

**TO: MEMBERS OF THE FACILITY ASSOCIATION**

**ATTENTION: CHIEF EXECUTIVE OFFICER**

**BULLETIN NO.: F17 – 031**

**DATE: MAY 12, 2017**

**SUBJECT: UPDATED RISK SHARING POOL PROCEDURES  
MANUAL**

This is to advise you that Facility Association’s Risk Sharing Pool Procedures Manual has been revised. The revisions are applicable to all jurisdictions unless otherwise noted within the context of the revisions themselves. The amendments were made to reflect new rules, better describe certain procedures already in place and to enhance clarity.

For your ease of reference, we have attached to this bulletin, a document entitled “2017 Summary of Changes Made” which references all changes made to the applicable pages within the Risk Sharing Pool Procedures Manual.

The updated version of the manual is now available on the Facility Association’s website which can be accessed by following the link below:

[Risk Sharing Pool Procedures Manual](#)

Should you require further information, please call Norm Seeney, Vice President, Finance & Member Services at (416) 644-4914.

David J. Simpson, M.B.A., FCIP, C. Dir.  
President & CEO

**FACILITY ASSOCIATION  
RISK SHARING POOL PROCEDURES MANUAL  
SUMMARY OF CHANGES 2017**

Page/Section	Current Wording	Updated Wording
<b>Chapter 1</b>		
Section I – Introduction  Province of Nova Scotia  D. Claims Reporting  Page I-8	<b>The rules for reporting claims to the Risk Sharing Pools (RSP) changed effective July 1st, 2011.</b>  Rule #1: For policies transferred to the Pool all new claims (Paid Losses, Paid Expenses and Reserves) and changes to Paid loss, Expenses and Reserves excluding Salvage Payments must be submitted to the Risk Sharing Pool within 30 days from the date the claim is posted to the members own system. For data corrections to already submitted claims (Paid Losses, Paid Expenses and Reserves) your claim Posted Date would be the submission date.	<b>The rules for reporting claims to the Risk Sharing Pools (RSP) changed effective July 1st, 2011.</b>  Rule #1 – For policies transferred to the pool, all new claims: Paid losses, Paid Expenses and Reserves, along with subsequent transfers/modifications (Paid loss, Paid expense, Salvage refunds, Recoveries and Reserves) must be submitted to the Risk Sharing Pool within 30 days from the date the claim is posted to the members own system. For data corrections to already submitted claims (Paid losses, Paid expenses, Reserves), the Claim transaction date “Posted Date” would be the submission date.
<b>Chapter G</b>		
Glossary of Terms  Claim Posted Date  Page G-2	<b>Claim Posted Date</b>  Claim posted date is the date the transaction was Posted in your system	<b>Claim Transaction Date</b>  Claim transaction date is the date the transaction was Posted in your system
<b>Appendix T3</b>		
Claims Record Page  T3-2	Field Name 16. Claim Posted Date*	Field Name 16. Claim Transaction Date*
<b>Appendix C1</b>		
Definitions of Claim Transfer Fields  Batching of Transaction – Claims  Submission Information  Page C1-3	<b>16. CLAIM POSTED DATE</b>  This is an 8 digit field (CCYMMDD) used to enter the date on which the claim is posted to the member’s own system. All Claim transactions must be submitted within 30 days from Claim Posted Date and the Pool Submission date.	<b>16. CLAIM TRANSACTION DATE</b>  This is an 8 digit field (CCYMMDD) used to enter the date on which the claim is posted to the member’s own system. All Claim transactions must be submitted within 30 days from Claim Transaction Date and the Pool Submission date.

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RISK SHARING POOL PROCEDURES MANUAL  
SUMMARY OF CHANGES 2017**

Rule	Current Wording	Updated Wording
<b>Appendix C2</b>		
Error Codes Page C2-6	FIELD NAME CLAIM POSTED DATE	FIELD NAME CLAIM TRANSACTION DATE
Error Codes Page C2-6	DESCRