Part Lot 23, Concession 3, Township of Humberstone, now City of Port Colborne, Regional Municipality of Niagara, being the land in Instrument No. RO757111.

PIN: 64136-0014 (LT)  
 Municipal Address: Con 3 Rd  
 Vacant Residential Land  
 Roll No.: 2711-040-005-08404-0000  
 2005 Assessed Value: \$68,000 - Residential Taxable  
 2005 Annual Property Taxes: \$1,304.82  
 Site Area: 16.75 Acres more or less  
**Minimum Tender Amount: \$12,479.04**

The sale of these properties is subject to cancellation up to the time that a deed is registered, without any further notice.

The Minimum Tender amount represents the cancellation price as of the first day of advertising.

Tenders must be submitted in the prescribed form and must be accompanied by a deposit in the form of a money order or of a bank draft or cheque certified by a bank or trust corporation payable to the City of Port Colborne and representing at least 20 per cent of the tender amount.

The municipality makes no representation regarding the title to or any other matters relating to the land(s) to be sold, including but not limited to the potential existence of environmental contamination, estates and interests of the federal or provincial governments or their agencies, easements and restrictive covenants, and interests acquired by adverse possession. Responsibility for ascertaining these matters rests with the potential purchasers.

The properties are to be sold as is. The lands and/or premises may contain contaminants. The vendor will not provide any warranties or assurances concerning the environmental quality of the lands and/or premises being sold.

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under the Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes, penalties and interest, GST if applicable, and the relevant land transfer tax.

The municipality has no obligation to provide vacant possession to the successful purchaser.

For further information regarding this sale and a copy of the prescribed form of tender contact:

PETER M. SENESE, Treasurer  
The City of Port Colborne  
66 Charlotte Street,  
Port Colborne, Ontario, L3K 3C8  
(905) 835-2900

(138-P759)

## Sale of Land by Public Auction

*Municipal Act, 2001*

SALE OF LAND BY PUBLIC AUCTION

### THE CORPORATION OF THE MUNICIPALITY OF CENTRE HASTINGS

Take Notice that the land(s) described below will be offered for sale by public auction at 10:00 a.m. o'clock on the 6th day of December, 2005 at the Municipal office located at R.R. No. 5, 11379 Hwy. No. 62, Madoc, ON K0K 2K0

#### Description of Land(s):

- Parcel 1: Part of Reserve Lot 50, Registered Plan No. 104, Village of Madoc, now in the Municipality of Centre Hastings, County of Hastings, designated as PART 1, Plan 21R-16058  
Roll No.: 1230 138 015 22620  
**Minimum Bid: \$ 3,438.09**
- Parcel 2: Part Lot 11, Concession 6, Township of Huntingdon, now in the Municipality of Centre Hastings, County of Hastings, designated as PART 6, Plan 21R-2301  
Roll No.: 1230 224 020 04860  
**Minimum Bid: \$4,156.64**
- Parcel 3: Lot 6, north side of Queen Victoria Street, Registered Plan 105, Village of Madoc, now in the Municipality of Centre Hastings, County of Hastings  
Roll No.: 1230 138 015 07855  
**Minimum Bid: \$3,065.38**
- Parcel 4: Lot 5, north side of Queen Victoria Street, Registered Plan 105, Village of Madoc, now in the Municipality of Centre Hastings  
Roll No.: 1230 138 015 07860  
**Minimum Bid: \$3,065.38**
- Parcel 5: Lot 6, south side of Queen Victoria Street, Registered Plan 197, Village of Madoc, now in the Municipality of Centre Hastings, County of Hastings  
Roll No.: 1230 138 015 08120  
**Minimum Bid: \$3,065.38**

Parcel 6: Part of Lot 1, west of Rollins Street and Part of Lot 1, east of Prentice Street, Registered Plan 224, Village of Madoc, now Municipality of Centre Hastings, County of Hastings, designated as PART 1, Plan 21R-10605  
Roll No.: 1230 138 010 22401  
**Minimum Bid: \$13,002.66**

Parcel 7: West Half of the east half of Lot 14, Concession 8, Township of Huntingdon, now in the Municipality of Centre Hastings,  
Roll No.: 1230 224 025 00400  
**Minimum Bid: \$4,507.46**

All amounts payable by the successful purchaser shall be payable in full at the time of the sale by cash or money order or by a bank draft or cheque certified by a bank or trust corporation.

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the land to be sold. Responsibility for ascertaining these matters rests with the potential purchasers.

The lands do not include any mobile homes situate on the lands.

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules. The successful purchaser will be required to pay the amount bid plus accumulated taxes and the relevant Land Transfer Tax, registration costs and Goods and Services Tax (G.S.T.) if applicable.

The municipality has no obligation to provide vacant possession to the successful purchaser.

For further information regarding this sale, contact:

BONNIE E. JONES  
The Corporation of the Municipality  
Treasurer, Tax Collector of Centre Hastings  
R.R. No. 5, 11379 Hwy. No. 62,  
Madoc, ON K0K 2K0  
Telephone No.: (613) 473-4030

(138-P760)

# Publications under the Regulations Act Publications en vertu de la Loi sur les règlements

2005—11—12

## ONTARIO REGULATION 540/05

made under the

### LAND REGISTRATION REFORM ACT

Made: February 9, 2005  
Filed: October 24, 2005

Amending O. Reg. 16/99  
(Automated System)

Note: Ontario Regulation 16/99 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. The Table to subsection 3 (1) of Ontario Regulation 16/99 is amended by adding the following item:**

Column 1	Column 2
Victoria (No. 57)	October 24, 2005

Made by:

JIM WATSON  
*Minister of Consumer and Business Services*

Date made: February 9, 2005.

46/05

## ONTARIO REGULATION 541/05

made under the

### ONTARIO ENERGY BOARD ACT, 1998

Made: August 18, 2005  
Filed: October 24, 2005

#### NET METERING

#### Definitions

**1.** In this Regulation,

“agricultural bio-mass resource” means organic matter produced on a farm as a direct result of and solely from farm operations;

“eligible electricity” means the electricity that meets the criteria set out in subsection 7 (1) that an eligible generator may return to a distributor;

“eligible generator” means a customer of a distributor who meets the criteria set out in subsection 7 (1).

**Application**

2. (1) Subject to sections 3 and 4, at the request of an eligible generator and in the circumstances and manner described in this Regulation, a distributor,

- (a) shall allow the eligible generator to return eligible electricity for a refund; and
- (b) shall bill the eligible generator on a net metering basis.

(2) To be eligible to be billed on a net metering basis, an eligible generator must return eligible electricity to the distributor by conveying eligible electricity into the distributor’s distribution system.

(3) For the purposes of this Regulation, billing on a net metering basis is calculated in accordance with section 8 by subtracting the value of the amount of eligible electricity returned by the eligible generator from the value of the amount of electricity consumed from the system by the eligible generator.

**Exception**

3. (1) Subsection 2 (1) does not apply to the following types of distributors:

- 1. A distributor that distributes electricity solely in a community listed in Ontario Regulation 199/02 (Hydro One Inc.) made under the *Electricity Act, 1998*.
- 2. A distributor that distributes electricity solely in a settlement or reserve listed in Schedule 1 to Ontario Regulation 161/99 (Definitions and Exemptions) made under the Act.
- 3. A distributor that distributes electricity solely in a reserve listed in Schedule 2 to Ontario Regulation 161/99 (Definitions and Exemptions) made under the Act.

(2) Nothing in subsection (1) prevents a distributor to which subsection (1) applies from entering into a net metering agreement with an eligible generator in the circumstances and manner described in this Regulation.

**Subject to distributor’s licence**

4. The connection of an eligible generator to a distributor’s distribution system is subject to any conditions in the distributor’s licence governing the connection of generation facilities to its distribution system.

**Existing agreements**

5. (1) If on October 24, 2005 a customer has an existing agreement with a distributor that permits net metering, the existing net metering agreement continues in accordance with the terms set out in the agreement,

- (a) until the agreement expires; or
- (b) subject to subsection (2), for as long as the agreement is renewed.

(2) An existing net metering agreement may be renewed as often as the parties agree to the renewal if,

- (a) both parties consent to the renewal; and
- (b) the agreement is renewed on terms that are substantially similar to the agreement as it existed on October 24, 2005.

(3) Except as permitted in this section, net metering agreements shall be made in accordance with this Regulation and shall conform with the provisions set out in this Regulation.

**Subject to retail contract**

6. A customer who has a contract with a retailer of electricity may enter into an agreement with a distributor to be billed on a net metering basis if,

- (a) the customer is an eligible generator;
- (b) the customer is billed under the bill-ready form of distributor-consolidated billing pursuant to the Retail Settlement Code; and
- (c) the retailer confirms to the distributor that the retailer and the customer have an agreement that allows the customer to return eligible electricity to the retailer for the purpose of being billed on a net metering basis.

**Eligible generator**

7. (1) A generator of electricity is an eligible generator if,

- (a) the generator generates the electricity primarily for the generator’s own use;
- (b) the generator generates the electricity solely from a renewable energy source;

- (c) the maximum cumulative output capacity of the equipment used to generate the electricity that the generator intends to return to the distributor for net metering purposes is no greater than 500 kilowatts based on the rated maximum output capacity of the equipment; and
- (d) the generator conveys the electricity that is generated directly from the point of generation to another point for the generator's own consumption without reliance on the distributor's distribution system before conveying any electricity that is in excess of the generator's own needs at the time of generation into the distributor's distribution system.
- (2) In this Regulation, electricity is generated from a renewable energy source if the electricity is generated from the wind, a drop in water elevation, solar radiation or an agricultural bio-mass resource or from any combination of them.

**Account billing**

8. (1) A distributor shall calculate the amount of the bill of an eligible generator whose eligible electricity is taken into account for billing on a net metering basis in the following manner:

1. In any billing period when,

$$(D + E) \leq C$$

the distributor shall use the following formula:

$$A = B + C - (D + E)$$

2. In any billing period when,

$$(D + E) > C$$

the distributor shall use the following formula:

$$A = B$$

- (2) For the purposes of this section,

A is the amount of the bill for the billing period,

B is the total of those charges that are not calculated on the basis of the customer's consumption of or demand for electricity, calculated by the distributor in the manner normally applicable to the customer for the billing period,

C is the total of those charges for electricity consumed from the distributor's distribution system by the eligible generator during the billing period that are calculated on the basis of the customer's consumption of or demand for electricity, including charges for the commodity of electricity, calculated by the distributor in the manner normally applicable in billing the customer,

D is the total monetary value of the eligible electricity returned during the billing period to the distributor by the eligible generator, calculated on the same basis as the customer's consumption of, but not demand for, electricity, including charges for the commodity of electricity, but without any adjustment for total losses as defined in the Retail Settlement Code, and

E are any accrued returned electricity credits as calculated in accordance with subsection (6) that have not been depleted in a previous billing period.

(3) For the purpose of the calculations of B and C in subsection (2), the distributor shall calculate their values without regard to the customer generating eligible electricity or being billed on a net metering basis.

(4) If, where permitted, an eligible generator's meter installation as defined in the Retail Settlement Code is a single-register meter, the distributor shall modify the calculation of C and D for the purposes of subsection (2) according to the following rules:

1. In any billing period when the kilowatt-hour reading on the meter at the end of the period is greater than or equal to the kilowatt hour reading on the meter at the beginning of the period, the difference between the two readings shall be deemed to constitute the amount of electricity that the eligible generator consumed from the distributor's distribution system for the purpose of calculating C and a value of \$0 is assigned to D.

2. In any billing period when the kilowatt hour reading on the meter at the end of the period is less than the kilowatt hour reading on the meter at the beginning of the period, the difference between the two readings shall be deemed to constitute the amount of eligible electricity returned to the distributor by the eligible generator for the purpose of calculating D and a value of \$0 is assigned to C.

(5) If the customer has a contract with a retailer, the distributor shall modify the calculation of C and D for the purposes of subsection (2) according to the following rules:

1. In any billing period when the portion of the bill covering competitive electricity services for the consumer constitutes a charge to the customer or is equal to \$0, the amount of the charge or \$0, as the case may be, shall be used as the charge for the commodity of electricity for the purpose of calculating C and \$0 shall be used as the charge for the commodity of electricity for the purpose of calculating D.
  2. In any billing period when the portion of the bill covering competitive electricity services for the consumer constitutes a credit to the customer, the amount of the credit shall be used as the charge for the commodity of electricity for the purpose of calculating D and \$0 shall be used as the charge for the commodity of electricity for the purpose of calculating C.
  3. The competitive electricity services for the purposes of paragraphs 1 and 2 shall be as calculated by the retailer in accordance with the agreement between the retailer and the customer and transmitted to the distributor for inclusion in the customer's bill under the bill-ready form of distributor-consolidated billing pursuant to the Retail Settlement Code.
- (6) Subject to subsection (7), returned electricity credits accrue or are depleted on the basis of a running balance in accordance with the following rules:
1. In any billing period where the value of  $E + D - C$  is positive, E is assigned that value for the purposes of the next billing period.
  2. In all cases other than the case described in paragraph 1, the value of E shall be deemed to be \$0 for the purposes of the next billing period.
- (7) Subject to subsection (8), after issuing a bill in any billing period where the value of E is positive and has been positive for all billing periods in the previous 10 months, the distributor shall reduce the value of any remaining accrued electricity credits to \$0 and E shall be deemed to be \$0 for the purpose of the next billing period.
- (8) A distributor shall reduce the value of any remaining accrued electricity credits to \$0 in accordance with subsection (7) solely if the bill is based on an actual reading of the eligible generator's meter.
- (9) For the purposes of subsection (8), the distributor may request that the eligible generator obtain and supply the meter reading following the procedures normally used for customer-supplied meter readings if,
- (a) the distributor would normally not have the eligible generator's meter read for a billing period where the value of E has been positive for all billing periods in the previous 10 months; and
  - (b) the eligible generator can read the meter without the need of any apparatus.
- (10) Despite subsection (8), a distributor may reduce the value of any remaining accrued electricity credits to \$0 after issuing a bill to the eligible generator in any month where the value of E is positive and has been positive for all billing periods in the previous 10 months and E shall be deemed to be \$0 for the purpose of the next billing period if the eligible generator fails to promptly and diligently comply with the distributor's request pursuant to subsection (9) to read the meter.
- (11) The value of any remaining accrued electricity credits in the eligible generator's account is reduced to \$0,
- (a) upon issuing of the final bill to an eligible generator when the account is terminated; or
  - (b) upon cancelling the net metering agreement for any reason, except if the cancelled agreement existed on or is the renewal of an agreement that existed on October 24, 2005 and at the same time as giving notice of cancellation the eligible generator requests that he, she or it be allowed to return eligible electricity to the distributor for the purpose of being billed on a net metering basis.
- (12) Any remaining accrued electricity credits that are reduced to \$0 in accordance with this section are conveyed to the account of the distributor.
- (13) In addition to any other amounts that may be billed to a customer as specified in this section, a distributor may bill a customer for incremental metering and other costs incurred in order to connect the eligible generator's generation facilities to its distribution system in accordance with the Board's Distribution System Code.

#### **Cancellation of agreement**

9. (1) A consumer may cancel a net metering agreement with a distributor at any time by giving 90 days notice in writing to the distributor.
- (2) A consumer who is an eligible generator and who has cancelled a net metering agreement under subsection (1) may not for 12 months after the cancellation be permitted to return eligible electricity to the distributor for the purpose of being billed on a net metering basis unless,
- (a) the cancelled agreement existed on or is the renewal of an agreement that existed on October 24, 2005; and
  - (b) at the same time that the consumer gives notice of cancellation, the consumer requests that he, she or it be allowed to return eligible electricity to the distributor for the purpose of being billed on a net metering basis.

**Commencement**

**10. This Regulation comes into force on January 23, 2006.**

46/05

**ONTARIO REGULATION 542/05**

made under the

**ELECTRICITY ACT, 1998**

Made: August 18, 2005

Filed: October 24, 2005

Amending O. Reg. 493/01

(Debt Retirement Charge — Rates and Exemptions)

Note: Ontario Regulation 493/01 has not previously been amended.

**1. (1) Subsection 1 (1) of Ontario Regulation 493/01 is amended by adding the following definition:**

“agricultural bio-mass resource” means an agricultural bio-mass resource as defined in section 1 of the Net Metering Regulation;

**(2) Clause (b) of the definition of “exempt self-generated electricity” in subsection 1 (1) of the Regulation is amended by striking out “or” at the end of subclause (ii), by adding “or” at the end of subclause (iii) and by adding the following subclause:**

(iv) generated in a net metered generation facility by a person who has entered into a net metering agreement with a distributor in respect of electricity generated by that net metered generation facility;

**(3) Subsection 1 (1) of the Regulation is amended by adding the following definitions:**

“invoice” includes a bill, statement, receipt or other document that contains a request for payment or a notice or acknowledgement of a payment;

“net metered generation facility” means a generation facility,

(a) that has a maximum cumulative output capacity of not more than 500 kilowatts and that generates electricity solely from a renewable energy source, or

(b) that is connected to a distribution system in accordance with a net metering agreement referred to in section 5 of the Net Metering Regulation;

“net meterer” means a user who has entered into a net metering agreement with a distributor;

“net metering agreement” means an agreement to net meter that is governed by the Net Metering Regulation or that is referred to in section 5 of that regulation;

“Net Metering Regulation” means Ontario Regulation 541/05 (Net Metering) made under the *Ontario Energy Board Act, 1998*;

“Retail Settlement Code” means the Retail Settlement Code issued by the Board under the *Ontario Energy Board Act, 1998*;

**(4) Section 1 of the Regulation is amended by adding the following subsection:**

(3) For the purposes of the definition of “net metered generation facility” in subsection (1), electricity is generated from a renewable energy source if the electricity is generated from the wind, a drop in water elevation, solar radiation or an agricultural bio-mass resource or from any combination of them.

**2. Subsection 2 (1) of the Regulation is amended by striking out “on or after the day subsection 26 (1) of the Act comes into force” in the portion before clause (a) and substituting “on or after May 1, 2002”.**

**3. (1) Section 4 of the Regulation is amended by striking out the portion before clause (a) and substituting the following:**

**Exemption, service station**

4. A generator who is a self-generating user but whose main generation function is to generate electricity for sale is exempt from the requirement to pay a debt retirement charge in respect of the number of kilowatt hours of electricity,

**(2) Clause 4 (a) of the Regulation is amended by striking out “IMO-controlled grid” and substituting “IESO-controlled grid”.**

**4. (1) Clause 5 (1) (b) of the Regulation is revoked and the following substituted:**

(b) the number of kilowatt hours of self-generated electricity consumed in the year by the self-generating user or by another person at the expense of the self-generating user.

**(2) Subclause 5 (2) (a) (i) of the Regulation is amended,**

**(a) by striking out “owned and operated” and substituting “owned or operated”; and**

**(b) by striking out “generating units” wherever it appears and substituting in each case “generation units”.**

**(3) Clause (a) of the definition of “A” in subsection 5 (3) of the Regulation is amended by striking out “generating units” and substituting “generation units”.**

**(4) Subsection 5 (4) of the Regulation is revoked and the following substituted:**

(4) For 2002, the number of kilowatt hours determined as “A” in subsection (3) must be reduced to the amount determined by multiplying 245 by the quotient determined by dividing the number of kilowatt hours that would otherwise be determined under subsection (3) as “A” by 365.

**5. Subsections 6 (1), (2) and (3) of the Regulation are revoked and the following substituted:**

**Determining the amount of electricity**

(1) For the purposes of sections 2 and 3, the amount of electricity, other than self-generated electricity, that is consumed in a period by a user who is not a net meterer is determined in accordance with the Retail Settlement Code without any adjustment for total losses, as defined in that Code.

(1.1) For the purposes of sections 2 and 3, the amount of electricity, other than self-generated electricity, that is consumed in a period by a user who is a net meterer is determined in accordance with the Retail Settlement Code without any adjustment for total losses, as defined in that Code, but is subject to any adjustment made in accordance with the Net Metering Regulation.

(2) Despite subsections (1) and (1.1), the amount of electricity consumed in a period by a user in respect of whom the IESO is the collector is the amount of electricity withdrawn during the period by the user from the IESO-controlled grid, as determined under the market rules.

(3) On the written request of the user or the Minister, the person making a determination in a manner described in subsection (1), (1.1) or (2) shall provide to the user or the Minister, as the case may be, a written explanation of the basis on which the determination was made and details of the calculations used in the determination.

**6. (1) Subsection 7 (1) of the Regulation is amended by striking out “generating units” in the portion before clause (a) and substituting “generation units”.**

**(2) Clause 7 (1) (a) of the Regulation is amended by striking out “generating units” wherever it appears and substituting in each case “generation units”.**

**(3) Clause 7 (1) (b) of the Regulation is amended by striking out “generating units” and substituting “generation units”.**

**(4) Subsection 7 (2) of the Regulation is amended by striking out “generating units” and substituting “generation units”.**

**7. (1) Subject to subsections (2) and (3), this Regulation comes into force on the day it is filed.**

**(2) Sections 1 and 5 come into force on January 23, 2006.**

**(3) Subsections 3 (1) and 4 (2) shall be deemed to have come into force on May 1, 2002.**



**ONTARIO REGULATION 543/05**

made under the

**ELECTRICITY ACT, 1998**Made: August 3, 2005  
Filed: October 24, 2005Amending O. Reg. 494/01  
(Debt Retirement Charge — Administration)

Note: Ontario Regulation 494/01 has not previously been amended.

**1. (1) The definition of “exempt self-generated electricity” in subsection 1 (1) of Ontario Regulation 494/01 is revoked and the following substituted:**

“exempt self-generated electricity” means electricity that is exempt self-generated electricity for the purposes of Ontario Regulation 493/01 (Debt Retirement Charge — Rates and Exemptions) made under the Act;

**(2) The definition of “Retail Settlement Code” in subsection 1 (1) of the Regulation is amended by striking out “approved” and substituting “issued”.**

**2. Paragraph 3 of section 2 of the Regulation is amended by striking out “IMO” and substituting “IESO”.**

**3. (1) Subsection 3 (1) of the Regulation is amended by striking out “on or after the day subsection 26 (1) of the Act comes into force” and substituting “on or after May 1, 2002”.**

**(2) Subsection 3 (3) of the Regulation is amended by striking out “IMO” and substituting “IESO”.**

**4. Subsection 4 (1) of the Regulation is amended by striking out “on or after the day subsection 26 (1) of the Act comes into force” in the portion before paragraph 1 and substituting “on or after May 1, 2002”.**

**5. (1) Subsection 6 (2) of the Regulation is amended,**

**(a) by striking out “IMO” and substituting “IESO”; and**

**(b) by striking out “IMO-controlled grid” and substituting “IESO-controlled grid”.**

**(2) Subsection 6 (6) of the Regulation is amended by striking out “IMO-controlled grid” and substituting “IESO-controlled grid”.**

**6. Section 8 of the Regulation is amended by striking out “IMO” in the portion before paragraph 1 and substituting “IESO”.**

**7. Section 9 of the Regulation is amended by striking out “IMO” wherever it appears in the following provisions and substituting in each case “IESO”:**

**1. Subparagraph 4 ii of subsection 9 (2).**

**2. Subsection 9 (3).**

**3. Paragraph 7 of subsection 9 (4).**

**8. Subsections 11 (1) and (2) of the Regulation are amended by striking out “after the day subsection 26 (1) of the Act comes into force” wherever it appears and substituting in each case “after May 1, 2002”.**

**9. (1) Subsection 12 (1) of the Regulation is amended by striking out the portion before clause (a) and substituting the following:**

Returns and remittances

(1) On or before the 18th day of each month, every collector other than the IESO shall,

. . . . .

**(2) Subsection 12 (2) of the Regulation is amended by striking out the portion before clause (a) and substituting the following:**

(2) On or before the 22nd day of each month, the IESO shall,

. . . . .

(3) Clauses 12 (2) (b) and (c) of the Regulation are amended by striking out “IMO” wherever it appears and substituting in each case “IESO”.

(4) Subsection 12 (3) of the Regulation is amended by striking out “commencing with the month after the month in which subsection 26 (1) of the Act comes into force” in the portion before clause (a).

10. Subsection 13 (2) of the Regulation is amended by striking out “IMO” and substituting “IESO”.

11. (1) Subsection 16 (2) of the Regulation is amended by striking out “subsection (1)” and substituting “subsection (1) and subject to subsection (3)” in the portion before clause (a).

(2) Section 16 of the Regulation is amended by adding the following subsection:

(3) Subsection (2) does not apply to a self-generating user in respect of records that relate to the determination of the number of kilowatt hours of electricity in the self-generator’s exemption account at the end of a year, as determined for the purposes of section 5 of Ontario Regulation 493/01 (Debt Retirement Charge — Rates and Exemptions) made under the Act.

12. (1) Subject to subsection (2), this Regulation comes into force on the day it is filed.

(2) Subsection 1 (1) comes into force on January 23, 2006.

Made by:

GREGORY SORBARA  
*Minister of Finance*

Date made: August 3, 2005.

46/05

## ONTARIO REGULATION 544/05

made under the

## ONTARIO DRUG BENEFIT ACT

Made: October 25, 2005  
Filed: October 25, 2005

Amending O. Reg. 201/96  
(General)

Note: Ontario Regulation 201/96 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

1. Section 7.2 of Ontario Regulation 201/96 is amended by adding the following paragraph:

2. Amendments dated October 31, 2005.

2. This Regulation comes into force on the later of,

(a) October 31, 2005; and

(b) the day that is 10 days after the day it is filed, where the following are not included in calculating the 10 days:

(i) the day of filing, and

(ii) Saturdays and Sundays and other holidays within the meaning of the *Interpretation Act*.

Made by:

GEORGE SMITHERMAN  
*Minister of Health and Long-Term Care*

Date made: October 25, 2005.

46/05

**ONTARIO REGULATION 545/05**  
made under the  
**DRUG INTERCHANGEABILITY AND DISPENSING FEE ACT**

Made: October 25, 2005  
Filed: October 25, 2005

Amending Reg. 935 of R.R.O. 1990  
(General)

Note: Regulation 935 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. The definition of “Formulary” in subsection 1 (1) of Regulation 935 of the Revised Regulations of Ontario, 1990 is amended by striking out “and includes amendments dated September 30, 2005” at the end.**

**2. The Regulation is amended by adding the following section:**

**3. A product is designated as interchangeable with any other products it is indicated as interchangeable with in the following amendments to Part III of the Formulary:**

1. Amendments dated September 30, 2005.
2. Amendments dated October 31, 2005.

**3. This Regulation comes into force on the later of,**

**(a) October 31, 2005; and**

**(b) the day that is 10 days after the day it is filed, where the following are not included in calculating the 10 days:**

- (i) the day of filing, and**
- (ii) Saturdays and Sundays and other holidays within the meaning of the *Interpretation Act*.**

Made by:

GEORGE SMITHERMAN  
*Minister of Health and Long-Term Care*

Date made: October 25, 2005.

46/05

**ONTARIO REGULATION 546/05**

made under the

**INSURANCE ACT**

Made: October 26, 2005

Filed: October 28, 2005

Amending O. Reg. 403/96

(Statutory Accident Benefits Schedule — Accidents on or after November 1, 1996)

Note: Ontario Regulation 403/96 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. (1) The definition of “designated assessment centre” in subsection 2 (1) of Ontario Regulation 403/96 is revoked and the following substituted:**

“designated assessment centre” means an assessment centre that was designated before January 1, 2005 under section 52 as that section read on February 28, 2006; (“centre d’évaluation désigné”)

**(2) Subsection 2 (1) of the Regulation is amended by adding the following definitions:**

“assessment of attendant care needs” means a written assessment of attendant care needs that satisfies the requirements of section 39; (“évaluation des besoins en soins auxiliaires”)

“disability certificate” means, in respect of a person, a certificate from a health practitioner of the person’s choice that states the cause and nature of the person’s impairment and contains an estimate of the duration of the disability in respect of which the person is making or has made a claim for a benefit set out in this Regulation; (“certificat d’invalidité”)

“social worker” means a member of the Ontario College of Social Workers and Social Service Workers who holds a certificate of registration for social work under the *Social Work and Social Service Work Act, 1998*; (“travailleur social”)

**2. Section 20 of the Regulation is amended by adding the following subsections:**

(2.1) The insurer may require a person who claims or is receiving benefits under this section to furnish a disability certificate as often as is reasonably necessary.

(2.2) If an insurer requires a disability certificate, the person shall furnish a new disability certificate, completed as of a date after the date of the insurer’s request, within 15 business days after receiving the insurer’s request.

(2.3) If the person fails to comply with subsection (2.2), no amount is payable for lost educational expenses until the person furnishes the completed disability certificate.

**3. (1) Subsections 24 (1) and (1.1) of the Regulation are revoked and the following substituted:**

(1) The insurer shall pay the following expenses incurred by or on behalf of an insured person:

1. Reasonable fees charged by a health practitioner for preparing a disability certificate required under section 20, 35 or 37.
2. Fees charged in accordance with a *Pre-approved Framework Guideline* by a health practitioner for preparing a treatment confirmation form for the purposes of section 37.1.
3. Fees charged in accordance with a *Pre-approved Framework Guideline* by a member of a health profession for conducting an assessment or examination and preparing a report for the purposes of section 37.1.
4. Reasonable fees charged by a health practitioner for reviewing a treatment plan under section 38, and for approving it if appropriate.
5. Reasonable fees charged by a member of a health profession or a social worker for preparing an application under section 38.2 for approval of an assessment or examination.
6. Reasonable fees charged by a member of a health profession for preparing an assessment of attendant care needs under section 39.
7. Reasonable fees charged by a health practitioner for preparing an application under section 40 for a determination of whether the insured person has sustained a catastrophic impairment.
8. Fees charged for a designated assessment of the insured person.

9. Subject to subsection 24.1 (2), reasonable fees charged by a member of a health profession for consulting with a person who is conducting or has conducted an examination of the insured person under section 42, if the conditions set out in subsection 24.1 (1) are satisfied.
10. Reasonable fees and expenses in accordance with section 42.1 that are charged for an assessment or examination of the insured person and the preparation of a report of the assessment or examination.
11. Reasonable fees, other than fees referred to in any of paragraphs 1 to 10, that are charged by a member of a health profession or a social worker for conducting an assessment or examination and preparing a report if the assessment or examination is reasonably required in connection with a benefit that is claimed or in connection with the preparation of a treatment plan, disability certificate, assessment of attendant care needs or application for the determination of a catastrophic impairment, and
  - i. the assessment or examination relates to ancillary goods or services described in section 37.2 and is contemplated by a treatment confirmation form submitted in accordance with section 37.1,
  - ii. the insured person applied for approval of the assessment or examination either in a treatment plan submitted under section 38 or by way of a separate application submitted under section 38.2, or
  - iii. the insurer approved the expense or the approval of the insurer is not required by reason of subsection (1.2).

(1.1) Despite subsection (1), an insurer is not required to pay for an assessment or examination referred to in subparagraph 11 ii of subsection (1) if the expense for the assessment or examination is incurred,

- (a) before the insurer approves the expense;
- (b) before the insurer receives the report of an examination under section 42, if the insurer requires the insured person to be examined under that section; or
- (c) before the insurer receives the report of a designated assessment, in the case of an application for approval of an assessment or examination under section 38.2, if the insured person is required to undergo a designated assessment.

**(2) Paragraphs 2, 3 and 4 of subsection 24 (1.2) of the Regulation are revoked and the following substituted:**

2. Not more than three assessments or examinations for the purposes of preparing a treatment plan under section 38 if not more than one assessment or examination is done by the same person and the cost of each assessment or examination does not exceed \$200.
3. An assessment or examination for the purposes of preparing a disability certificate under section 20, 35 or 37 if the cost of the assessment or examination does not exceed \$200.

**(3) Paragraph 8 of subsection 24 (1.2) of the Regulation is revoked.**

**(4) Subsections 24 (1.3), (1.4) and (1.5) of the Regulation are revoked.**

**4. The Regulation is amended by adding the following section:**

**24.1** (1) The following conditions must be satisfied for the purposes of paragraph 9 of subsection 24 (1):

1. The consulting fees must be charged by one of the following persons:
  - i. the health practitioner who prepared the disability certificate, if the examination relates to a claim in respect of which a disability certificate is required under this Regulation,
  - ii. the health practitioner who approved the treatment plan, if the examination relates to a claim for medical or rehabilitation benefits,
  - iii. the member of the health profession who prepared the assessment of attendant care needs, if the examination relates to an application under section 39, or
  - iv. the health practitioner who prepared the application, if the examination relates to an application under section 40 to assist the insurer determine whether the insured person has sustained a catastrophic impairment.
2. The consultation must be arranged by mutual agreement of the person who is conducting or has conducted the examination under section 42 and the health practitioner or member of the health profession involved in the consultation.
3. The fees must be reasonable and, subject to subsection (2), shall not exceed the amount ordinarily charged for a 30 minute professional consultation by telephone.

(2) If under a *Guideline* a maximum rate or amount for expenses is established that applies to the claim with respect to which the examination under section 42 and consultation relate and the payment of the fees for the consultation would result in the expenses exceeding this maximum rate or amount, only the portion of the fees for the consultation that would not result in the expenses for the claim exceeding the maximum rate or amount shall be paid.

**5. (1) Subsection 32 (3.1) of the Regulation is amended by striking out “14 days” and substituting “10 business days”.**

**(2) Subsection 32 (6) of the Regulation is revoked and the following substituted:**

(6) Despite any shorter time limit in this Regulation, if a person fails without a reasonable explanation to notify an insurer under subsection (1) within the time required under subsection (1.1), the insurer may delay determining if the person is entitled to a benefit under section 35, 38, 39 or 41 and may delay paying the benefit until the later of,

- (a) 45 days after the day the insurer receives the person’s application; or
- (b) 10 business days after the day the person complies with any request made by the insurer under subsection 33 (1) or (1.1).

**6. The Regulation is amended by adding the following section:**

#### PRE-CLAIM EXAMINATION

**32.1** (1) This section applies if,

- (a) as a result of an accident, an insured person was admitted to a hospital or long-term care facility and is still in the hospital or facility or was discharged within the previous three days;
- (b) the insured person may be entitled to medical benefits for an assistive device referred to in clause 14 (2) (f), rehabilitation benefits under clause 15 (5) (i) or attendant care benefits under section 16; and
- (c) no application has yet been made for a benefit to which the insured person may be entitled as a result of the accident.

(2) At the insured person’s request or with his or her consent, the insurer may arrange for the insured person to be examined at the insurer’s expense for the purposes of assisting the insurer in determining if the insured person is entitled to receive a benefit described in clause (1) (b) that would assist the insured person after his or her discharge from the hospital or long-term care facility.

(3) An examination under this section shall be conducted by one or more members of one or more health professions who are chosen by the insurer.

(4) The insurer shall notify the insured person of the name of the person or persons who will conduct the examination and the day, time and place for the examination.

(5) The insurer shall, before the examination, obtain the written and signed consent of the insured person for the examination.

(6) The person or persons who conducted the examination shall, within five business days after conducting the examination, prepare a written report and, if applicable, an assessment of attendant care needs and provide a copy to,

- (a) the insurer;
- (b) the insured person; and
- (c) if the insured person has a health practitioner, that health practitioner.

(7) An examination under this section is voluntary and any failure or refusal of an insured person to consent to an examination under this section does not affect any rights the insured person may have to apply for or receive benefits as a result of the accident.

(8) The report of an examination under this section shall not be relied on by an insurer in making a determination that an insured person is not entitled to a benefit under this Regulation.

**7. Subsection 33 (1) of the Regulation is amended by striking out “14 days” and substituting “10 business days”.**

**8. Section 34 of the Regulation is revoked.**

**9. Section 35 of the Regulation is revoked and the following substituted:**

#### INCOME REPLACEMENT, NON-EARNER OR CAREGIVER BENEFITS AND HOUSEKEEPING OR HOME MAINTENANCE EXPENSES

**35.** (1) In this section and section 37,

“specified benefit” means an income replacement benefit, non-earner benefit, caregiver benefit or a payment for housekeeping or home maintenance services under section 22.

(2) An insured person who applies for a specified benefit shall submit with the application a disability certificate completed no earlier than 10 business days before the date the application is submitted.

- (3) Within 10 business days after the insurer receives the application and completed disability certificate, the insurer shall,
- (a) pay the specified benefit;
  - (b) send a request to the insured person under subsection 33 (1) or (1.1); or
  - (c) notify the insured person that the insurer requires the insured person to be examined under section 42.
- (4) If the insurer sends a request to the insured person under subsection 33 (1) or (1.1), the insurer shall, within 10 business days after the insured person complies with the request,
- (a) pay the specified benefit; or
  - (b) notify the insured person that the insurer requires the insured person to be examined under section 42.
- (5) Every income replacement benefit, non-earner benefit or caregiver benefit shall be paid at least once every second week, subject to any prepayment of the benefit by the insurer.
- (6) An insurer may make a determination that an insured person is not entitled to a specified benefit if,
- (a) the insured person failed or refused to submit the completed disability certificate required under subsection (2);
  - (b) the insurer has received the report of the examination under section 42, if the insurer has required the insured person to be examined under that section;
  - (c) the insurer is entitled under subsection (10) to refuse to pay the specified benefit; or
  - (d) the insured person is not entitled to the specified benefit for reasons unrelated to whether the insured person has an impairment that entitles the insured person to the specified benefit.
- (7) If an insurer determines that an insured person is not entitled to receive a specified benefit by reason of clause (6) (a), (c) or (d), the insurer shall give the insured person a copy of its determination,
- (a) within 10 business days after receiving the application, if the insured person is not entitled to the specified benefit by reason of clause (6) (a) or (d); or
  - (b) within 10 business days after the insured person failed or refused to comply with subsection 42 (10), if the insured person is not entitled to the specified benefit by reason of clause (6) (c).
- (8) Within five business days after receiving the report of the examination of the insured person under section 42, the insurer shall give a copy of the report and of the insurer's determination to the insured person and to the health practitioner who completed the disability certificate submitted with the application.
- (9) The insurer shall set out in its determination the specified benefits and expenses the insurer agrees to pay, the specified benefits and expenses the insurer refuses to pay and the reasons for the insurer's decision.
- (10) If the insured person fails or refuses to comply with subsection 42 (10), the insurer,
- (a) may make a determination that the insured person is not entitled to any specified benefit; and
  - (b) may refuse to pay specified benefits relating to the period after the insured person failed or refused to comply with subsection 42 (10) and before the insured person submits to the examination or provides the material required by that subsection.
- (11) If the insured person subsequently complies with subsection 42 (10), the insurer shall,
- (a) reconsider the application and make a new determination under this section; and
  - (b) pay all amounts, if any, that were withheld during the period of non-compliance, if the insurer determines that the insured person is entitled to any specified benefits and the insured person provides not later than the 10th business day after the failure or refusal to comply, or as soon as practicable after that day, a reasonable explanation for not complying with subsection 42 (10).
- (12) If the insurer determines after receipt of the report under section 42 that the insured person is entitled to a specified benefit, the insurer shall pay the specified benefit within 10 business days after receiving the report.
- (13) If an insured person fails to submit a completed disability certificate with his or her application for a specified benefit, no specified benefits are payable for the period after the day the insurer receives the application and before the day the insurer receives the completed disability certificate.
- (14) If the insurer fails to provide a copy of the report of the examination under section 42 or its determination in respect of the claim by the 15th business day after the day the examination was completed or was required under paragraph 2 or 3 of subsection 42 (11) to be completed, the insurer shall pay all specified benefits to which the application relates for the period commencing on that day and ending on the day the insurer gives the insured person the report or determination.

**10. Subsection 36 (3) of the Regulation is amended by striking out "14 days" and substituting "10 business days".**

**11. Section 37 of the Regulation is revoked and the following substituted:**

## DETERMINATION OF CONTINUING ENTITLEMENT TO SPECIFIED BENEFITS

- 37.** (1) If an insurer wishes to determine if an insured person is still entitled to a specified benefit, the insurer,
- (a) shall request that the insured person submit within 15 business days a new disability certificate completed as of a date on or after the date of the request; and
  - (b) may notify the insured person that the insurer requires the insured person to be examined under section 42.
- (2) An insurer shall not discontinue paying a specified benefit to an insured person unless,
- (a) the insured person fails or refuses to submit a completed disability certificate as required under clause (1) (a);
  - (b) the insurer has received the report of the examination under section 42, if the insurer required the insured person to be examined under that section;
  - (c) the insurer is entitled under subsection (7) to refuse to pay the specified benefit;
  - (d) the insured person has resumed his or her pre-accident employment duties;
  - (e) the insurer is no longer required to pay the specified benefit by reason of clause 5 (2) (d) or (e), subsection 22 (3) or 33 (2) or section 55 or 56; or
  - (f) the insured person is not entitled to the specified benefit for a reason unrelated to whether he or she has an impairment that entitles the insured person to receive the specified benefit.
- (3) If an insured person fails to submit a completed disability certificate as required under clause (1) (a), no specified benefits are payable for the period commencing the 15th business day after the day the insured person received the insurer's request and ending, if the insured person subsequently submits a completed disability certificate, the day the insurer receives the completed disability certificate.
- (4) If the insurer determines that the person is not entitled to receive any specified benefit by reason of clause (2) (a), (c), (d), (e) or (f), the insurer shall give to the insured person a copy of its determination.
- (5) Within five business days after receiving the report of an examination under section 42, the insurer shall give a copy of the report and the insurer's determination with respect to the specified benefit to the insured person and to the health practitioner who completed the disability certificate.
- (6) The determination of the insurer shall specify,
- (a) the specified benefits and expenses the insurer agrees to pay;
  - (b) the specified benefits and expenses the insurer refuses to pay;
  - (c) the reasons for the insurer's decision; and
  - (d) if the insurer determines that the insured person is not entitled to a specified benefit, the date that payment of the benefit will be stopped.
- (7) If the insured person fails or refuses to comply with subsection 42 (10), the insurer may,
- (a) make a determination that the insured person is no longer entitled to the specified benefit; and
  - (b) despite subsection (9), refuse to pay specified benefits relating to the period after the insured person failed or refused to comply with subsection 42 (10) and before the insured person submits to the examination or provides the material required under that subsection.
- (8) If the insured person subsequently complies with subsection 42 (10), the insurer shall,
- (a) reconsider the insured person's entitlement to the specified benefit and make a determination;
  - (b) subject to the insurer's determination, resume payment of the specified benefit; and
  - (c) pay all amounts, if any, that were withheld during the period of non-compliance if the insured person provides not later than the 10th business day after the failure or refusal to comply, or as soon as practicable after that day, a reasonable explanation for not complying with subsection 42 (10).
- (9) If an insurer requires an insured person to be examined under section 42 and determines that the insured person is not entitled to a specified benefit, the insurer shall not stop payment of the specified benefit unless it has provided to the insured person a copy of the report of the examination and its determination under this section.

**12. (1) Subsection 37.1 (8) of the Regulation is amended by striking out "or" at the end of clause (a), by adding "or" at the end of clause (b) and by adding the following clause:**

- (c) that the insurer is required under subsection 37.2 (9) to pay for and that have been provided.



**(2) Subsection 37.1 (13) of the Regulation is revoked.****13. Subsections 37.2 (2), (3), (4) and (5) of the Regulation are revoked and the following substituted:**

- (2) If a treatment confirmation form under section 37.1 includes a claim for ancillary goods or services, the insurer shall,
- (a) include in the notice required under subsection 37.1 (5) a statement of which ancillary goods and services, if any, the insurer agrees to pay for; and
  - (b) notify the insured person that the insurer requires the insured person to be examined under section 42, if the insurer has not agreed to pay for all of the ancillary goods and services included in the claim.
- (3) A notice referred to in clause (2) (b) must be given to the insured person within five business days after the day the insurer receives the treatment confirmation form.
- (4) If the insurer fails to comply with the requirements of subsection 37.1 (5) or subsection (3) of this section within the time required under those subsections, the insurer shall pay for all ancillary goods and services delivered under the treatment confirmation form.
- (5) Within five business days after receiving the report of an examination under section 42, the insurer shall give a copy of the report and the insurer's determination with respect to payment for the ancillary goods and services to the insured person and the health practitioner who prepared the treatment confirmation form.
- (6) The determination of the insurer shall specify the ancillary goods and services the insurer agrees to pay for, the ancillary goods and services the insurer refuses to pay for and the reasons for the insurer's decision.
- (7) If an insured person fails or refuses to comply with subsection 42 (10), the insurer may make a determination that the insured person is not entitled to payment for the ancillary goods and services to which the examination relates.
- (8) If an insured person subsequently complies with subsection 42 (10), the insurer shall reconsider the insured person's claim and make a determination under this section.
- (9) If the insurer fails to provide a copy of the report of the examination under section 42 or its determination in respect of the claim by the day determined in the following manner, the insurer shall pay for all ancillary goods and services provided in accordance with the treatment confirmation form:
1. If the attendance of the insured person was not required for the examination under section 42, the day is the 10th business day after the day the material required under subsection 42 (10) was provided.
  2. If the attendance of the insured person was required for the examination, the day is the 15th business day after the day the examination was completed or was required under paragraph 2 or 3 of subsection 42 (11) to be completed.

**14. (1) Clause 38 (1) (b) of the Regulation is revoked and the following substituted:**

- (b) applications for assessments or examinations that are submitted with a treatment plan under subsection (2).

**(2) Subsection 38 (1.1) of the Regulation is revoked and the following substituted:**

(1.1) An insurer is not liable to pay any expense in respect of medical benefits or rehabilitation benefits that was incurred before the insured person submits an application for the benefit that satisfies the requirements of subsection (2) unless the expense is for an ambulance or other goods or services provided on an emergency basis not more than five business days after the accident to which the application relates.

**(3) Clause 38 (2) (a) of the Regulation is revoked and the following substituted:**

- (a) a treatment plan that complies with subsection (3), prepared by a member of a health profession or by a social worker; and

**(4) Subsection 38 (3) of the Regulation is amended by striking out "the member of a health profession who prepared the plan" in the portion before clause (a) and substituting "the person who prepared the plan".**

**(5) Subsection 38 (3.1) of the Regulation is revoked.****(6) Subsection 38 (5) of the Regulation is amended by striking out "14 days" and substituting "10 business days".****(7) Paragraphs 1 and 2 of subsection 38 (8) of the Regulation are revoked and the following substituted:**

1. A notice,
  - i. that discloses any conflict of interest the insurer has relating to the treatment plan,
  - ii. that describes the goods and services, if any, contemplated by the treatment plan that the insurer agrees to pay for, and

iii. that advises the insured person, if the insurer has not agreed to pay for all goods and services contemplated by the treatment plan, that the insurer requires the insured person to be examined under section 42 relating to the goods and services the insurer has not agreed to pay for.

2. A notice advising the insured person that the insurer,

- i. believes that the insured person may have an impairment to which a *Pre-approved Framework Guideline* applies, and
- ii. requires the insured person to be examined under section 42 to assist the insurer in determining if the insured person has an impairment to which a *Pre-approved Framework Guideline* applies.

**(8) Clause 38 (8.1) (a) of the Regulation is amended by striking out “14 days” and substituting “10 business days”.**

**(9) Subparagraph 1 i of subsection 38 (8.2) of the Regulation is revoked and the following substituted:**

- i. the insurer shall not take the position that the insured person has an impairment to which a *Pre-approved Framework Guideline* applies, and

**(10) Paragraph 2 of subsection 38 (8.2) of the Regulation is revoked and the following substituted:**

2. In the case of a notice under paragraph 1 of subsection (8), the insurer shall pay for all goods and services provided under the treatment plan that relate to the period starting on the 11th business day after the day the insurer received the application and ending on the day the insurer gives the notice described in paragraph 1 of subsection (8).

**(11) Subsection 38 (9) of the Regulation is amended by striking out “14 days” and substituting “10 business days”.**

**(12) Subsections 38 (12) and (12.1) of the Regulation are revoked.**

**(13) Subsections 38 (12.2), (12.3), (13), (14), (15) and (18) of the Regulation are revoked and the following substituted:**

(12.2) If an insurer gives a notice described in paragraph 2 of subsection (8), the insured person may submit a treatment confirmation form under section 37.1 and, pending the insurer’s determination, may receive goods and services in accordance with the *Pre-approved Framework Guideline* and such ancillary goods and services as the insurer believes to be appropriate for the insured person’s impairment.

(13) Within five business days after receiving the report of an examination under section 42, the insurer shall give a copy of the report and the insurer’s determination to the insured person and to the health practitioner who approved the treatment plan.

(14) The determination of the insurer shall specify,

- (a) the goods and services contemplated by the treatment plan that the insurer agrees to pay for, the goods and services the insurer refuses to pay for and the reasons for the insurer’s decision, in the case where the insurer gave a notice referred to in paragraph 1 of subsection (8); or
- (b) whether the insurer has determined that the insured person has an impairment to which a *Pre-approved Framework Guideline* applies and the reasons for the insurer’s decision, in the case where the insurer gave a notice referred to in paragraph 2 of subsection (8).

(15) If an insured person fails or refuses to comply with subsection 42 (10), the insurer may make a determination that the insured person is not entitled to the goods and services contemplated by the treatment plan.

(16) If an insured person subsequently complies with subsection 42 (10), the insurer shall reconsider the insured person’s claim and make a determination under this section.

(17) If the insurer fails to provide a copy of the report of the examination under section 42 or its determination in respect of the claim by the day determined under subsection (17.1),

- (a) the insurer shall pay for all goods and services provided in accordance with the treatment plan during the period commencing on that day and ending on the day the insurer gives the insured person the report or determination; and
- (b) the insurer shall not take the position that the insured person has an impairment to which a *Pre-approved Framework Guideline* applies.

(17.1) For the purposes of subsection (17) the day is determined as follows:

1. If the attendance of the insured person was not required for the examination under section 42, the day is the 10th business day after the day the material required under subsection 42 (10) was provided.
2. If the attendance of the insured person was required for the examination, the day is the 15th business day after the day the examination was completed or was required under paragraph 2 or 3 of subsection 42 (11) to be completed.

(17.2) An insurer shall pay an expense in respect of medical or rehabilitation benefits that it has agreed to pay or that it is required under this section to pay within 30 days after receiving an invoice for the expense.

**(14) Subsection 38 (19) of the Regulation is amended by striking out “14 days” and substituting “10 business days”.**

**15. Subsection 38.1 (4) of the Regulation is revoked and the following substituted:**

(4) Every member of a health profession and social worker who refers an insured person to another person to obtain goods or services in respect of which a medical or rehabilitation benefits will be paid by an insurer under this section shall give the insurer and the insured person written notice disclosing any conflict of interest the member of the health profession or social worker has relating to the provision of the goods or services.

**16. (1) The heading before section 38.2 and subsection 38.2 (1) of the Regulation are revoked and the following substituted:**

APPLICATION FOR APPROVAL OF AN ASSESSMENT OR EXAMINATION

(1) This section applies to an application prepared by a member of a health profession or social worker for approval of an assessment or examination of an insured person if the application is not submitted as part of a treatment plan under section 38.

**(2) Subsection 38.2 (2) of the Regulation is amended by striking out “the member of a health profession” and substituting “the member of a health profession or social worker”.**

**(3) Subsections 38.2 (6), (7) and (8) of the Regulation are revoked and the following substituted:**

(6) If the insurer has not refused the application under subsection (4), the insurer shall give the insured person and the person who prepared the application a notice,

(a) within two business days after receiving the application if the application is received before March 1, 2006 and the amount to be charged is \$180 or less;

(b) within five business days after receiving the application if the application is received before March 1, 2006 and the amount to be charged exceeds \$180; or

(c) within three business days after receiving the application, if the application is received on or after March 1, 2006.

(7) The notice under subsection (6) must,

(a) state which assessments or examinations in the application the insurer agrees to pay for;

(b) advise the insured person that the insurer requires the insured person to be examined under section 42, if the insurer has not agreed to pay for all assessments or examinations to which the application relates; and

(c) disclose any conflict of interest that the insurer has relating to any assessment or examination to which the application relates.

(8) A notice required under subsection (6) may be given verbally if, as soon as practicable afterwards, written confirmation of the notice is given to every person who received verbal notice.

**(4) Subsection 38.2 (13) of the Regulation is revoked and the following substituted:**

(13) Within five business days after receiving the report of an examination under section 42, the insurer shall give a copy of the report and the insurer's determination with respect to the application to the insured person and the person who prepared the application.

(13.1) The determination of the insurer shall specify the assessments or examinations the insurer agrees to pay for, the assessments or examinations the insurer refuses to pay for and the reasons for the insurer's decision.

(13.2) If an insured person fails or refuses to comply with subsection 42 (10), the insurer may make a determination that the insured person is not entitled to the expenses to which the examination relates.

(13.3) If an insured person subsequently complies with subsection 42 (10), the insurer shall reconsider the application and make a determination under this section.

(13.4) If the insurer fails to provide a copy of the report of the examination under section 42 or its determination in respect of the application by the day determined in the following manner, the insurer shall pay for all assessments and examinations to which the application relates:

1. If the attendance of the insured person was not required for the examination under section 42, the day is the 10th business day after the day the material required under subsection 42 (10) was provided.

2. If the attendance of the insured person was required for the examination, the day is the 15th business day after the day the examination was completed or was required under paragraph 2 or 3 of subsection 42 (11) to be completed.

(13.5) An insurer shall pay for all assessments and examinations that it has agreed to pay for or that it is required under this section to pay for within 30 days after receiving an invoice for the cost of the assessment or examination.

**17. Section 39 of the Regulation is revoked and the following substituted:**

ATTENDANT CARE BENEFITS

**39.** (1) An application for attendant care benefits for an insured person must be in the form of an assessment of attendant care needs for the insured person that is prepared and submitted to the insurer by a member of a health profession who is authorized by law to treat the person's impairment.

(2) Within 10 business days after receiving the assessment of attendant care needs, the insurer shall give the insured person a notice that,

- (a) advises the insured person which, if any, expenses described in the assessment of attendant care needs the insurer agrees to pay; and
- (b) advises the insured person that the insurer requires the insured person to be examined under section 42, if the insurer has not agreed to pay all expenses described in the assessment of attendant care needs.

(3) An insurer may, but is not required to, pay an expense incurred before an assessment of attendant needs that complies with subsection (1) is submitted to the insurer.

(4) The insurer shall begin payment of attendant care benefits within 10 business days after receiving the assessment of attendant care needs and, pending receipt by the insurer of the report of any examination under section 42 required by the insurer, shall calculate the amount of the benefits based on the assessment of attendant care needs.

(5) If an insurer wants to determine if an insured person is still entitled to attendant care benefits, wants to determine if the benefits are being paid in the appropriate amount or wants to determine both, the insurer shall give the person a notice requesting that a new assessment of attendant care needs for the insured person that complies with subsection (1) be submitted to the insurer within 10 business days after the insured person receives the notice.

(6) Subject to subsection (10), a notice under subsection (5) may also advise the insured person that the insurer requires the insured person to be examined under section 42.

(7) Subject to subsection (10), new assessments of attendant care needs may be submitted to an insurer at any time there are changes that would affect the amount of the benefits.

(8) If a new assessment of attendant care needs indicates that it is appropriate to increase the amount of the attendant care benefits and the insurer has not already advised the insured person that the insurer requires the insured person to be examined under section 42, the insurer may give a notice to the insured person advising that the insurer requires the insured person to be examined under section 42.

(9) If a new assessment of attendant care needs is required under subsection (5) or the insurer requires an examination under section 42, the insurer shall, subject to section 18, continue to pay the insured person attendant care benefits at the same rate until the insurer receives the assessment of attendant care needs or the report of the examination, as applicable.

(10) If more than 104 weeks have elapsed since the accident, the insurer shall not require the insured person to be examined under section 42 to determine the insured person's entitlement to attendant care benefits and the insured person shall not submit nor be required to submit an assessment of attendant care needs to the insurer unless,

- (a) the insured person is or may be entitled under section 18 to receive attendant care benefits more than 104 weeks after the accident; and
- (b) at least 52 weeks have elapsed since the last examination under section 42.

(11) Within five business days after receiving the report of an examination under section 42, the insurer shall give a copy of the report and the insurer's determination with respect to the benefit to the insured person and to the member of the health profession who prepared the assessment of attendant care needs.

(12) The insurer's determination shall specify the benefits and expenses the insurer agrees to pay, the benefits and expenses the insurer refuses to pay and the reasons for the insurer's decision.

(13) If an insured person fails or refuses to comply with subsection 42 (10), the insurer may,

- (a) make a determination that the insured person is not entitled to attendant care benefits; and
- (b) refuse to pay attendant care benefits relating to the period after the person failed or refused to comply with subsection 42 (10) and before the insured person submits to the examination and provides the material required by subsection 42 (10).

(14) If an insured person subsequently complies with subsection 42 (10), the insurer shall,

- (a) reconsider the application and make a determination under this section;

- (b) subject to the new determination, resume payment of attendant care benefits; and
- (c) pay all amounts, if any, that were withheld during the period of non-compliance, if the insured person provides not later than the 10th business day after the failure or refusal to comply, or as soon as practicable after that day, a reasonable explanation for not complying with subsection 42 (10).

(15) If an insurer determines that an insured person is not entitled, by reason of section 18, to attendant care benefits for expenses incurred more than 104 weeks after the accident, the insurer shall give the insured person a notice of its determination, with reasons, not less than 10 business days before the last payment of attendant care benefits.

(16) An assessment of attendant care needs under this section in respect of accidents occurring on or after March 1, 2006 shall be in the form of and contain the information required in the "Assessment of Attendant Care Needs" dated December 31, 2005 and available on the website <http://www.fsco.gov.on.ca/>.

(17) An assessment of attendant care needs under this section in respect of accidents occurring before March 1, 2006 shall be in Form 1, as it read on February 28, 2006.

**18. Subsections 40 (2), (3), (3.1) and (4) of the Regulation are revoked and the following substituted:**

- (2) Within 30 days after receiving an application under subsection (1), the insurer shall give the insured person,
  - (a) a notice stating that the insurer has determined that the impairment is a catastrophic impairment; or
  - (b) a notice advising the insured person that the insurer requires the insured person to be examined under section 42 to assist the insurer in determining if the impairment is a catastrophic impairment.
- (3) If an application is made under this section not more than 104 weeks after the accident and, immediately before the application was made, the insured person was receiving attendant care benefits,
  - (a) the insurer shall continue to pay attendant care benefits to the insured person during the period before the insurer makes a determination under this section; and
  - (b) the amount of the attendant care benefits for the period referred to in clause (a) shall be determined on the assumption that the insured person's impairment is a catastrophic impairment.
- (4) Within five business days after receiving the report of an examination under section 42, the insurer shall give a copy of the report and the insurer's determination of whether the insured person's impairment is a catastrophic impairment to the insured person and to the health practitioner who prepared the application under this section.
- (5) The determination of the insurer shall specify the reasons for the insurer's determination of whether the insured person's impairment is a catastrophic impairment.
  - (6) If an insured person fails or refuses to comply with subsection 42 (10), the insurer,
    - (a) may make a determination that the insured person does not have a catastrophic impairment;
    - (b) may stop payment of any benefits that are payable only if the insured person has a catastrophic impairment; and
    - (c) may, in respect of the period after the insured person failed or refused to comply with subsection 42 (10) and before the insured person submits to the examination and provides the material required by subsection 42 (10), refuse to pay a benefit or expense that is payable only if the person has a catastrophic impairment.
  - (7) If an insured person subsequently complies with subsection 42 (10), the insurer shall,
    - (a) reconsider the application and make a determination under this section;
    - (b) subject to the determination, resume payment of benefits, if benefits were being paid before the examination; and
    - (c) pay all amounts, if any, that were withheld during the period of non-compliance, if the insurer determines that the insured person sustained a catastrophic impairment and the insured person provides not later than the 10th business day after the failure or refusal to comply, or as soon as practicable after that day, a reasonable explanation for not complying with subsection 42 (10).
  - (8) If the insurer fails to provide a copy of the report of the examination under section 42 or its determination in respect of the application by the day determined in the following manner, the insurer shall, for the period commencing on that day and ending on the day the insurer gives the insured person the report or determination, pay all amounts in respect of benefits and goods and services to which the insured person would be entitled if he or she had sustained a catastrophic impairment:
    - 1. If the attendance of the insured person was not required for the examination under section 42, the day is the 15th business day after the day the material required under subsection 42 (10) was provided.
    - 2. If the attendance of the insured person was required for the examination, the day is the 15th business day after the day the examination was completed or was required under paragraph 2 or 3 of subsection 42 (11) to be completed.

**19. Section 41 of the Regulation is amended by adding the following subsection:**

(3) In the case of a benefit described in section 22, subsections (1) and (2) are subject to sections 35 and 37.

**20. The Regulation is amended by adding the following section:**

TRANSITIONAL RULES — MARCH 1, 2006

**41.1** (1) Subject to subsection (2), sections 34, 35 and 37, as they read on February 28, 2006, continue to apply in respect of a claim by a person for income replacement, non-earner or caregiver benefits if, under subsection 37 (1), as it read on February 28, 2006, the insurer gave or was required to give the person, before March 1, 2006, a notice with respect to the claim.

(2) If, after February 28, 2006, an insurer wishes to determine if a person continues to be entitled to receive income replacement, non-earner or caregiver benefits, section 37, as it reads after February 28, 2006 applies.

(3) Subsections 37.2 (2) to (5), as they read on February 28, 2006, continue to apply in respect of a claim by an insured person for ancillary goods or services if, under subsection 37.1 (5) as it read on February 28, 2006, the insurer gave or was required to give the insured person, before March 1, 2006, a notice under section 37.1 as it read on February 28, 2006, stating that the insurer requires the insured person to be assessed by a designated assessment centre in respect of ancillary goods or services for which the insurer will not pay.

(4) Section 38, as it read on February 28, 2006, continues to apply in respect of a claim for medical and rehabilitation benefits by an insured person if, under subsection 38 (8.1) as it read on February 28, 2006, the insurer gave or was required to give the insured person, before March 1, 2006, a notice referred to in subclause 38 (12) (b) (ii) or (12.1) (b) (ii), as it read on February 28, 2006.

(5) If, before March 1, 2006, an insured person has submitted an application under subsection 38 (3.1), as it read on February 28, 2006, subsection 38 (18) as it read on that day continues to apply in respect of the application.

(6) Subsections 38.2 (8) and (13), as they read on February 28, 2006, and subsections 38.2 (9) to (12) and (14) to (16) apply in respect of an application for approval for an assessment or examination if, under subsection 38.2 (6), as it read on February 28, 2006, the insurer gave or was required to give the insured person, before March 1, 2006, a notice under subsection 38.2 (6), as it read on February 28, 2006, requiring the insured person to be assessed by a designated assessment centre.

(7) Section 39, as it read on February 28, 2006, continues to apply to an application for attendant care benefits by an insured person if, under subsection 39 (4), as it read on February 28, 2006, the insurer gave or was required to give the insured person, before March 1, 2006, a notice under subsection 39 (4), as it read on February 28, 2006, requiring the insured person to be assessed by a designated assessment centre.

(8) Section 39, as it read on February 28, 2006, continues to apply to an application for an increase in attendant care benefits if, under subsection 39 (7) or (8), as it read on February 28, 2006, an insurer gave or was required to give the insured person, before March 1, 2006, a notice requiring the insured person to be assessed by a designated assessment centre.

(9) Section 40, as it read on February 28, 2006, continues to apply to an application for a determination of whether an insured person has a catastrophic impairment if, under subsection 40 (2), as it read on February 28, 2006, the insurer gave or was required to give the insured person, before March 1, 2006, a notice under subsection 40 (2), as it read on February 28, 2006, requiring the insured person to be assessed by a designated assessment centre.

(10) Despite subsections (1) to (9), if a designated assessment of an insured person cannot be conducted or completed on or after March 1, 2006 because there is no designated assessment centre that satisfies the requirements of section 53, the insurer may give the insured person notice under subsection 42 (4), as it reads after February 28, 2006, requiring the insured person to be examined under section 42 in respect of the claim or application, instead of being assessed by a designated assessment centre, and the provisions of this Regulation, as they read after February 28, 2006, apply in respect of the disposition of the claim or application after the notice is given.

**21. Section 42 of the Regulation is revoked and the following substituted:**

EXAMINATION REQUIRED BY INSURER

**42.** (1) For the purposes of assisting an insurer determine if an insured person is or continues to be entitled to a benefit under this Regulation for which an application is made, an insurer may, as often as is reasonably necessary, require an insured person to be examined under this section by one or more persons chosen by the insurer who are members of a health profession or are social workers or who have expertise in vocational rehabilitation.

(2) Subsection (1) does not apply with respect to,

(a) a benefit to which section 37.1 applies, other than an amount claimed for ancillary goods or services referred to in section 37.2; or

(b) a funeral benefit or death benefit.

(3) Subject to subsection (7), each of the following examinations under this section shall be limited to an examination of material provided under subsection (10) in respect of the insured person without requiring the attendance of the insured person:

1. An examination for the purposes of section 37.2 to assist the insurer in determining whether to pay for ancillary goods or services claimed by the insured person.
2. An examination after an application is made under section 38 to assist the insurer in determining if the insured person has an impairment to which a *Pre-approved Framework Guideline* applies.
3. An examination for the purposes of section 38 to assist the insurer in determining whether to pay for goods or services contemplated by a treatment plan if the goods and services are substantially similar to goods or services the insurer previously refused to pay for when they were included in a previous treatment plan submitted to the insurer on behalf of the insured person in respect of the same accident.
4. An examination for the purposes of section 38.2 relating to an application for approval of an assessment or examination.
5. An examination for the purposes of section 40 that relates only to the issue of whether the insured person has a brain impairment that results in a score of 9 or less on the Glasgow Coma Scale referred to in subclause 2 (1.2) (e) (i).

(4) Whenever the insurer requires an insured person to be examined under this section, the insurer shall arrange for the examination at its expense and shall give the insured person a notice setting out,

- (a) the reasons for the examination;
- (b) the type of examination that will be conducted and whether the attendance of the insured person is required during the examination;
- (c) the name of the person or persons who will conduct the examination, the regulated health professions to which they belong and their titles and designations indicating their specialization, if any, in their professions; and
- (d) if the attendance of the insured person is required at the examination, the day, time and location of the examination and, if the examination will require more than one day, the same information for the subsequent days.

(5) If the insurer has already notified the insured person under this Regulation that the insurer requires the insured person to be examined under this section, the insurer shall give the notice required under subsection (4),

- (a) not more than two business days after the previous notice was given, if the attendance of the insured person is not required at the examination, unless the examination is for the purposes of assisting the insurer determine if the insured person has a catastrophic impairment; or
- (b) not more than five business days after the previous notice was given and, unless the insured person and the insurer mutually agree otherwise, not less than five business days before the examination, if the attendance of the insured person is required at the examination or if the examination is for the purposes of assisting the insurer determine if the insured person has a catastrophic impairment.

(6) If the insurer is not authorized under another section of this Regulation to give the insured person notice that the insurer requires the insured person to be examined under this section, the insurer shall give the insured person the notice required under subsection (4) not less than five business days before the examination, unless the insured person and insurer mutually agree otherwise.

(7) If a notice under subsection (4) indicates that the attendance of the insured person is not required for the examination and it is subsequently determined by the person conducting the examination that the insured person should be in attendance and personally examined, the insurer shall give a notice to the insured person within two business days after the day the notice described in subsection (4) is given and at least five business days before the examination,

- (a) notifying the insured person of the change in the type of examination;
- (b) requiring the attendance of the insured person at the examination; and
- (c) setting out the day, time and location of the examination and, if the examination will require more than one day, setting out the same information for the subsequent days.

(8) A notice under subsection (4) or (7) may be verbal if a written confirmation is given as soon as practicable afterwards.

(9) The following applies if the attendance of the insured person is required at an examination:

1. The insurer shall make reasonable efforts to schedule the examination for a day and time that are convenient for the insured person.
2. Subject to paragraph 3, the examination must be conducted, unless the insured person otherwise consents, at a location that is not more than,

- i. 30 kilometres from the insured person's residence, if the residence is in the City of Toronto or in The Regional Municipality of Durham, The Regional Municipality of Halton, The Regional Municipality of Peel or The Regional Municipality of York, or
  - ii. 50 kilometres from the insured person's residence, if the residence is not in a municipality described in subparagraph i.
- 3. If, after taking reasonable steps, the insurer is unable to arrange for a qualified person to conduct the examination at a location within the distance required under subparagraph 2 i or ii, as applicable, the insurer may arrange for the examination to be conducted by a qualified person at a location that is reasonable in the circumstances.
- (10) For the purposes of the examination,
  - (a) the insured person and the insurer shall, within five business days after the day the notice of the examination under subsection (4) or (7) is received by the insured person, provide to the person or persons conducting the examination all reasonably available information and documents that are relevant or necessary for the review of the insured person's medical condition; and
  - (b) if the attendance of the insured person is required at the examination, the insured person shall attend the examination and submit to all reasonable physical, psychological, mental and functional examinations requested by the person or persons conducting the examination.
- (11) Subject to subsection (12), if the insured person complies with subsection (10), the person or persons conducting the examination shall complete the examination, prepare a report of their findings and provide a copy of the report to the insurer in accordance with the following:
  - 1. If the attendance of the insured person was not required for the examination, the examination must be completed and a copy of the report provided to the insurer,
    - i. not more than 10 business days after the day the notice of the examination under subsection (4) was given to the insured person, if the examination relates to whether the insured person has a catastrophic impairment, or
    - ii. not more than five business days after the day the notice of the examination under subsection (4) was given to the insured person, in any other case.
  - 2. If the attendance of the insured person was required at the examination and the examination relates to whether the insured person has sustained a catastrophic impairment or, if the insured person has sustained a catastrophic impairment, relates to whether the insured person is entitled to medical benefits, rehabilitation benefits, specified benefits under section 35 or attendant care benefits,
    - i. the examination must be completed not more than 30 business days after the day the notice relating to the examination was given under subsection (4) or, if a notice was given under subsection (7), 30 business days after the day that notice was given, and
    - ii. a copy of the report of the examination must be given to the insurer not later than 10 business days after the day the examination was completed.
  - 3. If the attendance of the insured person was required at the examination and paragraph 2 does not apply,
    - i. the examination must be completed not more than 10 business days after the day the notice relating to the examination was given under subsection (4) or, if a notice was given under subsection (7), 10 business days after the day that notice was given, and
    - ii. a copy of the report of the examination must be given to the insurer not later than 10 business days after the day the examination was completed.
- (12) If an insured person who failed or refused to comply with subsection (10) subsequently complies, the following rules apply:
  - 1. If the attendance of the insured person was not required for the examination, the examination must be completed and a copy of the report provided to the insurer,
    - i. not more than 10 business days after the day the material required under subsection (10) was provided, if the examination relates to whether the insured person has a catastrophic impairment, or
    - ii. not more than five business days after the day the material required under subsection (10) was provided in any other case.
  - 2. If the attendance of the insured person was required for the examination, a copy of the report of the examination must be given to the insurer not later than 10 business days after the day the examination was completed.
- (13) If the examination relates to a claim for attendant care benefits, the report of the examination must include an assessment of attendant care needs.



## ASSESSMENT OR EXAMINATION AFTER DENIAL OF BENEFITS

42.1 (1) In this section,

“original provider” means, in respect of an insured person, the member of a health profession who, in accordance with this Regulation, approved the treatment plan, prepared the assessment of attendant care needs, completed the disability certificate or prepared the application under section 40, as applicable, that was submitted to the insurer with respect to the insured person.

(2) This section applies in respect of an insured person if the following conditions are satisfied:

1. An examination of the insured person was conducted under section 42 and the insurer gave to the insured person a copy of the report of the examination and the insurer’s determination.
2. The insurer’s determination is,
  - i. that the insured person is not entitled to benefits, if the examination related to a claim for benefits, or
  - ii. that the insured person does not have a catastrophic impairment, if the examination related to an application under section 40.
3. The examination under section 42 was not related to,
  - i. a claim for ancillary goods or services referred to in section 37.2, or
  - ii. an application under section 38.2 for approval for an assessment or examination.
4. The examination under section 42 was not for the purposes of assisting the insurer determine if the insured person has an impairment to which a *Pre-approved Framework Guideline* applies.
5. If the examination under section 42 related to a claim for a specified benefit under section 35, no assessment or examination relating to that benefit has been conducted previously under this section.
6. If the examination under section 42 related to a claim for an attendant care benefits under section 39, no assessment or examination relating to that benefit has been conducted under this section within the previous 12 months.
7. The examination under section 42 was not an examination to which subsection 42 (6) applied.

(3) The insurer shall pay fees in accordance with this section for an assessment or examination of the insured person and for the preparation of a report of the assessment or examination if the following conditions are satisfied:

1. The assessment or examination and the report of the assessment or examination are limited to the portions of the report of the examination under section 42 with which the insured person does not agree and that are relevant to the denial of the claim or application.
2. The assessment or examination is conducted by one or more members of a health profession who are authorized under this section to conduct the assessment or examination.
3. If the insured person has sustained a catastrophic impairment or the examination under section 42 relates to whether the insured person has sustained a catastrophic impairment, the assessment or examination under this section is conducted and the report provided to the insurer not more than 80 business days after the day the insurer gave the insured person notice of its determination.
4. If the insured person has not sustained a catastrophic impairment and the examination under section 42 does not relate to whether the insured person has sustained a catastrophic impairment, the assessment or examination is conducted and the report is provided to the insurer not more than 40 business days after the day the insurer gave the insured person notice of its determination.

(4) Subject to paragraph 2 of subsection (3) and subsections (5) and (6), an assessment or examination under this section must be conducted by the original provider or, if the insured person had more than one original provider, the original provider designated by the insured person.

(5) The assessment or examination under this section may be conducted by any person who is a member of any health profession if,

- (a) the original provider is not a member of the same health profession as the person who conducted the examination under section 42; or
- (b) the original provider is a member of the same health profession as the person who conducted the examination under section 42, but is not legally authorized to practise in the same specialty.

(6) If members of two or more health professions conducted the examination under section 42, the assessment or examination under this section may be conducted by one or more persons other than the original provider.

(7) The assessment or examination under this section shall be limited to an examination of the material provided under subsection 42 (10) to the person who conducted the examination under section 42 if,

- (a) the examination under section 42 was conducted by a person who,
  - (i) is a member of the same health profession as the original provider, and
  - (ii) is legally authorized to practise in the same specialty as the original provider, if the original provider is legally authorized to practise in a specialty;
- (b) the examination under section 42 was limited to an examination of the material provided under subsection 42 (10) to the person who conducted that examination; or
- (c) the assessment or examination relates to a claim for medical benefits or rehabilitation benefits and an assessment or examination of the insured person with respect to the same accident has been conducted under this section within the previous 12 months.

(8) If the insured person does not have a catastrophic impairment and the assessment or examination under this section does not relate to whether the insured person has a catastrophic impairment, the total amount payable for an assessment or examination under this section, for the preparation of the report of the assessment or examination and for any related expenses permitted under section 24 shall not exceed the amount determined as follows:

- 1. If the assessment or examination is limited to, or required by this section to be limited to, an examination of the material provided under subsection 42 (10), the maximum amount payable is \$450.
- 2. If the assessment or examination is not limited to nor required by this section to be limited to an examination of the material provided under subsection 42 (10), the maximum amount payable is,
  - i. \$900 if the assessment or examination is conducted by one or more members of a health profession and at least one of them is a physician who is legally authorized to practise in a medical specialty other than family medicine, or
  - ii. \$775 if the assessment or examination is conducted by one or more members of a health profession and none of them are physicians described in subparagraph i.

(9) Amounts payable under this section shall be paid by the insurer within 30 days after receipt of an invoice for the amounts.

(10) An assessment or examination under this section shall be used only for the purposes of assisting in the resolution of a dispute in accordance with sections 280 to 283 of the Act and the insurer is not required as a result of receiving the report of the assessment or examination to allow any application or pay any benefit that it otherwise would not have allowed or paid.

**22. Clause 43 (13) (a) of the Regulation is amended by striking out “in Form 1”.**

**23. Clauses 47 (1) (d) and (e) of the Regulation are revoked and the following substituted:**

- (d) if, by reason of subsection 41.1 (1), subsection 37 (4), as it read on February 28, 2006, applies, any income replacement benefits, non-earner or caregiver benefits that is paid for the period after the insurer gave notice under subsection 37 (1), as it read on that date, and before the date of the report of the designated assessment centre; or
- (e) fees paid by the insurer that are referred to in paragraph 8 of subsection 24 (1) if the insured person fails, without a reasonable explanation, to attend a designated assessment that has been arranged, or cancels a designated assessment without providing such notice as may be specified in the *Pre-assessment Cancellation Fee Schedule* established by the committee referred to in section 52, as it may be amended from time to time, that he or she will not be attending the designated assessment.

**24. Section 50 of the Regulation is revoked and the following substituted:**

#### MEDIATION PROCEEDINGS

**50.** An insured person shall not commence a mediation proceeding under section 280 of the Act unless,

- (a) the insured person notified the insurer of the circumstances giving rise to a claim for a benefit and submitted an application for the benefit within the times prescribed by this Regulation; and
- (b) the insured person, if he or she was required to undergo a designated assessment under section 43, has undergone the designated assessment and has complied with that section.

**25. Clause 52 (a) of the Regulation is revoked.**

**26. Subsection 55 (5) of the Regulation is amended by striking out “14 days” and substituting “10 business days”.**

**27. Subsection 56 (4) of the Regulation is amended by striking out “14 days” and substituting “10 business days”.**

**28. (1) Subsection 68 (1) of the Regulation is revoked and the following substituted:**

(1) Except as otherwise permitted by this Regulation, all notices required or permitted under this Regulation, other than a notice under subsection 32 (1) or (3.1), shall be in writing.

**(2) Section 68 of the Regulation is amended by adding the following subsections:**

(2.1) For the purposes of clauses (2) (a) and (b), an authorized representative may include, subject to subsection (2.2),

- (a) a member of a health profession if the document is a notice under subsection 38 (5) or (8), 38.2 (4) or (6) or 42 (4) or a report prepared under section 42; or
- (b) a member of a health profession who is a health practitioner if the document is a notice under subsection 37.1 (4) or (5).

(2.2) Subsection (2.1) does not apply unless,

- (a) the insured person is not represented at the relevant time by a solicitor or another authorized representative;
- (b) the insured person gives to the insurer a signed authorization and direction specifying which documents listed in subsection (2.1) that the insurer is authorized and directed to give to the member of the health profession;
- (c) the signed authorization and direction is given to the insurer before the document is given to the member of the health profession; and
- (d) the member of the health profession has agreed to act in accordance with the authorization and direction.

(13) A member of a health profession who receives a document under the authority of subsection (2.1) shall immediately notify the insured person by telephone of the substance of the document and send a copy of the document to the insured person by ordinary mail or fax.

(14) An insurer shall not deliver documents to a member of a health profession in reliance on an authorization under subsection (2.2) unless the documents are expressly specified in the authorization referred to in that subsection.

**29. The Regulation is amended by adding the following section:**

SUBSTITUTE DECISION-MAKERS

**68.1** Any consent, notice or other thing to be given by or to an insured person under this Regulation may be given by or to a person exercising a power of decision on behalf of the insured person under the authority of the *Substitute Decisions Act, 1992* or as authorized under the *Health Care Consent Act, 1996*.

**30. (1) Paragraph 2 of section 69 of the Regulation is revoked and the following substituted:**

- 2. A disability certificate.
- 2.1 A consent under section 32.1.
- 2.2 A notice under subsection 35 (3) or (4).

**(2) Paragraph 4 of section 69 of the Regulation is revoked and the following substituted:**

- 4. A notice under subsection 37.1 (5).

**(3) Section 69 of the Regulation is amended by adding the following paragraphs:**

- 5.1 A notice under subsection 37.2 (2).
- 6.1 A notice under subsection 38 (8).
- 7.1 A notice under subsection 38.2 (6).
- 7.2 A notice under section 39 advising an insured person that the insurer requires him or her to be examined under section 42.
- 10.1 A notice under section 42.

**31. Form 1 of the Regulation is revoked.****32. This Regulation comes into force on March 1, 2006.**

**RÈGLEMENT DE L'ONTARIO 546/05**

pris en application de la

**LOI SUR LES ASSURANCES**pris le 26 octobre 2005  
déposé le 28 octobre 2005modifiant le Règl. de l'Ont. 403/96  
(Annexe sur les indemnités d'accident légales —  
accidents survenus le 1<sup>er</sup> novembre 1996 ou après ce jour)

Remarque : Le Règlement de l'Ontario 403/96 a été modifié antérieurement. Ces modifications sont indiquées dans le [Sommaire de l'historique législatif des règlements](#) qui se trouve sur le site [www.lois-en-ligne.gouv.on.ca](http://www.lois-en-ligne.gouv.on.ca).

**1. (1) La définition de «centre d'évaluation désigné» au paragraphe 2 (1) du Règlement de l'Ontario 403/96 est abrogée et remplacée par ce qui suit :**

«centre d'évaluation désigné» Centre d'évaluation désigné avant le 1<sup>er</sup> janvier 2005 aux termes de l'article 52 tel qu'il existait le 28 février 2006. («designated assessment centre»)

**(2) Le paragraphe 2 (1) du Règlement est modifié par adjonction des définitions suivantes :**

«certificat d'invalidité» À l'égard d'une personne, s'entend du certificat du praticien de la santé de son choix indiquant la cause et la nature de la déficience dont elle souffre et contenant une estimation de la durée de l'invalidité à l'égard de laquelle elle demande ou a demandé une indemnité énoncée au présent règlement. («disability certificate»)

«évaluation des besoins en soins auxiliaires» Évaluation écrite des besoins en soins auxiliaires qui satisfait aux exigences de l'article 39. («assessment of attendant care needs»)

«travailleur social» Membre de l'Ordre des travailleurs sociaux et des techniciens en travail social de l'Ontario qui est titulaire d'un certificat d'inscription de travailleur social délivré aux termes de la *Loi de 1998 sur le travail social et les techniques de travail social*. («social worker»)

**2. L'article 20 du Règlement est modifié par adjonction des paragraphes suivants :**

(2.1) L'assureur peut exiger, aussi souvent que cela est raisonnablement nécessaire, que la personne qui demande ou reçoit une indemnité visée au présent article fournisse un certificat d'invalidité.

(2.2) Dans les 15 jours ouvrables de la réception de la demande de l'assureur, la personne lui fournit un nouveau certificat d'invalidité dûment rempli à une date postérieure à celle de la demande.

(2.3) Si la personne ne se conforme pas au paragraphe (2.2), aucun montant n'est payable au titre des frais d'études engagés inutilement tant qu'elle n'a pas fourni le certificat d'invalidité dûment rempli.

**3. (1) Les paragraphes 24 (1) et (1.1) du Règlement sont abrogés et remplacés par ce qui suit :**

(1) L'assureur paie les frais suivants engagés par la personne assurée ou pour son compte :

1. Les honoraires raisonnables qu'exige un praticien de la santé pour préparer un certificat d'invalidité exigé aux termes de l'article 20, 35 ou 37.
2. Les honoraires qu'exige, conformément à une directive relative à un cadre de traitement préapprouvé, un praticien de la santé pour préparer une formule de confirmation de traitement pour l'application de l'article 37.1.
3. Les honoraires qu'exige, conformément à une directive relative à un cadre de traitement préapprouvé, un membre d'une profession de la santé pour procéder à une évaluation ou à un examen et pour préparer un rapport pour l'application de l'article 37.1.
4. Les honoraires raisonnables qu'exige un praticien de la santé pour examiner et, le cas échéant, approuver un plan de traitement visé à l'article 38.
5. Les honoraires raisonnables qu'exige un membre d'une profession de la santé ou un travailleur social pour préparer une demande d'approbation d'une évaluation ou d'un examen visée à l'article 38.2.
6. Les honoraires raisonnables qu'exige un membre d'une profession de la santé pour préparer une évaluation des besoins en soins auxiliaires visée à l'article 39.
7. Les honoraires raisonnables qu'exige un praticien de la santé pour préparer une demande de détermination de l'existence, chez la personne assurée, d'une déficience invalidante, visée à l'article 40.

8. Les honoraires exigés pour procéder à une évaluation désignée de la personne assurée.
9. Sous réserve du paragraphe 24.1 (2), les honoraires raisonnables qu'exige un membre d'une profession de la santé au titre d'une consultation avec une personne qui procède ou a procédé à l'examen de la personne assurée visé à l'article 42, si les conditions énoncées au paragraphe 24.1 (1) sont remplies.
10. Les honoraires et frais raisonnables conformes à l'article 42.1 qui sont exigés pour l'évaluation ou l'examen de la personne assurée et pour la préparation du rapport d'évaluation ou d'examen.
11. Les honoraires raisonnables, autres que ceux visés à l'une ou l'autre des dispositions 1 à 10, qu'exige un membre d'une profession de la santé ou un travailleur social pour procéder à une évaluation ou à un examen et pour préparer un rapport si l'évaluation ou l'examen est raisonnablement nécessaire dans le cadre d'une demande d'indemnité ou de la préparation d'un plan de traitement, d'un certificat d'invalidité, d'une évaluation des besoins en soins auxiliaires ou d'une demande de détermination de l'existence d'une déficience invalidante et que, selon le cas :
  - i. l'évaluation ou l'examen a trait à des biens ou à des services accessoires visés à l'article 37.2 et est prévu par une formule de confirmation de traitement présentée conformément à l'article 37.1,
  - ii. la personne assurée a demandé l'approbation de l'évaluation ou de l'examen soit dans le cadre d'un plan de traitement visé à l'article 38, soit au moyen d'une demande distincte présentée conformément à l'article 38.2,
  - iii. l'assureur a approuvé les frais ou son approbation n'est pas exigée en raison du paragraphe (1.2).

(1.1) Malgré le paragraphe (1), l'assureur n'est pas tenu de payer l'évaluation ou l'examen visé à la sous-disposition 11 ii du paragraphe (1) si les frais qui s'y rapportent sont engagés, selon le cas :

- a) avant qu'il les approuve;
- b) avant qu'il reçoive le rapport d'examen prévu à l'article 42 s'il exige que la personne assurée se fasse examiner aux termes de cet article;
- c) avant qu'il reçoive le rapport de l'évaluation désignée, dans le cas d'une demande d'approbation d'une évaluation ou d'un examen visée à l'article 38.2 si la personne assurée doit en subir une.

**(2) Les dispositions 2, 3 et 4 du paragraphe 24 (1.2) du Règlement sont abrogées et remplacées par ce qui suit :**

2. Au plus trois évaluations ou examens effectués aux fins de la préparation d'un plan de traitement visé à l'article 38 si la même personne ne procède qu'à une seule évaluation ou à un seul examen et que le coût de chaque évaluation ou examen n'est pas supérieur à 200 \$.
3. Une évaluation ou un examen effectué aux fins de la préparation d'un certificat d'invalidité visé à l'article 20, 35 ou 37 si son coût n'est pas supérieur à 200 \$.

**(3) La disposition 8 du paragraphe 24 (1.2) du Règlement est abrogée.**

**(4) Les paragraphes 24 (1.3), (1.4) et (1.5) du Règlement sont abrogés.**

**4. Le Règlement est modifié par adjonction de l'article suivant :**

**24.1 (1)** Les conditions suivantes doivent être remplies pour l'application de la disposition 9 du paragraphe 24 (1) :

1. Les honoraires de consultation doivent être exigés par l'une des personnes suivantes :
  - i. le praticien de la santé qui a préparé le certificat d'invalidité, si l'examen se rapporte à une demande d'indemnité pour laquelle le présent règlement exige la présentation d'un tel certificat,
  - ii. le praticien de la santé qui a approuvé le plan de traitement, si l'examen se rapporte à une demande d'indemnité pour frais médicaux ou de réadaptation,
  - iii. le membre de la profession de la santé qui a préparé l'évaluation des besoins en soins auxiliaires, si l'examen se rapporte à une demande visée à l'article 39,
  - iv. le praticien de la santé qui a préparé la demande, si l'examen se rapporte à une demande visée à l'article 40 pour aider l'assureur à déterminer si la personne assurée souffre d'une déficience invalidante.
2. La consultation doit être organisée d'un commun accord par la personne qui procède ou a procédé à l'examen visé à l'article 42 et le praticien de la santé ou le membre de la profession de la santé qui y participe.
3. Les honoraires doivent être raisonnables et, sous réserve du paragraphe (2), ne doivent pas être supérieurs au prix normalement exigé pour une consultation professionnelle téléphonique de 30 minutes.

(2) Si une directive fixe un tarif ou un montant de frais maximal applicable à la demande d'indemnité à laquelle se rapportent l'examen visé à l'article 42 et la consultation et que le paiement des honoraires de consultation entraînerait le dépassement de ce tarif ou montant maximal, seule la partie des honoraires n'entraînant pas de dépassement est payée.

**5. (1) Le paragraphe 32 (3.1) du Règlement est modifié par substitution de «10 jours ouvrables» à «14 jours».**

**(2) Le paragraphe 32 (6) du Règlement est abrogé et remplacé par ce qui suit :**

(6) Malgré tout autre délai plus court fixé par le présent règlement, si une personne, sans explication raisonnable, n'avise pas l'assureur comme l'exige le paragraphe (1) dans le délai imparti au paragraphe (1.1), ce dernier peut retarder la détermination de son droit à une indemnité visée à l'article 35, 38, 39 ou 41 et retarder le versement de cette indemnité jusqu'à l'expiration de celui des délais suivants qui se termine le dernier :

- a) 45 jours après celui où il reçoit sa demande;
- b) 10 jours ouvrables après le jour où cette personne se conforme à toute demande qu'il lui adresse aux termes du paragraphe 33 (1) ou (1.1).

**6. Le Règlement est modifié par adjonction de l'article suivant :**

EXAMEN PRÉALABLE À LA DEMANDE D'INDEMNITÉ

**32.1 (1)** Le présent article s'applique si les conditions suivantes sont réunies :

- a) après avoir été admise à l'hôpital ou dans un établissement de soins prolongés à la suite d'un accident, la personne assurée s'y trouve toujours ou a été mise en congé au cours des trois jours précédents;
- b) elle peut avoir droit à une indemnité pour frais médicaux à l'égard d'un appareil ou accessoire fonctionnel visé à l'alinéa 14 (2) f), à une indemnité de réadaptation visée à l'alinéa 15 (5) (i) ou à une indemnité de soins auxiliaires visée à l'article 16;
- c) aucune demande n'a été présentée à l'égard d'une indemnité à laquelle elle peut avoir droit à la suite de l'accident.

(2) L'assureur peut, à la demande de la personne assurée ou avec son consentement, la faire examiner à ses propres frais pour l'aider à déterminer si elle a droit à une indemnité mentionnée à l'alinéa (1) b) qui l'aiderait après sa mise en congé de l'hôpital ou de l'établissement de soins prolongés.

(3) Le ou les membres d'une ou de plusieurs professions de la santé que choisit l'assureur procèdent à l'examen visé au présent article.

(4) L'assureur avise la personne assurée du nom de la ou des personnes qui procèderont à l'examen et en précise la date, l'heure et le lieu.

(5) Avant l'examen, l'assureur obtient le consentement écrit et signé de la personne assurée.

(6) La ou les personnes qui ont procédé à l'examen préparent, dans les cinq jours ouvrables qui suivent, un rapport écrit ainsi que, s'il y a lieu, une évaluation des besoins en soins auxiliaires et en remettent une copie aux personnes suivantes :

- a) l'assureur;
- b) la personne assurée;
- c) le praticien de la santé de la personne assurée, si elle en a un.

(7) L'examen visé au présent article est volontaire, et le fait qu'une personne assurée omette ou refuse d'y consentir ne porte pas atteinte à son droit de présenter une demande d'indemnité ou de recevoir des indemnités à la suite de l'accident.

(8) L'assureur ne doit pas se fonder sur le rapport d'examen prévu au présent article pour déterminer que la personne assurée n'a pas droit à une indemnité prévue par le présent règlement.

**7. Le paragraphe 33 (1) du Règlement est modifié par substitution de «10 jours ouvrables» à «14 jours».**

**8. L'article 34 du Règlement est abrogé.**

**9. L'article 35 du Règlement est abrogé et remplacé par ce qui suit :**

INDEMNITÉ DE REMPLACEMENT DE REVENU, DE PERSONNE SANS REVENU D'EMPLOI OU DE SOIGNANT ET FRAIS DE TRAVAUX MÉNAGERS OU D'ENTRETIEN DU DOMICILE

**35. (1)** La définition qui suit s'applique au présent article et à l'article 37.

«indemnité précisée» Indemnité de remplacement de revenu, de personne sans revenu d'emploi ou de soignant ou paiement des frais engagés pour les travaux ménagers ou les travaux d'entretien du domicile prévu à l'article 22.

(2) La personne assurée qui présente une demande d'indemnité précisée l'accompagne d'un certificat d'invalidité dûment rempli au plus tôt 10 jours ouvrables avant le jour de sa présentation.

(3) Dans les 10 jours ouvrables de la réception de la demande d'indemnité et du certificat d'invalidité dûment rempli, l'assureur prend l'une ou l'autre des mesures suivantes :

- a) il verse l'indemnité précisée;
  - b) il envoie à la personne assurée une demande aux termes du paragraphe 33 (1) ou (1.1);
  - c) il avise la personne assurée qu'il exige qu'elle se fasse examiner aux termes de l'article 42.
- (4) Dans les 10 jours ouvrables qui suivent celui où la personne assurée se conforme à la demande visée au paragraphe 33 (1) ou (1.1) que lui a envoyée l'assureur, celui-ci prend l'une ou l'autre des mesures suivantes :
- a) il verse l'indemnité précisée;
  - b) il avise la personne assurée qu'il exige qu'elle se fasse examiner aux termes de l'article 42.
- (5) Les indemnités de remplacement de revenu, de personne sans revenu d'emploi ou de soignant sont versées au moins une fois toutes les deux semaines, sous réserve de tout versement anticipé de l'indemnité par l'assureur.
- (6) L'assureur peut déterminer qu'une personne assurée n'a pas droit à une indemnité précisée si, selon le cas :
- a) elle a omis ou refusé de présenter le certificat d'invalidité dûment rempli qu'exige le paragraphe (2);
  - b) il a reçu le rapport d'examen prévu à l'article 42, s'il a exigé qu'elle se fasse examiner aux termes de cet article;
  - c) il a droit, en vertu du paragraphe (10), de refuser de verser l'indemnité précisée;
  - d) elle n'a pas droit à l'indemnité précisée pour des motifs n'ayant aucun rapport avec le fait qu'elle souffre ou non d'une déficience lui donnant droit à l'indemnité précisée.
- (7) S'il détermine qu'une personne assurée n'a pas droit à une indemnité précisée en raison de l'alinéa 6 a), c) ou d), l'assureur lui remet une copie de sa décision :
- a) dans les 10 jours ouvrables de la réception de la demande, si elle n'y a pas droit en raison de l'alinéa 6 a) ou d);
  - b) dans les 10 jours ouvrables qui suivent le moment où elle a omis ou refusé de se conformer au paragraphe 42 (10), si elle n'y a pas droit en raison de l'alinéa (6) c).
- (8) Dans les cinq jours ouvrables de la réception du rapport d'examen prévu à l'article 42 qui concerne la personne assurée, l'assureur en remet une copie à celle-ci et au praticien de la santé qui a rempli le certificat d'invalidité accompagnant la demande, en y joignant une copie de sa décision.
- (9) Dans sa décision, l'assureur indique les indemnités précisées et les frais qu'il accepte de payer et ceux qu'il refuse de payer, en donnant les motifs de sa décision.
- (10) Si la personne assurée omet ou refuse de se conformer au paragraphe 42 (10), l'assureur peut :
- a) d'une part, déterminer qu'elle n'a droit à aucune indemnité précisée;
  - b) d'autre part, refuser de verser les indemnités précisées se rapportant à la période qui suit le moment où elle a omis ou refusé de se conformer au paragraphe 42 (10) et qui précède celui où elle se soumet à l'examen ou remet les renseignements et documents qu'exige ce paragraphe.
- (11) Si, par la suite, la personne assurée se conforme au paragraphe 42 (10), l'assureur prend les mesures suivantes :
- a) il réexamine la demande et prend une nouvelle décision aux termes du présent article;
  - b) il verse tous les montants éventuellement retenus pendant la période d'inobservation s'il détermine qu'elle a droit à une indemnité précisée et qu'elle fournit une explication raisonnable de l'inobservation du paragraphe 42 (10) au plus tard le 10<sup>e</sup> jour ouvrable qui suit l'omission ou le refus de s'y conformer ou dès que possible par la suite.
- (12) S'il détermine, après avoir reçu le rapport prévu à l'article 42, que la personne assurée a droit à une indemnité précisée, l'assureur la verse dans les 10 jours ouvrables de la réception du rapport.
- (13) Si la personne assurée ne présente pas de certificat d'invalidité dûment rempli avec sa demande d'indemnité précisée, aucune indemnité précisée n'est payable pendant la période qui suit le jour où l'assureur reçoit la demande et qui précède celui où il reçoit le certificat dûment rempli.
- (14) S'il ne remet pas une copie du rapport d'examen prévu à l'article 42 ou de sa décision à l'égard de la demande d'indemnité au plus tard le 15<sup>e</sup> jour ouvrable qui suit le jour où l'examen a été terminé ou devait, en application de la disposition 2 ou 3 du paragraphe 42 (11), être terminé, l'assureur verse toutes les indemnités précisées auxquelles se rapporte la demande pour la période qui commence ce jour-là et qui se termine le jour où il remet le rapport ou la décision à la personne assurée.

**10. Le paragraphe 36 (3) du Règlement est modifié par substitution de «10 jours ouvrables» à «14 jours».**

**11. L'article 37 du Règlement est abrogé et remplacé par ce qui suit :**

## DÉTERMINATION DU MAINTIEN DU DROIT À UNE INDEMNITÉ PRÉCISÉE

37. (1) L'assureur qui désire déterminer si une personne assurée a toujours droit à une indemnité précisée :
- d'une part, doit lui demander de présenter, dans un délai de 15 jours ouvrables, un nouveau certificat d'invalidité dûment rempli à la date de la demande ou à une date postérieure à celle-ci;
  - d'autre part, peut l'aviser qu'il exige qu'elle se fasse examiner aux termes de l'article 42.
- (2) L'assureur ne doit pas interrompre le versement d'une indemnité précisée à une personne assurée, sauf dans l'un ou l'autre des cas suivants :
- elle omet ou refuse de présenter le certificat d'invalidité dûment rempli comme l'exige l'alinéa (1) a);
  - il a reçu le rapport d'examen prévu à l'article 42, s'il a exigé qu'elle se fasse examiner aux termes de cet article;
  - il peut refuser de verser l'indemnité précisée en vertu du paragraphe (7);
  - elle a repris les fonctions de son emploi d'avant l'accident;
  - il n'est plus tenu de verser l'indemnité précisée en raison de l'alinéa 5 (2) d) ou e), du paragraphe 22 (3) ou 33 (2) ou de l'article 55 ou 56;
  - elle n'a pas droit à l'indemnité précisée pour des motifs n'ayant aucun rapport avec le fait qu'elle souffre ou non d'une déficience lui donnant droit à l'indemnité précisée.
- (3) Si la personne assurée omet de présenter le certificat d'invalidité dûment rempli comme l'exige l'alinéa (1) a), aucune indemnité précisée n'est payable pendant la période qui commence le 15<sup>e</sup> jour ouvrable qui suit le jour où elle reçoit la demande de l'assureur et qui se termine, si elle en présente un par la suite, le jour où il le reçoit.
- (4) S'il détermine que la personne assurée n'a pas droit à une indemnité précisée en raison de l'alinéa (2) a), c), d) e) ou f), l'assureur lui remet une copie de sa décision.
- (5) Dans les cinq jours ouvrables de la réception du rapport d'examen prévu à l'article 42, l'assureur en remet une copie à la personne assurée et au praticien de la santé qui a rempli le certificat d'invalidité, en y joignant une copie de sa décision à l'égard de l'indemnité précisée.
- (6) Dans sa décision, l'assureur précise ce qui suit :
- les indemnités précisées et les frais qu'il accepte de payer;
  - les indemnités précisées et les frais qu'il refuse de payer;
  - les motifs de sa décision;
  - la date à laquelle le versement de l'indemnité précisée sera interrompu, s'il détermine que la personne assurée n'y a pas droit.
- (7) Si la personne assurée omet ou refuse de se conformer au paragraphe 42 (10), l'assureur peut :
- d'une part, déterminer qu'elle n'a plus droit à l'indemnité précisée;
  - d'autre part, malgré le paragraphe (9), refuser de verser les indemnités précisées se rapportant à la période qui suit le moment où elle a omis ou refusé de se conformer au paragraphe 42 (10) et qui précède celui où elle se soumet à l'examen ou remet les renseignements et documents qu'exige ce paragraphe.
- (8) Si, par la suite, la personne assurée se conforme au paragraphe 42 (10), l'assureur prend les mesures suivantes :
- il réexamine son droit à l'indemnité précisée et prend une décision à cet égard;
  - il reprend, sous réserve de sa décision, le versement de l'indemnité précisée;
  - il verse tous les montants éventuellement retenus pendant la période d'inobservation si elle fournit une explication raisonnable de l'inobservation du paragraphe 42 (10) au plus tard le 10<sup>e</sup> jour ouvrable qui suit l'omission ou le refus de s'y conformer ou dès que possible par la suite.
- (9) S'il exige que la personne assurée se fasse examiner aux termes de l'article 42 et qu'il détermine qu'elle n'a pas droit à une indemnité précisée, l'assureur ne doit pas interrompre le versement à moins de lui avoir remis une copie du rapport d'examen et de la décision qu'il a prise en application du présent article.

**12. (1) Le paragraphe 37.1 (8) du Règlement est modifié par adjonction de l'alinéa suivant :**

- soit pour lesquels l'assureur est tenu de payer aux termes du paragraphe 37.2 (9) et qui ont été fournis.

**(2) Le paragraphe 37.1 (13) du Règlement est abrogé.****13. Les paragraphes 37.2 (2), (3), (4) et (5) du Règlement sont abrogés et remplacés par ce qui suit :**



(2) Si une formule de confirmation de traitement visée à l'article 37.1 comprend une demande de règlement à l'égard de biens ou de services accessoires, l'assureur :

- a) d'une part, fait état, dans l'avis qu'exige le paragraphe 37.1 (5), des biens et services accessoires éventuels qu'il accepte de payer;
- b) d'autre part, avise la personne assurée qu'il exige qu'elle se fasse examiner aux termes de l'article 42, s'il n'a pas accepté de payer tous les biens et services accessoires qui sont compris dans la demande de règlement.

(3) L'avis prévu à l'alinéa (2) b) doit être donné à la personne assurée dans les cinq jours ouvrables qui suivent le jour où l'assureur reçoit la formule de confirmation de traitement.

(4) S'il ne se conforme pas aux exigences du paragraphe 37.1 (5) ou du paragraphe (3) du présent article dans le délai qui y est imparti, l'assureur paie tous les biens et services accessoires qui sont fournis suivant la formule de confirmation de traitement.

(5) Dans les cinq jours ouvrables de la réception du rapport d'examen prévu à l'article 42, l'assureur en remet une copie à la personne assurée et au praticien de la santé qui a préparé la formule de confirmation de traitement, en y joignant une copie de sa décision à l'égard du paiement des biens et services accessoires.

(6) Dans sa décision, l'assureur précise les biens et services accessoires qu'il accepte de payer et ceux qu'il refuse de payer, en donnant les motifs de sa décision.

(7) Si la personne assurée omet ou refuse de se conformer au paragraphe 42 (10), l'assureur peut déterminer qu'elle n'a pas droit au paiement des biens et services accessoires auxquels se rapporte l'examen.

(8) Si, par la suite, la personne assurée se conforme au paragraphe 42 (10), l'assureur réexamine sa demande de règlement et prend une décision aux termes du présent article.

(9) S'il ne remet pas une copie du rapport d'examen prévu à l'article 42 ou de sa décision à l'égard de la demande de règlement au plus tard le jour suivant, l'assureur paie tous les biens et services accessoires fournis conformément à la formule de confirmation de traitement :

1. Le 10<sup>e</sup> jour ouvrable qui suit le jour de la remise des renseignements et documents qu'exige le paragraphe 42 (10), si la personne assurée n'était pas tenue de se présenter à l'examen visé à l'article 42.
2. Le 15<sup>e</sup> jour ouvrable qui suit le jour où l'examen a été terminé ou devait, en application de la disposition 2 ou 3 du paragraphe 42 (11), être terminé, si la personne était tenue de s'y présenter.

**14. (1) L'alinéa 38 (1) b) du Règlement est abrogé et remplacé par ce qui suit :**

- b) les demandes d'évaluation ou d'examen qui sont présentées avec un plan de traitement visé au paragraphe (2).

**(2) Le paragraphe 38 (1.1) du Règlement est abrogé et remplacé par ce qui suit :**

(1.1) L'assureur n'est pas tenu de payer, au titre d'une indemnité pour frais médicaux ou de réadaptation, les frais qui ont été engagés avant que la personne assurée présente une demande d'indemnité qui satisfait aux exigences du paragraphe (2) sauf s'il s'agit de frais relatifs à des services d'ambulance ou à d'autres biens ou services fournis en situation d'urgence au plus tard cinq jours ouvrables après l'accident auquel se rapporte la demande d'indemnité.

**(3) L'alinéa 38 (2) a) du Règlement est abrogé et remplacé par ce qui suit :**

- a) un plan de traitement conforme au paragraphe (3) qui est préparé par un membre d'une profession de la santé ou par un travailleur social;

**(4) Le paragraphe 38 (3) du Règlement est modifié par substitution de «de la personne qui l'a préparé » à «du membre d'une profession de la santé qui l'a dressé» dans le passage qui précède l'alinéa a), par substitution de «elle divulgue» à «il divulgue» et de «la place» à «le place» à l'alinéa a), par substitution de «elle indique qu'elle a fait» à «il indique qu'il a fait» à l'alinéa b) et par substitution de «elle divulgue» à «il divulgue» à l'alinéa c).**

**(5) Le paragraphe 38 (3.1) du Règlement est abrogé.**

**(6) Le paragraphe 38 (5) du Règlement est modifié par substitution de «10 jours ouvrables» à «14 jours».**

**(7) Les dispositions 1 et 2 du paragraphe 38 (8) du Règlement sont abrogées et remplacées par ce qui suit :**

1. Un avis qui satisfait aux exigences suivantes :
  - i. il divulgue toute situation de conflit d'intérêts dans laquelle le plan de traitement place l'assureur,
  - ii. il décrit les biens et services éventuels prévus par le plan de traitement que l'assureur accepte de payer,
  - iii. il informe la personne assurée que l'assureur exige qu'elle se fasse examiner aux termes de l'article 42 à l'égard des biens et des services prévus par le plan de traitement qu'il n'a pas accepté de payer, le cas échéant.

2. Un avis qui informe la personne assurée de ce qui suit :

- i. l'assureur croit qu'elle peut souffrir d'une déficience à laquelle s'applique une directive relative à un cadre de traitement préapprouvé,
- ii. l'assureur exige qu'elle se fasse examiner aux termes de l'article 42 pour l'aider à déterminer si elle souffre d'une déficience à laquelle s'applique une directive relative à un cadre de traitement préapprouvé.

**(8) L'alinéa 38 (8.1) a) du Règlement est modifié par substitution de «10 jours ouvrables» à «14 jours».**

**(9) La sous-disposition 1 i du paragraphe 38 (8.2) du Règlement est abrogée et remplacée par ce qui suit :**

- i. d'une part, il ne doit pas considérer que la personne assurée souffre d'une déficience à laquelle s'applique une directive relative à un cadre de traitement préapprouvé,

**(10) La disposition 2 du paragraphe 38 (8.2) du Règlement est abrogée et remplacée par ce qui suit :**

2. Dans le cas de l'avis prévu à la disposition 1 du paragraphe (8), il paie tous les biens et services fournis suivant le plan de traitement qui se rapportent à la période débutant le 11<sup>e</sup> jour ouvrable qui suit le jour où il reçoit la demande et se terminant le jour où il donne l'avis.

**(11) Le paragraphe 38 (9) du Règlement est modifié par substitution de «10 jours ouvrables» à «14 jours».**

**(12) Les paragraphes 38 (12) et (12.1) du Règlement sont abrogés.**

**(13) Les paragraphes 38 (12.2), (12.3), (13), (14), (15) et (18) du Règlement sont abrogés et remplacés par ce qui suit :**

(12.2) Si l'assureur donne l'avis prévu à la disposition 2 du paragraphe (8), la personne assurée peut présenter une formule de confirmation de traitement en vertu de l'article 37.1 et peut, en attendant la décision de l'assureur, recevoir des biens et des services conformément à la directive relative à un cadre de traitement préapprouvé ainsi que les biens et services accessoires qui, selon l'assureur, sont adaptés à sa déficience.

(13) Dans les cinq jours ouvrables de la réception du rapport d'examen prévu à l'article 42, l'assureur en remet une copie à la personne assurée et au praticien de la santé qui a approuvé le plan de traitement, en y joignant une copie de sa décision.

(14) Dans sa décision, l'assureur précise :

- a) les biens et services prévus par le plan de traitement qu'il accepte de payer et ceux qu'il refuse de payer, en donnant les motifs de sa décision, dans le cas où il a donné l'avis prévu à la disposition 1 du paragraphe (8);
- b) s'il a déterminé que la personne assurée souffre d'une déficience à laquelle s'applique une directive relative à un cadre de traitement préapprouvé, en donnant les motifs de sa décision, dans le cas où il a donné l'avis prévu à la disposition 2 du paragraphe (8).

(15) Si la personne assurée omet ou refuse de se conformer au paragraphe 42 (10), l'assureur peut déterminer qu'elle n'a pas droit aux biens et services prévus par le plan de traitement.

(16) Si, par la suite, la personne assurée se conforme au paragraphe 42 (10), l'assureur réexamine sa demande d'indemnité et prend une décision aux termes du présent article.

(17) S'il ne remet pas une copie du rapport d'examen prévu à l'article 42 ou de sa décision à l'égard de la demande d'indemnité au plus tard le jour fixé aux termes du paragraphe (17.1), l'assureur :

- a) d'une part, paie tous les biens et services fournis conformément au plan de traitement pendant la période qui commence ce jour-là et qui se termine le jour où il remet le rapport ou la décision à la personne assurée;
- b) d'autre part, ne doit pas considérer que la personne assurée souffre d'une déficience à laquelle s'applique une directive relative à un cadre de traitement préapprouvé.

(17.1) Pour l'application du paragraphe (17), le jour est le suivant :

1. Le 10<sup>e</sup> jour ouvrable qui suit le jour de la remise des renseignements et documents qu'exige le paragraphe 42 (10), si la personne assurée n'était pas tenue de se présenter à l'examen visé à l'article 42.
2. Le 15<sup>e</sup> jour ouvrable qui suit le jour où l'examen a été terminé ou devait, en application de la disposition 2 ou 3 du paragraphe 42 (11), être terminé, si la personne était tenue de s'y présenter.

(17.2) L'assureur paie, au titre d'une indemnité pour frais médicaux ou de réadaptation, les frais qu'il a accepté de payer ou qu'il est tenu de payer par le présent article dans les 30 jours qui suivent la réception de la facture correspondante.

**(14) Le paragraphe 38 (19) du Règlement est modifié par substitution de «10 jours ouvrables» à «14 jours».**

**15. Le paragraphe 38.1 (4) du Règlement est abrogé et remplacé par ce qui suit :**

(4) Tout membre d'une profession de la santé ou tout travailleur social qui recommande la personne assurée à une autre personne pour l'obtention de biens ou de services à l'égard desquels l'assureur versera une indemnité pour frais médicaux ou de réadaptation aux termes du présent article donne à l'assureur et à la personne assurée un avis écrit divulguant toute situation de conflit d'intérêts dans laquelle le place la fourniture des biens ou des services.

**16. (1) L'intertitre qui précède l'article 38.2 et le paragraphe 38.2 (1) du Règlement sont abrogés et remplacés par ce qui suit :**

DEMANDE D'APPROBATION D'UNE ÉVALUATION OU D'UN EXAMEN

(1) Le présent article s'applique à une demande d'approbation d'une évaluation ou d'un examen de la personne assurée qui est préparée par un membre d'une profession de la santé ou par un travailleur social et qui n'est pas présentée dans le cadre d'un plan de traitement visé à l'article 38.

**(2) Le paragraphe 38.2 (2) du Règlement est modifié par substitution de «du membre d'une profession de la santé ou du travailleur social» à «du membre d'une profession de la santé».**

**(3) Les paragraphes 38.2 (6), (7) et (8) du Règlement sont abrogés et remplacés par ce qui suit :**

(6) S'il n'a pas refusé la demande en vertu du paragraphe (4), l'assureur donne un avis à la personne assurée et à la personne qui l'a préparée :

- a) dans les deux jours ouvrables de sa réception s'il la reçoit avant le 1<sup>er</sup> mars 2006 et que le montant exigé n'est pas supérieur à 180 \$;
- b) dans les cinq jours ouvrables de sa réception s'il la reçoit avant le 1<sup>er</sup> mars 2006 et que le montant exigé est supérieur à 180 \$;
- c) dans les trois jours ouvrables de sa réception s'il la reçoit le 1<sup>er</sup> mars 2006 ou après cette date.

(7) L'avis prévu au paragraphe (6) satisfait aux exigences suivantes :

- a) il indique les évaluations ou les examens figurant dans la demande que l'assureur accepte de payer;
- b) il informe la personne assurée que l'assureur exige qu'elle se fasse examiner aux termes de l'article 42, s'il n'a pas accepté de payer tous les examens et toutes les évaluations visés par la demande;
- c) il divulgue toute situation de conflit d'intérêts dans laquelle toute évaluation ou tout examen visé par la demande place l'assureur.

(8) L'avis qu'exige le paragraphe (6) peut être donné oralement si, dès que possible par la suite, il est confirmé par écrit à toutes les personnes qui l'ont reçu ainsi.

**(4) Le paragraphe 38.2 (13) du Règlement est abrogé et remplacé par ce qui suit :**

(13) Dans les cinq jours ouvrables de la réception du rapport d'examen prévu à l'article 42, l'assureur en remet une copie à la personne assurée et à la personne qui a préparé la demande, en y joignant une copie de sa décision à l'égard de la demande.

(13.1) Dans sa décision, l'assureur précise les évaluations ou les examens qu'il accepte de payer et ceux qu'il refuse de payer, en donnant les motifs de sa décision.

(13.2) Si la personne assurée omet ou refuse de se conformer au paragraphe 42 (10), l'assureur peut déterminer qu'elle n'a pas droit aux frais auxquels se rapporte l'examen.

(13.3) Si, par la suite, la personne assurée se conforme au paragraphe 42 (10), l'assureur réexamine la demande et prend une décision aux termes du présent article.

(13.4) S'il ne remet pas une copie du rapport d'examen prévu à l'article 42 ou de sa décision à l'égard de la demande au plus tard le jour suivant, l'assureur paie toutes les évaluations et tous les examens visés par la demande :

1. Le 10<sup>e</sup> jour ouvrable qui suit le jour de la remise des renseignements et documents qu'exige le paragraphe 42 (10), si la personne assurée n'était pas tenue de se présenter à l'examen visé à l'article 42.
2. Le 15<sup>e</sup> jour ouvrable qui suit le jour où l'examen a été terminé ou devait, en application de la disposition 2 ou 3 du paragraphe 42 (11), être terminé, si la personne était tenue de s'y présenter.

(13.5) L'assureur paie toutes les évaluations et tous les examens qu'il a accepté de payer ou qu'il est tenu de payer par le présent article dans les 30 jours qui suivent la réception de la facture correspondante.

**17. L'article 39 du Règlement est abrogé et remplacé par ce qui suit :**

## INDEMNITÉ DE SOINS AUXILIAIRES

39. (1) La demande d'indemnité de soins auxiliaires qui vise une personne assurée est rédigée sous forme d'une évaluation de ses besoins en soins auxiliaires qu'un membre d'une profession de la santé que la loi autorise à traiter la déficience de la personne prépare et présente à l'assureur.

(2) Dans les 10 jours ouvrables de la réception de l'évaluation des besoins en soins auxiliaires, l'assureur donne à la personne assurée un avis l'informant :

- a) d'une part, des frais éventuels mentionnés dans l'évaluation des besoins en soins auxiliaires que l'assureur accepte de payer;
- b) d'autre part, du fait qu'il exige qu'elle se fasse examiner aux termes de l'article 42, s'il n'accepte pas de payer tous les frais mentionnés dans l'évaluation des besoins en soins auxiliaires.

(3) L'assureur peut payer les frais engagés avant que lui soit présentée une évaluation des besoins en soins auxiliaires conforme au paragraphe (1), mais il n'est pas tenu de le faire.

(4) L'assureur commence à verser l'indemnité de soins auxiliaires dans les 10 jours ouvrables de la réception de l'évaluation des besoins en soins auxiliaires et, en attendant de recevoir le rapport d'un examen visé à l'article 42 qu'il a exigé, il en calcule le montant en se fondant sur l'évaluation.

(5) Afin de déterminer si une personne assurée a toujours droit à une indemnité de soins auxiliaires, si le montant versé est adéquat ou les deux, l'assureur donne à la personne un avis demandant que lui soit présentée, dans les 10 jours ouvrables de la réception de l'avis, une nouvelle évaluation de ses besoins en soins auxiliaires conforme au paragraphe (1).

(6) Sous réserve du paragraphe (10), l'avis prévu au paragraphe (5) peut également informer la personne assurée que l'assureur exige qu'elle se fasse examiner aux termes de l'article 42.

(7) Sous réserve du paragraphe (10), de nouvelles évaluations des besoins en soins auxiliaires peuvent être présentées à l'assureur lorsqu'il se produit des changements susceptibles d'influer sur le montant de l'indemnité.

(8) L'assureur peut donner à la personne assurée un avis l'informant qu'il exige qu'elle se fasse examiner aux termes de l'article 42 s'il ne l'a pas déjà fait et qu'une nouvelle évaluation des besoins en soins auxiliaires indique qu'il convient d'augmenter le montant de l'indemnité de soins auxiliaires.

(9) Si une nouvelle évaluation des besoins en soins auxiliaires est exigée aux termes du paragraphe (5) ou s'il exige un examen visé à l'article 42, l'assureur continue, sous réserve de l'article 18, de verser à la personne assurée l'indemnité de soins auxiliaires au même tarif jusqu'à ce qu'il reçoive l'évaluation ou le rapport d'examen, selon le cas.

(10) Si plus de 104 semaines se sont écoulées depuis l'accident, l'assureur ne doit pas exiger que la personne assurée se fasse examiner aux termes de l'article 42 afin de déterminer si elle a droit à une indemnité de soins auxiliaires et celle-ci ne doit pas lui présenter ni être tenue de lui présenter une évaluation de ses besoins en soins auxiliaires à moins que les conditions suivantes ne soient réunies :

- a) elle a ou peut avoir droit, en vertu de l'article 18, à une indemnité de soins auxiliaires plus de 104 semaines après l'accident;
- b) au moins 52 semaines se sont écoulées depuis le dernier examen visé à l'article 42.

(11) Dans les cinq jours ouvrables de la réception du rapport d'examen prévu à l'article 42, l'assureur en remet une copie à la personne assurée et au membre de la profession de la santé qui a préparé l'évaluation des besoins en soins auxiliaires, en y joignant une copie de sa décision à l'égard de l'indemnité.

(12) Dans sa décision, l'assureur précise l'indemnité et les frais qu'il accepte de payer et ceux qu'il refuse de payer, en donnant les motifs de sa décision.

(13) Si la personne assurée omet ou refuse de se conformer au paragraphe 42 (10), l'assureur peut :

- a) d'une part, déterminer qu'elle n'a pas droit à l'indemnité de soins auxiliaires;
- b) d'autre part, refuser de verser une indemnité de soins auxiliaires se rapportant à la période qui suit le moment où elle a omis ou refusé de se conformer au paragraphe 42 (10) et qui précède celui où elle se soumet à l'examen et remet les renseignements et documents qu'exige ce paragraphe.

(14) Si, par la suite, la personne assurée se conforme au paragraphe 42 (10), l'assureur prend les mesures suivantes :

- a) il réexamine la demande et prend une décision aux termes du présent article;
- b) il reprend, sous réserve de la nouvelle décision, le versement de l'indemnité de soins auxiliaires;
- c) il verse tous les montants éventuellement retenus pendant la période d'inobservation si elle fournit une explication raisonnable de l'inobservation du paragraphe 42 (10) au plus tard le 10<sup>e</sup> jour ouvrable qui suit l'omission ou le refus de s'y conformer ou dès que possible par la suite.

(15) S'il détermine que la personne assurée n'a pas droit, en raison de l'article 18, à une indemnité de soins auxiliaires pour les frais engagés plus de 104 semaines après l'accident, l'assureur lui donne un avis motivé de sa décision, au moins 10 jours ouvrables avant le dernier versement de l'indemnité.

(16) L'évaluation des besoins en soins auxiliaires prévue au présent article qui vise des accidents survenus le 1<sup>er</sup> mars 2006 ou après cette date est rédigée selon la formule intitulée «Évaluation des besoins en soins auxiliaires», datée du 31 décembre 2005, qui se trouve sur le site Web <http://www.fSCO.gov.on.ca/>, et contient les renseignements qui y sont exigés.

(17) L'évaluation des besoins en soins auxiliaires prévue au présent article qui vise des accidents survenus avant le 1<sup>er</sup> mars 2006 est rédigée selon la formule 1, telle qu'elle existait le 28 février 2006.

**18. Les paragraphes 40 (2), (3), (3.1) et (4) du Règlement sont abrogés et remplacés par ce qui suit :**

(2) Dans les 30 jours de la réception de la demande visée au paragraphe (1), l'assureur donne à la personne assurée :

- a) soit un avis l'informant qu'il a déterminé qu'il s'agit d'une déficience invalidante;
- b) soit un avis l'informant qu'il exige qu'elle se fasse examiner aux termes de l'article 42 pour l'aider à déterminer s'il s'agit d'une déficience invalidante.

(3) Si une demande est présentée en vertu du présent article au plus 104 semaines après l'accident et que la personne assurée recevait une indemnité de soins auxiliaires immédiatement avant sa présentation :

- a) d'une part, l'assureur continue de lui verser l'indemnité jusqu'à ce qu'il prenne une décision aux termes du présent article;
- b) d'autre part, l'indemnité versée pour la période visée à l'alinéa a) est calculée en se fondant sur l'hypothèse que la personne assurée souffre d'une déficience invalidante.

(4) Dans les cinq jours ouvrables de la réception du rapport d'examen prévu à l'article 42, l'assureur en remet une copie à la personne assurée et au praticien de la santé qui a préparé la demande visée au présent article, en y joignant une copie de sa décision à l'égard de l'existence ou non d'une déficience invalidante.

(5) Dans sa décision, l'assureur précise les motifs pour lesquels il a déterminé que la personne assurée souffre ou non d'une déficience invalidante.

(6) Si la personne assurée omet ou refuse de se conformer au paragraphe 42 (10), l'assureur peut prendre les mesures suivantes :

- a) déterminer qu'elle ne souffre pas d'une déficience invalidante;
- b) interrompre le versement de toute indemnité qui n'est payable que si elle souffre d'une déficience invalidante;
- c) refuser de verser une indemnité ou de payer des frais qui ne sont payables que si la personne assurée souffre d'une déficience invalidante, en ce qui concerne la période qui suit le moment où elle a omis ou refusé de se conformer au paragraphe 42 (10) et qui précède celui où elle se soumet à l'examen et remet les renseignements et documents qu'exige ce paragraphe.

(7) Si, par la suite, la personne assurée se conforme au paragraphe 42 (10), l'assureur prend les mesures suivantes :

- a) il réexamine la demande et prend une décision aux termes du présent article;
- b) il reprend, sous réserve de sa décision, le versement de toute indemnité qui était versée avant l'examen;
- c) il verse tous les montants éventuellement retenus pendant la période d'observation s'il détermine qu'elle souffre d'une déficience invalidante et qu'elle fournit une explication raisonnable de l'inobservation du paragraphe 42 (10) au plus tard le 10<sup>e</sup> jour ouvrable qui suit l'omission ou le refus de s'y conformer ou dès que possible par la suite.

(8) S'il ne remet pas une copie du rapport d'examen prévu à l'article 42 ou de sa décision à l'égard de la demande au plus tard le jour suivant, l'assureur paie, pour la période qui commence ce jour-là et qui se termine le jour où il lui remet le rapport ou la décision, tous les montants relatifs aux indemnités et aux biens et services auxquels la personne assurée aurait droit si elle souffrait d'une déficience invalidante :

1. Le 15<sup>e</sup> jour ouvrable qui suit le jour de la remise des renseignements et documents qu'exige le paragraphe 42 (10), si la personne assurée n'était pas tenue de se présenter à l'examen visé à l'article 42.
2. Le 15<sup>e</sup> jour ouvrable qui suit le jour où l'examen a été terminé ou devait, en application de la disposition 2 ou 3 du paragraphe 42 (11), être terminé, si la personne était tenue de s'y présenter.

**19. L'article 41 du Règlement est modifié par adjonction du paragraphe suivant :**

(3) Les paragraphes (1) et (2) sont assujettis aux articles 35 et 37 dans le cas d'une indemnité visée à l'article 22.

**20. Le Règlement est modifié par adjonction de l'article suivant :**

RÈGLES TRANSITOIRES — 1<sup>ER</sup> MARS 2006

41.1 (1) Sous réserve du paragraphe (2), les articles 34, 35 et 37, tels qu'ils existaient le 28 février 2006, continuent de s'appliquer à l'égard d'une demande d'indemnité de remplacement de revenu, de personne sans revenu d'emploi ou de soignant présentée par une personne si, aux termes du paragraphe 37 (1), tel qu'il existait le 28 février 2006, l'assureur lui a donné ou était tenu de lui donner un avis à l'égard de la demande avant le 1<sup>er</sup> mars 2006.

(2) L'article 37, tel qu'il existe après le 28 février 2006, s'applique si, après cette date, l'assureur désire déterminer si une personne continue d'avoir droit à une indemnité de remplacement de revenu, de personne sans revenu d'emploi ou de soignant.

(3) Les paragraphes 37.2 (2) à (5), tels qu'ils existaient le 28 février 2006, continuent de s'appliquer à l'égard d'une demande de règlement présentée par une personne assurée à l'égard de biens ou de services accessoires si, aux termes du paragraphe 37.1 (5), tel qu'il existait le 28 février 2006, l'assureur lui a donné ou était tenu de lui donner, avant le 1<sup>er</sup> mars 2006, l'avis prévu à l'article 37.1, tel qu'il existait le 28 février 2006, indiquant qu'il exige qu'elle se fasse évaluer par un centre d'évaluation désigné à l'égard des biens ou des services accessoires qu'il ne paiera pas.

(4) L'article 38, tel qu'il existait le 28 février 2006, continue de s'appliquer à l'égard d'une demande d'indemnité pour frais médicaux et de réadaptation présentée par une personne assurée si, aux termes du paragraphe 38 (8.1), tel qu'il existait le 28 février 2006, l'assureur lui a donné ou était tenu de lui donner, avant le 1<sup>er</sup> mars 2006, l'avis prévu au sous-alinéa 38 (12) b) (ii) ou (12.1) b) (ii), tel qu'il existait le 28 février 2006.

(5) Si, avant le 1<sup>er</sup> mars 2006, une personne assurée a présenté une demande aux termes du paragraphe 38 (3.1), tel qu'il existait le 28 février 2006, le paragraphe 38 (18), tel qu'il existait à cette date, continue de s'appliquer à l'égard de la demande.

(6) Les paragraphes 38.2 (8) et (13), tels qu'ils existaient le 28 février 2006, et les paragraphes 38.2 (9) à (12) et (14) à (16) s'appliquent à l'égard d'une demande d'approbation d'une évaluation ou d'un examen si, aux termes du paragraphe 38.2 (6), tel qu'il existait le 28 février 2006, l'assureur a donné ou était tenu de donner à la personne assurée, avant le 1<sup>er</sup> mars 2006, l'avis prévu au paragraphe 38.2 (6), tel qu'il existait le 28 février 2006, exigeant qu'elle se fasse évaluer par un centre d'évaluation désigné.

(7) L'article 39, tel qu'il existait le 28 février 2006, continue de s'appliquer à une demande d'indemnité de soins auxiliaires présentée par une personne assurée si, aux termes du paragraphe 39 (4), tel qu'il existait le 28 février 2006, l'assureur lui a donné ou était tenu de lui donner, avant le 1<sup>er</sup> mars 2006, l'avis prévu au paragraphe 39 (4), tel qu'il existait le 28 février 2006, exigeant qu'elle se fasse évaluer par un centre d'évaluation désigné.

(8) L'article 39, tel qu'il existait le 28 février 2006, continue de s'appliquer à une demande d'augmentation de l'indemnité de soins auxiliaires si, aux termes du paragraphe 39 (7) ou (8), tel qu'il existait le 28 février 2006, l'assureur a donné ou était tenu de donner à la personne assurée, avant le 1<sup>er</sup> mars 2006, un avis exigeant qu'elle se fasse évaluer par un centre d'évaluation désigné.

(9) L'article 40, tel qu'il existait le 28 février 2006, continue de s'appliquer à une demande de détermination de l'existence d'une déficience invalidante présentée par une personne assurée si, aux termes du paragraphe 40 (2), tel qu'il existait le 28 février 2006, l'assureur lui a donné ou était tenu de lui donner, avant le 1<sup>er</sup> mars 2006, l'avis prévu au paragraphe 40 (2), tel qu'il existait le 28 février 2006, exigeant qu'elle se fasse évaluer par un centre d'évaluation désigné.

(10) Malgré les paragraphes (1) à (9), s'il est impossible de procéder à l'évaluation désignée d'une personne assurée ou de la terminer le 1<sup>er</sup> mars 2006 ou après cette date parce qu'aucun centre d'évaluation désigné ne satisfait aux exigences de l'article 53, l'assureur peut lui donner l'avis prévu au paragraphe 42 (4), tel qu'il existe après le 28 février 2006, exigeant qu'elle se fasse examiner aux termes de l'article 42 à l'égard de la demande, et non pas évaluer par un centre d'évaluation désigné, et les dispositions du présent règlement, telles qu'elles existent après le 28 février 2006, s'appliquent à l'égard du règlement de la demande après la remise de l'avis.

**21. L'article 42 du Règlement est abrogé et remplacé par ce qui suit :**

## EXAMEN EXIGÉ PAR L'ASSUREUR

42. (1) Afin de l'aider à déterminer si la personne assurée a ou continue d'avoir droit à une indemnité prévue au présent règlement qui fait l'objet d'une demande, l'assureur peut, aussi souvent que cela est raisonnablement nécessaire, exiger qu'elle se fasse examiner aux termes du présent article par une ou plusieurs personnes qu'il choisit, chacune étant membre d'une profession de la santé ou travailleur social ou possédant des compétences spécialisées en matière de réadaptation professionnelle.

(2) Le paragraphe (1) ne s'applique pas à l'égard de ce qui suit :

- a) une indemnité à laquelle s'applique l'article 37.1, sauf s'il s'agit d'un montant demandé pour des biens ou des services accessoires visés à l'article 37.2;
- b) une prestation de décès ou une indemnité pour frais funéraires.

(3) Sous réserve du paragraphe (7), les examens suivants qui sont effectués aux termes du présent article se limitent à l'examen des renseignements et documents remis aux termes du paragraphe (10) à l'égard de la personne assurée et ne nécessitent pas sa présence :

1. L'examen effectué pour l'application de l'article 37.2 pour aider l'assureur à déterminer s'il convient de payer les biens ou services accessoires dont la personne assurée demande le paiement.
2. L'examen effectué après la présentation d'une demande visée à l'article 38 pour aider l'assureur à déterminer si la personne assurée souffre d'une déficience à laquelle s'applique une directive relative à un cadre de traitement préapprouvé.
3. L'examen effectué pour l'application de l'article 38 pour aider l'assureur à déterminer s'il convient de payer les biens ou les services prévus par un plan de traitement s'ils sont essentiellement similaires à ceux qu'il a déjà refusé de payer lorsqu'ils figuraient dans un plan de traitement antérieur qui lui avait été présenté pour le compte de la personne assurée à l'égard du même accident.
4. L'examen effectué pour l'application de l'article 38.2 à l'égard d'une demande d'approbation d'une évaluation ou d'un examen.
5. L'examen effectué pour l'application de l'article 40 qui ne vise qu'à déterminer si la personne assurée a une déficience cérébrale qui se traduit par un résultat de 9 ou moins selon la classification appelée «Glasgow Coma Scale» mentionnée au sous-alinéa 2 (1.2) e) (i).

(4) Lorsqu'il exige qu'une personne assurée se fasse examiner aux termes du présent article, l'assureur prend les dispositions nécessaires pour que l'examen soit effectué à ses propres frais et donne à la personne assurée un avis indiquant ce qui suit :

- a) les raisons de l'examen;
- b) le type d'examen, en précisant si la personne assurée est tenue ou non de s'y présenter;
- c) le nom de la ou des personnes qui procéderont à l'examen, les professions de la santé réglementées dont elles sont membres, ainsi que les titres et désignations indiquant, s'il y a lieu, leur spécialisation dans leur profession;
- d) les heure, date et lieu de l'examen, si la personne assurée est tenue de s'y présenter, et, si celui-ci doit prendre plus d'un jour, les mêmes renseignements pour les autres jours.

(5) Si, aux termes du présent règlement, l'assureur a déjà avisé la personne assurée qu'il exige qu'elle se fasse examiner aux termes du présent article, il donne l'avis prévu au paragraphe (4) :

- a) au plus tard deux jours ouvrables après la remise de l'avis précédent si la personne assurée n'est pas tenue de se présenter à l'examen, à moins que celui-ci ne soit effectué pour aider l'assureur à déterminer si elle souffre d'une déficience invalidante;
- b) au plus tard cinq jours ouvrables après la remise de l'avis précédent et, sauf si l'assureur et la personne assurée en conviennent autrement, au moins cinq jours ouvrables avant l'examen, si la personne assurée est tenue de s'y présenter ou qu'il est effectué pour aider l'assureur à déterminer si elle souffre d'une déficience invalidante.

(6) Sauf si un autre article du présent règlement l'autorise à aviser la personne assurée qu'il exige qu'elle se fasse examiner aux termes du présent article, l'assureur lui donne l'avis prévu au paragraphe (4) au moins cinq jours ouvrables avant l'examen, sauf si les deux en conviennent autrement.

(7) Si l'avis prévu au paragraphe (4) indique que la personne assurée n'est pas tenue de se présenter à l'examen et que, par la suite, la personne qui procède à l'examen détermine qu'elle devrait s'y présenter et subir un examen de sa personne, l'assureur donne à la personne assurée, dans les deux jours ouvrables qui suivent le jour de la remise de l'avis prévu au paragraphe (4) et au moins cinq jours ouvrables avant l'examen, un avis indiquant ce qui suit :

- a) le fait que le type d'examen a changé;
- b) le fait qu'elle est tenue de se présenter à l'examen;
- c) les date, heure et lieu de l'examen, et, si celui-ci doit prendre plus d'un jour, les mêmes renseignements pour les autres jours.

(8) L'avis prévu au paragraphe (4) ou (7) peut être donné oralement s'il est confirmé par écrit dès que possible par la suite.

(9) Les règles suivantes s'appliquent si la personne assurée est tenue de se présenter à un examen :

1. L'assureur fait des efforts raisonnables pour fixer le jour et l'heure de l'examen en fonction de ce qui convient à la personne assurée.
2. Sous réserve de la disposition 3 et sauf consentement contraire de la personne assurée, l'examen a lieu à un endroit qui est situé :

- i. dans un rayon de 30 kilomètres de sa résidence, si elle est située dans la cité de Toronto ou dans la municipalité régionale de Durham, de Halton, de Peel ou de York,
- ii. dans un rayon de 50 kilomètres de sa résidence, si elle n'est pas située dans une municipalité visée à la sous-disposition i.

3. Si, après avoir pris des mesures raisonnables, il ne peut faire en sorte qu'une personne compétente procède à l'examen à un endroit situé dans le rayon exigé par la sous-disposition 2 i ou ii, selon le cas, l'assureur peut prendre les dispositions nécessaires pour qu'une personne compétente y procède à un endroit raisonnable dans les circonstances.

(10) Aux fins de l'examen :

- a) d'une part, la personne assurée et l'assureur remettent à la ou aux personnes qui procèdent à l'examen, dans les cinq jours ouvrables qui suivent le jour de la réception de l'avis d'examen prévu au paragraphe (4) ou (7) par la personne assurée, tous les renseignements et documents raisonnablement disponibles qui sont pertinents ou nécessaires pour examiner son état de santé;
- b) d'autre part, si la personne assurée est tenue de se présenter à l'examen, elle le fait et se soumet à tous les examens physiques, psychologiques, mentaux et fonctionnels raisonnables que demandent la ou les personnes qui procèdent à l'examen.

(11) Sous réserve du paragraphe (12), si la personne assurée se conforme au paragraphe (10), la ou les personnes qui procèdent à l'examen le terminent, préparent un rapport sur leurs constatations et en remettent une copie à l'assureur conformément aux dispositions suivantes :

- 1. Si la personne assurée n'était pas tenue de se présenter à l'examen, il est terminé et une copie du rapport est remise à l'assureur :
  - i. au plus tard dix jours ouvrables après le jour de la remise de l'avis d'examen prévu au paragraphe (4) à la personne assurée, si l'examen vise à déterminer si elle souffre d'une déficience invalidante,
  - ii. dans tous les autres cas, au plus tard cinq jours ouvrables après le jour de la remise de l'avis d'examen prévu au paragraphe (4) à la personne assurée.
- 2. Si la personne assurée était tenue de se présenter à l'examen et que celui-ci vise à déterminer si elle souffre d'une déficience invalidante ou, si tel est le cas, si elle a droit à une indemnité pour frais médicaux, à une indemnité de réadaptation, à une indemnité précisée visée à l'article 35 ou à une indemnité de soins auxiliaires :
  - i. d'une part, l'examen est terminé au plus tard 30 jours ouvrables après le jour de la remise de l'avis d'examen prévu au paragraphe (4) ou, en cas d'avis prévu au paragraphe (7), 30 jours ouvrables après le jour de la remise de ce deuxième avis,
  - ii. d'autre part, une copie du rapport d'examen est remise à l'assureur au plus tard 10 jours ouvrables après le jour où l'examen est terminé.
- 3. Si la personne assurée était tenue de se présenter à l'examen et que la disposition 2 ne s'applique pas :
  - i. d'une part, l'examen est terminé au plus tard 10 jours ouvrables après le jour de la remise de l'avis d'examen prévu au paragraphe (4) ou, en cas d'avis prévu au paragraphe (7), 10 jours ouvrables après le jour de la remise de ce deuxième avis,
  - ii. d'autre part, une copie du rapport d'examen est remise à l'assureur au plus tard 10 jours ouvrables après le jour où l'examen est terminé.

(12) Les règles suivantes s'appliquent si la personne assurée qui a omis ou a refusé de se conformer au paragraphe (10) s'y conforme par la suite :

- 1. Si la personne assurée n'était pas tenue de se présenter à l'examen, l'examen est terminé et une copie du rapport est remise à l'assureur :
  - i. au plus tard dix jours ouvrables après le jour de la remise des renseignements et documents qu'exige le paragraphe (10), si l'examen vise à déterminer si la personne assurée souffre d'une déficience invalidante,
  - ii. dans tous les autres cas, au plus tard cinq jours ouvrables après le jour de la remise des renseignements et documents qu'exige le paragraphe (10).
- 2. Si la personne assurée était tenue de se présenter à l'examen, une copie du rapport d'examen est remise à l'assureur au plus tard 10 jours ouvrables après le jour où l'examen est terminé.

(13) Si l'examen se rapporte à une demande d'indemnité de soins auxiliaires, le rapport d'examen comporte une évaluation des besoins en soins auxiliaires.



## ÉVALUATION OU EXAMEN POSTÉRIEUR AU REFUS DE VERSER UNE INDEMNITÉ

42.1 (1) La définition qui suit s'applique au présent article.

«fournisseur initial» À l'égard de la personne assurée, s'entend du membre d'une profession de la santé qui, conformément au présent règlement, a approuvé le plan de traitement, a préparé l'évaluation des besoins en soins auxiliaires, a rempli le certificat d'invalidité ou a préparé la demande visée à l'article 40, selon le cas, qui ont été présentés à l'assureur à son égard.

(2) Le présent article s'applique à l'égard d'une personne assurée si les conditions suivantes sont réunies :

1. Son examen a été effectué aux termes de l'article 42 et l'assureur lui a remis une copie du rapport d'examen et de sa décision.
2. L'assureur a déterminé à l'égard de la personne assurée :
  - i. qu'elle n'a pas droit à l'indemnité, si l'examen se rapportait à une demande d'indemnité,
  - ii. qu'elle ne souffre pas d'une déficience invalidante, si l'examen se rapportait à une demande visée à l'article 40.
3. L'examen visé à l'article 42 ne se rapportait :
  - i. ni à une demande de règlement à l'égard des biens ou des services accessoires visés à l'article 37.2,
  - ii. ni à une demande d'approbation d'une évaluation ou d'un examen visée à l'article 38.2.
4. L'examen visé à l'article 42 n'avait pas pour objet d'aider l'assureur à déterminer si la personne assurée souffre d'une déficience à laquelle s'applique une directive relative à un cadre de traitement préapprouvé.
5. Si l'examen visé à l'article 42 se rapportait à une demande d'indemnité précisée visée à l'article 35, aucune évaluation ni aucun examen se rapportant à cette indemnité n'a déjà été effectué aux termes du présent article.
6. Si l'examen visé à l'article 42 se rapportait à une demande d'indemnité de soins auxiliaires visée à l'article 39, aucune évaluation ni aucun examen se rapportant à cette indemnité n'a été effectué aux termes du présent article au cours des 12 derniers mois.
7. L'examen visé à l'article 42 ne constituait pas un examen auquel s'appliquait le paragraphe 42 (6).

(3) L'assureur verse des honoraires, conformément au présent article, pour l'évaluation ou l'examen de la personne assurée et pour la préparation d'un rapport d'évaluation ou d'examen si les conditions suivantes sont réunies :

1. L'évaluation ou l'examen et le rapport correspondant se limitent aux parties du rapport d'examen prévu à l'article 42 qu'elle n'accepte pas et qui sont liées au refus de la demande d'indemnité ou de la demande.
2. Un ou plusieurs membres d'une profession de la santé qui y sont autorisés par le présent article procèdent à l'évaluation ou à l'examen.
3. Si la personne assurée souffre d'une déficience invalidante ou si l'examen visé à l'article 42 a pour objet de déterminer si elle en souffre, l'évaluation ou l'examen visé au présent article est effectué et le rapport est remis à l'assureur au plus tard 80 jours ouvrables après le jour où l'assureur l'a avisée de sa décision.
4. Si la personne assurée ne souffre pas d'une déficience invalidante et que l'examen visé à l'article 42 n'a pas pour objet de déterminer si elle en souffre, l'évaluation ou l'examen est effectué et le rapport est remis à l'assureur au plus tard 40 jours ouvrables après le jour où l'assureur l'a avisée de sa décision.

(4) Sous réserve de la disposition 2 du paragraphe (3) et des paragraphes (5) et (6), le fournisseur initial ou, si la personne assurée a plusieurs fournisseurs initiaux, celui qu'elle désigne doit procéder à l'évaluation ou à l'examen visé au présent article.

(5) Tout membre d'une profession de la santé peut procéder à l'évaluation ou à l'examen visé au présent article si le fournisseur initial, selon le cas :

- a) n'est pas membre de la même profession de la santé que la personne qui a procédé à l'examen visé à l'article 42;
- b) est membre de la même profession de la santé, mais n'est pas autorisé par la loi à exercer la même spécialité que la personne qui a procédé à l'examen visé à l'article 42.

(6) Si les membres d'au moins deux professions de la santé ont procédé à l'examen visé à l'article 42, une ou plusieurs personnes autres que le fournisseur initial peuvent procéder à l'évaluation ou à l'examen visé au présent article.

(7) L'évaluation ou l'examen visé au présent article se limite à l'examen des renseignements et documents remis aux termes du paragraphe 42 (10) à la personne qui a procédé à l'examen visé à l'article 42, dans l'un ou l'autre des cas suivants :

- a) la personne qui a procédé à l'examen visé à l'article 42 remplit les critères suivants :

- (i) elle est membre de la même profession de la santé que le fournisseur initial,
  - (ii) la loi l'autorise à exercer la même spécialité que le fournisseur initial, si ce dernier est lui-même autorisé par la loi à en exercer une;
- b) l'examen visé à l'article 42 se limitait à l'examen des renseignements et documents remis aux termes du paragraphe 42 (10) à la personne qui y a procédé;
- c) l'évaluation ou l'examen se rapporte à une demande d'indemnité pour frais médicaux ou de réadaptation et une évaluation ou un examen de la personne assurée a déjà été effectué à l'égard du même accident au cours des 12 derniers mois aux termes du présent article.
- (8) Si la personne assurée ne souffre pas d'une déficience invalidante et que l'évaluation ou l'examen visé au présent article n'a pas pour objet de déterminer si elle en souffre, la somme totale qui est payable pour cette évaluation ou cet examen, la préparation du rapport correspondant et tous les frais connexes qui sont autorisés par l'article 24 ne doit pas dépasser la somme calculée de la manière suivante :
- 1. Si l'évaluation ou l'examen se limite, ou doit se limiter aux termes du présent article, à l'examen des renseignements et documents remis aux termes du paragraphe 42 (10), la somme payable maximale est de 450 \$.
  - 2. Si l'évaluation ou l'examen ne se limite pas, et ne doit pas se limiter aux termes du présent article, à l'examen des renseignements et documents remis aux termes du paragraphe 42 (10), la somme payable maximale est :
    - i. de 900 \$, si un ou plusieurs membres d'une profession de la santé dont au moins un médecin que la loi autorise à exercer une spécialité médicale autre que la médecine familiale y procèdent;
    - ii. de 775 \$, si un ou plusieurs membres d'une profession de la santé dont aucun n'est un médecin visé à la sous-disposition i y procèdent.
- (9) L'assureur verse dans les 30 jours de la réception de la facture les sommes payables aux termes du présent article.
- (10) L'évaluation ou l'examen visé au présent article ne sert qu'à faciliter le règlement d'un différend conformément aux articles 280 à 283 de la Loi et l'assureur n'est pas tenu, par suite de la réception du rapport d'évaluation ou d'examen, d'accueillir une demande qu'il n'aurait pas par ailleurs accueillie ou de verser une indemnité qu'il n'aurait pas par ailleurs versée.

**22. L'alinéa 43 (13) a) du Règlement est modifié par suppression de «rédigée selon la formule 1».**

**23. Les alinéas 47 (1) d) et e) du Règlement sont abrogés et remplacés par ce qui suit :**

- d) si, en raison du paragraphe 41.1 (1), le paragraphe 37 (4), tel qu'il existait le 28 février 2006, s'applique, toute indemnité de remplacement de revenu, de personne sans revenu d'emploi ou de soignant qui est versée pour la période qui suit la remise par l'assureur de l'avis prévu au paragraphe 37 (1), tel qu'il existait à cette date, et qui précède la date du rapport du centre d'évaluation désigné;
- e) les honoraires payés par l'assureur qui sont visés à la disposition 8 du paragraphe 24 (1), si la personne assurée, sans explication raisonnable, ne s'est pas présentée à une évaluation désignée prévue ou en annule une sans fournir l'avis que précise le barème des frais d'annulation relatifs à la préévaluation établi par le comité visé à l'article 52, dans ses versions successives, et selon lequel elle ne se présenterait pas à l'évaluation désignée.

**24. L'article 50 du Règlement est abrogé et remplacé par ce qui suit :**

PROCÉDURE DE MÉDIATION

**50.** La personne assurée ne doit pas engager de procédure de médiation en vertu de l'article 280 de la Loi à moins de remplir les conditions suivantes :

- a) elle a avisé l'assureur des circonstances qui ont donné lieu à une demande d'indemnité et en a présenté une dans les délais prescrits par le présent règlement;
- b) si elle devait subir une évaluation désignée visée à l'article 43, elle l'a subie et s'est conformée à cet article.

**25. L'alinéa 52 a) du Règlement est abrogé.**

**26. Le paragraphe 55 (5) du Règlement est modifié par substitution de «10 jours ouvrables» à «14 jours».**

**27. Le paragraphe 56 (4) du Règlement est modifié par substitution de «10 jours ouvrables» à «14 jours».**

**28. (1) Le paragraphe 68 (1) du Règlement est abrogé et remplacé par ce qui suit :**

(1) Sauf dans les cas permis par le présent règlement, les avis qu'il exige ou permet de donner, à l'exception de ceux prévus au paragraphe 32 (1) ou (3.1), se donnent par écrit.

**(2) L'article 68 du Règlement est modifié par adjonction des paragraphes suivants :**

(2.1) Pour l'application des alinéas (2) a) et b), un représentant autorisé peut s'entendre notamment, sous réserve du paragraphe (2.2) :

- a) soit d'un membre d'une profession de la santé si le document est un avis prévu au paragraphe 38 (5) ou (8), 38.2 (4) ou (6) ou 42 (4) ou un rapport préparé aux termes de l'article 42;
- b) soit d'un membre d'une profession de la santé qui est un praticien de la santé si le document est un avis prévu au paragraphe 37.1 (4) ou (5).

(2.2) Le paragraphe (2.1) ne s'applique que si les conditions suivantes sont réunies :

- a) au moment pertinent, la personne assurée n'est pas représentée par un avocat ou un autre représentant autorisé;
- b) la personne assurée remet à l'assureur une autorisation et des instructions signées précisant les documents mentionnés au paragraphe (2.1) qu'elle permet et demande à l'assureur de remettre au membre de la profession de la santé;
- c) l'autorisation et les instructions signées sont remises à l'assureur avant la remise du document au membre de la profession de la santé;
- d) le membre de la profession de la santé a accepté d'agir conformément à l'autorisation et aux instructions.

(13) Le membre d'une profession de la santé qui reçoit un document en vertu du paragraphe (2.1) avise immédiatement la personne assurée par téléphone de la teneur du document et lui en envoie une copie par courrier ordinaire ou par télécopie.

(14) L'assureur ne doit remettre des documents à un membre d'une profession de la santé en se fondant sur une autorisation prévue au paragraphe (2.2) que si ces documents y sont précisés expressément.

**29. Le Règlement est modifié par adjonction de l'article suivant :**

MANDATAIRES SPÉCIAUX

**68.1** Quiconque exerce un pouvoir décisionnel au nom de la personne assurée en vertu de la *Loi de 1992 sur la prise de décisions au nom d'autrui* ou y est autorisé par la *Loi de 1996 sur le consentement aux soins de santé* peut donner ou recevoir un consentement, un avis ou toute autre chose que doit donner la personne assurée ou qui doit lui être donné aux termes du présent règlement.

**30. (1) La disposition 2 de l'article 69 du Règlement est abrogée et remplacée par ce qui suit :**

2. Le certificat d'invalidité.

2.1 Le consentement visé à l'article 32.1.

2.2. L'avis visé au paragraphe 35 (3) ou (4).

**(2) La disposition 4 de l'article 69 du Règlement est abrogée et remplacée par ce qui suit :**

4. L'avis visé au paragraphe 37.1 (5).

**(3) L'article 69 du Règlement est modifié par adjonction des dispositions suivantes :**

5.1 L'avis visé au paragraphe 37.2 (2).

6.1 L'avis visé au paragraphe 38 (8).

7.1 L'avis visé au paragraphe 38.2 (6).

7.2 L'avis visé à l'article 39 informant la personne assurée que l'assureur exige qu'elle se fasse examiner aux termes de l'article 42.

10.1 L'avis visé à l'article 42.

**31. La formule 1 du Règlement est abrogée.**

**32. Le présent règlement entre en vigueur le 1<sup>er</sup> mars 2006.**

**ONTARIO REGULATION 547/05**

made under the

**INSURANCE ACT**

Made: October 26, 2005

Filed: October 28, 2005

Amending O. Reg. 7/00

(Unfair or Deceptive Acts or Practices)

Note: Ontario Regulation 7/00 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. (1) Paragraphs 1, 2, 3, 4 and 5 of subsection 3 (2) of Ontario Regulation 7/00 are revoked and the following substituted:**

1. Charging an amount in consideration for the provision of goods or services to or for the benefit of a person who claims statutory accident benefits or who otherwise claims payment under a contract of insurance, if the goods or services are not provided.
2. Soliciting or demanding a referral fee, directly or indirectly, by or from a person who provides goods or services to or for the benefit of a person who claims statutory accident benefits or who otherwise claims payment under a contract of insurance.
3. Acceptance of a referral fee, directly or indirectly, by or from a person who provides goods or services to or for the benefit of a person who claims statutory accident benefits or who otherwise claims payment under a contract of insurance.
4. The payment of a referral fee, directly or indirectly, to or by a person who provides goods or services to or for the benefit of a person who claims statutory accident benefits or who otherwise claims payment under a contract of insurance.
5. Charging an amount in consideration for the provision of goods or services to or for the benefit of a person who claims statutory accident benefits or who otherwise claims payment under a contract of insurance, where the amount charged unreasonably exceeds the amount charged to other persons for similar goods or services.

**(2) Section 3 of the Regulation is amended by adding the following subsections:**

- (3) For the purposes of paragraphs 1 to 5 of subsection (2), a person who provides goods or services includes,
  - (a) a person who provides towing services or who owns or operates a tow truck;
  - (b) a person engaged in the provision of vehicle repair services; and
  - (c) a person engaged in the provision of automobile storage services.
- (4) For the purposes of paragraphs 1 to 5 of subsection (2), a person who provides goods or services does not include a lawyer acting in the usual course of his or her practice of law.

**2. The Regulation is amended by adding the following section:**

**5.** For the purposes of the definition of “unfair or deceptive acts or practices” in section 438 of the Act, each of the following actions, if done on or after March 1, 2006, is prescribed as an unfair or deceptive act or practice in relation to a claim for statutory accident benefits under the *Statutory Accident Benefits Schedule — Accidents on or after November 1, 1996* (in this section referred to as the *Schedule*):

1. The failure or refusal of an insurer without reasonable cause to pay a claim for goods or services or for the cost of an assessment within the time prescribed for payment in the *Schedule*.
2. The determination by an insurer that a person is not entitled to a statutory accident benefit or that a person does not have a catastrophic impairment if,
  - i. the insurer makes the determination before obtaining a report of an examination in respect of the person under section 42 of the *Schedule*, and
  - ii. the *Schedule* does not authorize the insurer to make the determination without having obtained the report.
3. The making of a statement by or on behalf of an insurer for the purposes of an adjustment or settlement of a claim if the insurer knows or ought to know that the statement misrepresents or unfairly presents the findings or conclusions of a person who conducted an examination under section 42 of the *Schedule*.

4. A requirement by an insurer that an insured person attend for an examination under section 42 of the *Schedule* conducted by a person whom the insurer knows or ought to know is not reasonably qualified by training or experience to conduct the examination.
  5. A requirement by an insurer that an insured person attend for an examination under section 42 of the *Schedule* that the insurer knows or ought to know is not reasonably required for the purposes authorized under the *Schedule*.
  6. The failure of an insurer to obtain the written and signed consent of an insured person in the approved form before a pre-claim examination under section 32.1 of the *Schedule* is conducted in respect of the insured person.
- 3. This Regulation comes into force on the later of March 1, 2006 and the day it is filed.**

## RÈGLEMENT DE L'ONTARIO 547/05

pris en application de la

### LOI SUR LES ASSURANCES

pris le 26 octobre 2005  
déposé le 28 octobre 2005

modifiant le Règl. de l'Ont. 7/00

(Actes ou pratiques malhonnêtes ou mensongers)

Remarque : Le Règlement de l'Ontario 7/00 a été modifié antérieurement. Ces modifications sont indiquées dans le [Sommaire de l'historique législatif des règlements](#) qui se trouve sur le site [www.lois-en-ligne.gouv.on.ca](http://www.lois-en-ligne.gouv.on.ca).

**1. (1) Les dispositions 1, 2, 3, 4 et 5 du paragraphe 3 (2) du Règlement de l'Ontario 7/00 sont abrogées et remplacées par ce qui suit :**

1. La facturation d'un montant en contrepartie de la fourniture de biens ou de services au demandeur d'indemnités d'accident légales ou de tout autre paiement prévu par un contrat d'assurance ou à son profit, si les biens ou services ne sont pas fournis.
2. La sollicitation ou l'exigence, directe ou indirecte, d'une commission pour recommandation par une personne ou auprès d'une personne qui fournit des biens ou des services au demandeur d'indemnités d'accident légales ou de tout autre paiement prévu par un contrat d'assurance ou à son profit.
3. L'acceptation, directe ou indirecte, d'une commission pour recommandation par une personne ou d'une personne qui fournit des biens ou des services au demandeur d'indemnités d'accident légales ou de tout autre paiement prévu par un contrat d'assurance ou à son profit.
4. Le versement, direct ou indirect, d'une commission pour recommandation à une personne ou par une personne qui fournit des biens ou des services au demandeur d'indemnités d'accident légales ou de tout autre paiement prévu par un contrat d'assurance ou à son profit.
5. La facturation d'un montant en contrepartie de la fourniture de biens ou de services au demandeur d'indemnités d'accident légales ou de tout autre paiement prévu par un contrat d'assurance ou à son profit, si le montant facturé est démesurément supérieur au montant facturé à d'autres personnes pour des biens ou services similaires.

**(2) L'article 3 du Règlement est modifié par adjonction des paragraphes suivants :**

(3) Pour l'application des dispositions 1 à 5 du paragraphe (2), les personnes suivantes, entre autres, fournissent des biens ou des services :

- a) celles qui fournissent des services de remorquage, qui sont propriétaires d'une dépanneuse ou qui en conduisent une;
- b) celles qui fournissent des services de réparation de véhicules;
- c) celles qui fournissent des services d'entreposage d'automobiles.

(4) Pour l'application des dispositions 1 à 5 du paragraphe (2), l'avocat agissant dans le cours normal de l'exercice de sa profession est exclu des personnes qui fournissent des biens ou des services.

**2. Le Règlement est modifié par adjonction de l'article suivant :**

5. Pour l'application de la définition de «actes ou pratiques malhonnêtes ou mensongers» à l'article 438 de la Loi, les actes suivants qui sont accomplis le 1<sup>er</sup> mars 2006 ou après ce jour sont prescrits comme des actes ou des pratiques malhonnêtes ou mensongers relativement à une demande d'indemnités d'accident légales présentée aux termes de l'*Annexe sur les indemnités d'accident légales — Accidents survenus le 1<sup>er</sup> novembre 1996 ou après ce jour* (appelée «l'*Annexe*» au présent article) :

1. Le fait que l'assureur omette ou refuse, sans motif raisonnable, de payer une demande d'indemnité au titre de biens ou de services ou du coût d'une évaluation dans le délai prescrit par l'*Annexe*.
2. Le fait que l'assureur détermine qu'une personne n'a pas droit à une indemnité d'accident légale ou ne souffre pas d'une déficience invalidante si :
  - i. d'une part, il prend la décision avant d'obtenir le rapport d'examen prévu à l'article 42 de l'*Annexe* qui la concerne,
  - ii. d'autre part, l'*Annexe* ne l'autorise pas à prendre la décision sans le rapport.
3. Le fait qu'une déclaration soit faite par l'assureur ou pour son compte aux fins de l'évaluation ou du règlement d'une demande d'indemnité s'il sait ou devrait savoir qu'elle présente de manière inexacte ou malhonnête les constatations ou conclusions de la personne qui a procédé à un examen visé à l'article 42 de l'*Annexe*.
4. Le fait que l'assureur exige que la personne assurée se présente à un examen visé à l'article 42 de l'*Annexe*, s'il sait ou devrait savoir que la personne qui y procède n'est pas raisonnablement compétent, de par sa formation ou son expérience, pour ce faire.
5. Le fait que l'assureur exige que la personne assurée se présente à un examen visé à l'article 42 de l'*Annexe* dont il sait ou devrait savoir qu'il n'est pas raisonnablement nécessaire aux fins autorisées par celle-ci.
6. Le fait que l'assureur n'obtienne pas le consentement écrit signé de la personne assurée selon la formule approuvée avant qu'elle subisse l'examen préalable à la demande d'indemnité visé à l'article 32.1 de l'*Annexe*.

3. Le présent règlement entre en vigueur le 1<sup>er</sup> mars 2006 ou, s'il lui est postérieur, le jour de son dépôt.

46/05

## ONTARIO REGULATION 548/05

made under the

### INSURANCE ACT

Made: October 26, 2005

Filed: October 28, 2005

Amending Reg. 664 of R.R.O. 1990  
(Automobile Insurance)

Note: Regulation 664 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. Subsection 12 (2) of Regulation 664 of the Revised Regulations of Ontario, 1990 is amended by adding the following paragraph:**

6. Whether the insured person refused or failed to submit to an examination as required under section 42 of Ontario Regulation 403/96 (Statutory Accident Benefits Schedule — Accidents on or after November 1, 1996) made under the Act or refused or failed to provide any material required to be provided by subsection 42 (10) of that regulation.

**2. The Schedule to the Regulation is amended by adding the following section:**

7. There may be awarded to an insurer the total of all amounts in respect of a claim by an insured person that are included under section 4 of Ontario Regulation 11/01 (Assessment of Expenses and Expenditures) made under the *Financial Services Commission of Ontario Act, 1997* in determining the amount of the insurer's total assessment for arbitrations under section 282 of the Act, total assessment for appeals under section 283 of the Act or total assessment for applications under section 284 of the Act, if the insured person, on or after March 1, 2006,

- (a) refused or failed to submit to an examination relating to the claim under section 42 of Ontario Regulation 403/96 (Statutory Accident Benefits Schedule — Accidents on or after November 1, 1996) made under the Act; or

(b) refused or failed to provide any material relating to the claim that was required to be provided by subsection 42 (10) of that regulation.

**3. This Regulation comes into force on the later of March 1, 2006 and the day it is filed.**

46/05

## ONTARIO REGULATION 549/05

made under the

### EMPLOYMENT STANDARDS ACT, 2000

Made: October 26, 2005

Filed: October 28, 2005

Amending O. Reg. 288/01

(Termination and Severance of Employment)

Note: Ontario Regulation 288/01 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. (1) Paragraph 4 of subsection 2 (1) of Ontario Regulation 288/01 is amended by striking out “Subject to the *Human Rights Code*” at the beginning.**

**(2) Section 2 of the Regulation is amended by adding the following subsection:**

(3) Paragraph 4 of subsection (1) does not apply if the impossibility or frustration is the result of an illness or injury suffered by the employee.

**2. Clause 9 (2) (b) of the Regulation is revoked and the following substituted:**

(b) the impossibility or frustration is the result of an illness or injury suffered by the employee.

## RÈGLEMENT DE L'ONTARIO 549/05

pris en application de la

### LOI DE 2000 SUR LES NORMES D'EMPLOI

pris le 26 octobre 2005

déposé le 28 octobre 2005

modifiant le Règl. de l'Ont. 288/01

(Licenciement et cessation d'emploi)

Remarque : Le Règlement de l'Ontario 288/01 a été modifié antérieurement. Ces modifications sont indiquées dans le [Sommaire de l'historique législatif des règlements](#) qui se trouve sur le site [www.lois-en-ligne.gouv.on.ca](http://www.lois-en-ligne.gouv.on.ca).

**1. (1) La disposition 4 du paragraphe 2 (1) du Règlement de l'Ontario 288/01 est modifiée par suppression de «Sous réserve du *Code des droits de la personne*,» au début de la disposition.**

**(2) L'article 2 du Règlement est modifié par adjonction du paragraphe suivant :**

(3) La disposition 4 du paragraphe (1) ne s'applique pas si le contrat de travail ne peut être exécuté en raison d'une maladie dont l'employé est atteint ou d'une blessure qu'il a subie.

**2. L'alinéa 9 (2) b) du Règlement est abrogé et remplacé par ce qui suit :**

b) le contrat de travail ne peut être exécuté en raison d'une maladie dont l'employé est atteint ou d'une blessure qu'il a subie.

46/05

**ONTARIO REGULATION 550/05**

made under the

**EMPLOYMENT STANDARDS ACT, 2000**

Made: October 26, 2005

Filed: October 28, 2005

Revoking O. Reg. 161/05

(Terms and Conditions of Employment in Defined Industries — Production of Recorded Visual or Audio-Visual Entertainment)

Note: Ontario Regulation 161/05 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. Ontario Regulation 161/05 is revoked.****RÈGLEMENT DE L'ONTARIO 550/05**

pris en application de la

**LOI DE 2000 SUR LES NORMES D'EMPLOI**

pris le 26 octobre 2005

déposé le 28 octobre 2005

abrogeant le Règl. de l'Ont. 161/05

(Conditions d'emploi dans des industries définies — production de divertissements visuels ou audio-visuels enregistrés)

Remarque : Le Règlement de l'Ontario 161/05 a été modifié antérieurement. Ces modifications sont indiquées dans le [Sommaire de l'historique législatif des règlements](#) qui se trouve sur le site [www.lois-en-ligne.gouv.on.ca](http://www.lois-en-ligne.gouv.on.ca).

**1. Le Règlement de l'Ontario 161/05 est abrogé.**

46/05

**ONTARIO REGULATION 551/05**

made under the

**WORKPLACE SAFETY AND INSURANCE ACT, 1997**

Made: September 21, 2005

Approved: October 26, 2005

Filed: October 28, 2005

Amending O. Reg. 175/98

(General)

Note: Ontario Regulation 175/98 has been previously amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. Class I of Schedule 1 to Ontario Regulation 175/98 is amended by revoking paragraph 18 and substituting the following:**

18. Operation of theatres and places for exhibition of moving pictures or television.



Made by:

WORKPLACE SAFETY AND INSURANCE BOARD:

JILL HUTCHEON  
*Interim Chair*

BRENDA ABRAMS  
*Secretary*

Date made: September 21, 2005.

46/05

## ONTARIO REGULATION 552/05

made under the

### EMPLOYMENT STANDARDS ACT, 2000

Made: October 26, 2005  
Filed: October 28, 2005

Amending O. Reg. 285/01  
(Exemptions, Special Rules and Establishment of Minimum Wage)

Note: Ontario Regulation 285/01 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. Section 1 of Ontario Regulation 285/01 is amended by adding the following definition:**

“recorded visual and audio-visual entertainment production industry” means the industry of producing visual or audio-visual recorded entertainment that is intended to be replayed in cinemas or on the Internet, as part of a television broadcast, or on a VCR or DVD player or a similar device, but does not include the industry of producing commercials (other than trailers), video games or educational material; (“industrie de la production de divertissements visuels et audio-visuels enregistrés”)

**2. Subsection 4 (3) of the Regulation is amended by striking out “or” at the end of subclause (a) (vi), by adding “or” at the end of clause (b) and by adding the following clause:**

(c) a person employed in the recorded visual and audio-visual entertainment production industry.

## RÈGLEMENT DE L'ONTARIO 552/05

pris en application de la

### LOI DE 2000 SUR LES NORMES D'EMPLOI

pris le 26 octobre 2005  
déposé le 28 octobre 2005

modifiant le Règl. de l'Ont. 285/01  
(Exemptions, règles spéciales et fixation du salaire minimum)

Remarque : Le Règlement de l'Ontario 285/01 a été modifié antérieurement. Ces modifications sont indiquées dans le [Sommaire de l'historique législatif des règlements](#) qui se trouve sur le site [www.lois-en-ligne.gouv.on.ca](http://www.lois-en-ligne.gouv.on.ca).

**1. L'article 1 du Règlement de l'Ontario 285/01 est modifié par adjonction de la définition suivante :**

«industrie de la production de divertissements visuels et audio-visuels enregistrés» S'entend de l'industrie consistant à produire des divertissements visuels ou audio-visuels enregistrés qui sont destinés à être rejoués dans un cinéma ou sur Internet, dans le cadre d'une émission de télévision ou encore sur un magnétoscope, un lecteur de DVD ou un appareil semblable, mais non de la production de messages publicitaires (à l'exclusion des bandes-annonces), de jeux vidéo ou de matériel didactique. («recorded visual and audio-visual entertainment production industry»)

**2. Le paragraphe 4 (3) du Règlement est modifié par adjonction de l'alinéa suivant :**

- c) la personne employée dans l'industrie de la production de divertissements visuels et audio-visuels enregistrés.

46/05

**ONTARIO REGULATION 553/05**

made under the

**MEDICAL LABORATORY TECHNOLOGY ACT, 1991**

Made: July 15, 2005  
Approved: October 26, 2005  
Filed: October 28, 2005

Amending O. Reg. 207/94  
(General)

Note: Ontario Regulation 207/94 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. Ontario Regulation 207/94 is amended by adding the following Part:**

**PART I  
REGISTRATION**

1. (1) The following are prescribed as classes of certificates of registration:
1. Practising.
  2. Non-practising.
- (2) A certificate of registration shall indicate in which specialties, if any, the member is authorized to practise.
- (3) A certificate of registration shall indicate in which subspecialties, if any, the member is authorized to practise, and in which former specialties and subspecialties, if any, the member is authorized to practise in accordance with sections 9 and 10.
- (4) The specialties, subspecialties and former specialties and subspecialties in laboratory sciences that may be indicated on a certificate of registration under subsections (2) and (3) are listed in Schedule 1.
2. (1) The following are the standards and qualifications for the issuance of a practising certificate of registration:
1. The applicant must submit a completed application form to the Registrar together with the application fee.
  2. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant,
    - i. is mentally competent to practise the profession,
    - ii. will practise the profession with decency, integrity and honesty and in accordance with the law, and
    - iii. can communicate effectively with and will display an appropriate attitude towards patients and colleagues.
  3. The applicant must not have made, by commission or omission, any false or misleading representation or declaration on or in connection with an application.
  4. The applicant must be a Canadian citizen or a permanent resident of Canada or have an authorization under the *Immigration and Refugee Protection Act* (Canada) consistent with the applicant's proposed certificate of registration.
  5. The applicant must have reasonable fluency in either English or French.
  6. The applicant must have satisfied one of the following educational and training requirements:

- i. successful completion of a course of study in medical laboratory technology in a Canadian institution which has been approved by a body or bodies designated by the Council or by the Council itself,
  - ii. possession of a baccalaureate degree from a Canadian university, whose major course content, both lecture and practical, is relevant to medical laboratory technology, and which is approved by the Registration Committee, or
  - iii. possession of education or a mixture of education and experience which is considered by the Registration Committee to be equivalent to that which is described in subparagraph i or ii, and demonstrated by the successful completion of a Prior Learning Assessment which, in the opinion of the Registration Committee, is comprehensive and objective.
7. The applicant must have successfully completed a qualifying examination set or approved by the Registration Committee.
8. The applicant must have satisfied one of the following educational and training requirements:
- i. within the three years preceding the application, active engagement in the practice of medical laboratory technology, which may include time spent as a student, or in the teaching of medical laboratory technology, that demonstrates, in the opinion of the Registration Committee, that he or she could meet the current standards of practice in Ontario, or
  - ii. within the three years preceding the application, successful completion of a refresher course in the relevant specialties in laboratory science approved by the Registration Committee.

(2) Paragraphs 6 and 7 of subsection (1) do not apply where,

- (a) the applicant is recognized as being qualified, without any restrictions other than those related to specialties, to practise medical laboratory technology by the statutory regulator of practitioners of medical laboratory technology in a jurisdiction in Canada in which the practitioners of medical laboratory technology are regulated by statute; and
- (b) the occupational standards and requirements of medical laboratory technology in the jurisdiction referred to in clause (a) are, in the opinion of the Registration Committee, substantially equivalent to those of Ontario.

(3) Where the occupational standards and requirements of medical laboratory technology in the jurisdiction referred to in subsection (2) are not substantially equivalent to those of Ontario, the Registration Committee may permit the applicant to practise with terms, conditions and limitations restricting the applicant's practice to the occupational standards and requirements of medical laboratory technology in the jurisdiction referred to in subsection (2) for a period of up to 14 months to permit the applicant to meet the occupational standards and requirements of medical laboratory technology in Ontario.

**3.** (1) A non-practising certificate of registration shall be issued if the applicant meets the standards and qualifications for a practising certificate of registration under section 2, but is not practising medical laboratory technology in Ontario at the time of application or renewal of membership.

(2) A member who holds a non-practising certificate of registration shall not practise medical laboratory technology.

(3) A member who holds a non-practising certificate of registration shall not be nominated for election to the Council, or for appointment to a Committee.

**4.** A member who holds a non-practising certificate of registration and applies for a practising certificate of registration must satisfy one of the following requirements:

- 1. Within the three years preceding the application, active engagement in the practice of medical laboratory technology, which may include time spent as a student, or in the teaching of medical laboratory technology, that demonstrates, in the opinion of the Registration Committee, that he or she could meet the current standards of practice in Ontario.
- 2. Within the three years preceding the application, successful completion of a refresher course in the relevant specialties in laboratory science approved by the Registration Committee.

**5.** The following are the terms, conditions and limitations of a certificate of registration of any class:

- 1. The member shall within 15 days provide the College with written and, if requested, oral details of any of the following that relate to the member and that occur or arise after the registration of the member:
  - i. a conviction for a criminal offence or an offence relevant to the practice of the profession,
  - ii. a finding of or similar to professional misconduct, incompetence or incapacity in Ontario in relation to another profession or in another jurisdiction in relation to the profession or another profession,
  - iii. the commencement of a proceeding for professional misconduct, incompetency or incapacity, or similar conduct, in Ontario, in relation to another profession or in another jurisdiction in relation to the profession or another profession.
- 2. If the member is authorized to practise in one or more specific specialties, subspecialties or former specialties or subspecialties of medical laboratory technology, the member shall perform only procedures within the specified specialty, specialties, subspecialty, subspecialties, former speciality or former subspecialties, as the case may be.

6. A certificate of registration of any class expires if the member ceases to be a Canadian citizen or a permanent resident of Canada or have an authorization under the *Immigration and Refugee Protection Act* (Canada) consistent with the member's certificate of registration.

7. (1) If the Registrar suspends a member's certificate of registration for failure to pay a prescribed fee, the Registrar shall lift the suspension on the payment of,

- (a) the fee the member failed to pay,
- (b) the fees that would have been payable had the member's certificate not been suspended; and
- (c) any applicable penalties.

(2) The Registrar may waive any of the requirements of subsection (1) in cases of economic hardship.

(3) If the Registrar suspends a member's certificate of registration for failure to pay a prescribed fee and the suspension is not lifted within three years of the commencement of the suspension, the member's certificate of registration shall be revoked.

8. (1) The Registrar shall give a letter verifying a member's credentials to the member upon request by the member and payment of the fee set by the Registrar.

(2) The Registrar shall give a member a replacement for a certificate of registration previously issued by the College if the member requests it and pays the certificate replacement fee set by the Registrar.

9. (1) A member who, immediately before Ontario Regulation 553/05 came into force, was authorized to practise in three or more of the subspecialties of Bacteriology, Mycology, Parasitology or Virology is authorized to practise in the specialty of Microbiology, subject to any applicable terms, conditions or limitations on the prior certificate of registration.

(2) A member who, immediately before Ontario Regulation 553/05 came into force, was authorized to practise in one or two of the subspecialties of Bacteriology, Mycology, Parasitology and Virology is authorized to practise in the specialty of Microbiology, restricted to the subspecialty or subspecialties which formerly constituted the member's specialty, and subject to any applicable terms, conditions or limitations on the prior certificate of registration.

(3) A member who, before Ontario Regulation 553/05 came into force, was authorized to practise in any of the former specialties of Immunology, Immunoassay or Electron Microscopy is authorized to practise in that former specialty, as applicable, subject to any applicable terms, conditions or limitations on the prior certificate of registration.

(4) A member who, before Ontario Regulation 553/05 came into force, was authorized to practise in Immunohematology is authorized to practise in Transfusion Science, subject to any applicable terms, conditions or limitations on the prior certificate of registration.

10. (1) An applicant who otherwise meets the requirements for registration and who is authorized to practise in one or more of the subspecialties of Bacteriology, Mycology, Parasitology and Virology in another jurisdiction in Canada shall be authorized to practise in the specialty of Microbiology restricted to the subspecialty or subspecialties which would have formerly constituted the applicant's specialty or subspecialties.

(2) An applicant who otherwise meets the requirements for registration and who is authorized to practise in any of the former specialties of Immunology, Immunoassay or Electron Microscopy in another jurisdiction in Canada shall be authorized to practise in that former specialty.

(3) An applicant who otherwise meets the requirements for registration and who is authorized to practise in Immunohematology in another jurisdiction in Canada shall be authorized to practise in Transfusion Science.

**2. Subsection 13 (2) of the Regulation is revoked and the following substituted:**

(2) This Part applies only to members who hold a practising certificate of registration.

**3. Section 14 of the Regulation is amended by adding the following subsection:**

(2) It is an act of professional misconduct for a member who holds a practising certificate of registration to fail to complete any requirements of the quality assurance program.

**4. The Regulation is amended by adding the following Schedule:**

SCHEDULE 1

SPECIALTIES

Biochemistry

Cytogenetics

Cytology

Hematology  
Histology  
Microbiology  
Molecular Genetics  
Phlebotomy  
Transfusion Science  
SUBSPECIALTIES OF MICROBIOLOGY  
Bacteriology  
Mycology  
Parasitology  
Virology  
FORMER SPECIALTIES AND SUBSPECIALTIES  
Electron Microscopy  
Immunoassay  
Immunology  
Made by:

COUNCIL OF THE COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO:

PAT MERCURI  
*President*

KATHY WILKIE  
*Registrar and Executive Director*

Date made: July 15, 2005.

46/05

**ONTARIO REGULATION 554/05**  
made under the  
**MEDICAL LABORATORY TECHNOLOGY ACT, 1991**

Made: July 15, 2005  
Approved: October 26, 2005  
Filed: October 28, 2005

Revoking O. Reg. 802/93  
(Registration)

Note: Ontario Regulation 802/93 has previously been amended. Those amendments are listed in the [Table of Regulations – Legislative History Overview](#) which can be found at [www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca).

**1. Ontario Regulation 802/93 is revoked.**

Made by:

COUNCIL OF THE COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO:

PAT MERCURI  
*President*

LYNN YAWNEY  
*Deputy Registrar*

Date made: July 15, 2005.

46/05

NOTE: The Table of Regulations – Legislative History Overview and other tables related to regulations can be found at the e-Laws website ([www.e-Laws.gov.on.ca](http://www.e-Laws.gov.on.ca)) under Tables. Consolidated regulations may also be found at that site by clicking on Statutes and associated Regulations under Consolidated Law.

REMARQUE : On trouve le Sommaire de l'historique législatif des règlements et d'autres tables liées aux règlements sur le site Web Lois-en-ligne ([www.lois-en-ligne.gouv.on.ca](http://www.lois-en-ligne.gouv.on.ca)) en cliquant sur «Tables». On y trouve également les règlements codifiés en cliquant sur le lien Lois et règlements d'application sous la rubrique «Textes législatifs codifiés».

## INDEX 46

GOVERNMENT NOTICES/AVIS DU GOUVERNEMENT		
Proclamation .....		3249
Proclamation .....		3250
Proclamation .....		3251
Proclamation .....		3252
Ontario Highway Transport Board .....		3252
Notice of Default in Complying with the Corporations Tax Act/Avis d'inobservation de la Loi sur l'imposition des corporations .....		3253
Cancellation of Certificates of Incorporation/Annulation de certificats de constitution (Non-respect de la Loi sur l'imposition des corporations) .....		3254
Certificates of Dissolution/Certificats de dissolution .....		3255
Order in Council/Décret .....		3259
Applications to Provincial Parliament — Private Bills Demandes au Parlement provincial — Projets de loi d'intérêt privé .....		3259
Applications to Provincial Parliament .....		3259
CORPORATION NOTICES .....		3260
SHERIFF'S SALES OF LANDS/VENTES DE TERRAINS PAR LE SHÉRIF .....		3260
SALE OF LANDS FOR TAX ARREARS BY PUBLIC TENDER/VENTES DE TERRAINS PAR APPEL D'OFFRES POUR ARRIÈRE D'IMPÔT		
THE CORPORATION OF THE TOWNSHIP OF HURON-KINLOSS .....		3262
THE CORPORATION OF THE TOWNSHIP OF GORDON & ALLAN WEST .....		3262
THE CITY OF HAMILTON .....		3263
THE CORPORATION OF THE TOWNSHIP OF VAL RITA - HARTY .....		3264
CITY OF MISSISSAUGA .....		3264
THE CORPORATION OF THE TOWNSHIP OF MCGARRY .....		3264
THE CORPORATION OF THE CITY OF PORT COLBORNE .....		3265
SALE OF LAND BY PUBLIC AUCTION		
THE CORPORATION OF THE MUNICIPALITY OF CENTRE HASTINGS .....		3266
PUBLICATIONS UNDER THE REGULATIONS ACT/ PUBLICATIONS EN VERTU DE LA LOI SUR LES RÈGLEMENTS		
Drug Interchangeability and Dispensing Fee Act	O. Reg. 545/05 .....	3275
Electricity Act, 1998	O. Reg. 542/05 .....	3271
Electricity Act, 1998	O. Reg. 543/05 .....	3273
Employment Standards Act, 2000	O. Reg. 549/05 .....	3311
Employment Standards Act, 2000	O. Reg. 550/05 .....	3312
Employment Standards Act, 2000	O. Reg. 552/05 .....	3313
Insurance Act	O. Reg. 546/05 .....	3276
Insurance Act	O. Reg. 547/05 .....	3308
Insurance Act	O. Reg. 548/05 .....	3310
Land Registration Reform Act	O. Reg. 540/05 .....	3267
Medical Laboratory Technology Act, 1991	O. Reg. 553/05 .....	3314
Medical Laboratory Technology Act, 1991	O. Reg. 554/05 .....	3317
Ontario Drug Benefit Act	O. Reg. 544/05 .....	3274
Ontario Energy Board Act, 1998	O. Reg. 541/05 .....	3267
Workplace Safety and Insurance Act, 1997	O. Reg. 551/05 .....	3312







## TEXTE D'INFORMATION POUR LA GAZETTE DE L'ONTARIO

### Information

La Gazette de l'Ontario paraît chaque samedi, et les annonces à y insérer doivent parvenir à ses bureaux le jeudi à 15h au plus tard, soit au moins neuf jours avant la parution du numéro dans lequel elles figureront. Pour les semaines incluant le lundi de Pâques, le 11 novembre et les congés statutaires, accordez une journée de surplus. Pour connaître l'horaire entre Noël et le Jour de l'An s'il vous plaît communiquez avec le bureau de La Gazette de l'Ontario au (416) 326-5310 ou par courriel à [GazettePubsOnt@mbs.gov.on.ca](mailto:GazettePubsOnt@mbs.gov.on.ca)

#### Tarifs publicitaires et soumission de format:

- 1) Le tarif publicitaire pour la première insertion envoyée électroniquement est de 75,00\$ par espace-colonne jusqu'à un ¼ de page.
- 2) Pour chaque insertion supplémentaire commandée en même temps que l'insertion initiale, le tarif est 40,00\$
- 3) Les clients peuvent confirmer la publication d'une annonce en visitant le site web de La Gazette de l'Ontario [www.ontariogazette.gov.on.ca](http://www.ontariogazette.gov.on.ca) ou en visionnant une copie imprimée à une bibliothèque locale.

#### Abonnement:

Le tarif d'abonnement annuel est de 126,50\$ + T.P.S. pour 52 ou 53 numéros hebdomadaires débutant le premier samedi du mois de janvier (payable à l'avance) L'inscription d'un nouvel abonnement au courant de l'année sera calculée de façon proportionnelle pour la première année. Un nouvel abonné peut commander des copies d'éditions précédentes de la Gazette au coût d'une copie individuelle si l'inventaire le permet.

Le remboursement pour l'annulation d'abonnement sera calculé de façon proportionnelle à partir de 50% ou moins selon la date. Pour obtenir de l'information sur l'abonnement ou les commandes s.v.p. téléphonez le (416) 326-5306 durant les heures de bureau.

#### Copies individuelles:

Des copies individuelles de la Gazette peuvent être commandées en direct sur POD au site [www.gov.on.ca/MBS/french/publications](http://www.gov.on.ca/MBS/french/publications) ou en téléphonant 1-800-668-9938.

#### Options de paiement:

Les paiements peuvent être effectués au moyen de la carte Visa, MasterCard ou Amex, ou chèques ou mandats fait à l'ordre du MINISTRE DES FINANCES. Toute correspondance, notamment les changements d'adresse, doit être adressée à :

#### LA GAZETTE DE L'ONTARIO

50 rue Grosvenor, Toronto (Ontario) M7A 1N8

Téléphone (416) 326-5306

#### Paiement-Annonces:

Pour le traitement rapide les clients peuvent faire leur paiement au moyen de la carte Visa, MasterCard ou Amex lorsqu'ils soumettent leurs annonces. Les frais peuvent également être facturés.

#### MINISTÈRES DU GOUVERNEMENT DE L'ONTARIO S.V.P. NOTEZ

IFIS a introduit des exigences de procédures de facturation plus rigoureuses et compliquées qui affectent la Gazette et ses clients. S'il vous plaît considérez utiliser une carte d'achat du ministère lorsque vous placez une annonce. Les commandes faites par carte d'achat ne sont pas sujettes aux exigences de facturation d'IFIS et permettront la Gazette d'éviter le retard futur de traitement.

Pour obtenir de l'information sur le paiement par carte d'achat, les types et le placement d'annonces communiquez avec le bureau de la Gazette au (416) 326-5310 ou à [GazettePubsOnt@mbs.gov.on.ca](mailto:GazettePubsOnt@mbs.gov.on.ca)



## INFORMATION TEXT FOR ONTARIO GAZETTE

### Information

The Ontario Gazette is published every Saturday. Advertisements/notices must be received no later than 3 pm on Thursday, 9 days before publication of the issue in which they should appear. For weeks including Easter Monday, November 11th or a statutory holiday allow an extra day. For the Christmas/New Year holiday schedule please contact the Gazette at (416) 326-5310 or by email at [GazettePubsOnt@mbs.gov.on.ca](mailto:GazettePubsOnt@mbs.gov.on.ca)

#### Advertising rates and submission formats:

- 1) For a first insertion electronically submitted the basic rate is \$75 up to ¼ page.
- 2) For subsequent insertions of the same notice ordered at the same time the rate is \$40 each.
- 3) Clients may confirm publication of a notice by visiting The Ontario Gazette web site at: [www.ontariogazette.gov.on.ca](http://www.ontariogazette.gov.on.ca) or by viewing a printed copy at a local library.

#### Subscriptions:

The annual subscription rate is \$126.50 + G.S.T. for 52 or 53 weekly issues beginning the first Saturday in January, payable in advance. In-year new subscriptions will be pro-rated for the first year. A new subscriber may order back issues of the Gazette at the single-copy rate as inventory permits.

Refunds for cancelled subscriptions will be pro-rated from 50% or less depending upon date. For subscription information/orders please call (416) 326-5306 during normal business hours.

#### Single Copies:

Individual Gazette copies may be ordered on-line through POOL at [www.gov.on.ca/MBS/english\(or/french\)/publications](http://www.gov.on.ca/MBS/english(or/french)/publications) or by phone at 1-800-668-9938.

#### Payment Options:

Subscriptions may be paid by VISA, AMEX or MasterCard or by Cheque or Money order payable to THE MINISTER OF FINANCE. All subscription enquiries and correspondence, including address changes, should be mailed to:

#### THE ONTARIO GAZETTE

50 Grosvenor Street, Toronto, Ontario M7A 1N8

Telephone: (416) 326-5306

#### Payment – Notices:

For fastest processing clients may pay by VISA, AMEX or MasterCard when submitting notices. Charges may also be invoiced.

#### ONTARIO GOVERNMENT MINISTRIES PLEASE NOTE:

IFIS requirements have introduced more stringent and complicated billing procedures that affect both the Gazette and its clients. Please consider using a ministry Purchase Card when placing notices – charge card orders are not subject to IFIS requirements, and will allow the Gazette to avoid future processing delays.

For information about P-card payments, valid types of notice and placement P contact the Gazette office at (416) 326-5310 or at [GazettePubsOnt@mbs.gov.on.ca](mailto:GazettePubsOnt@mbs.gov.on.ca)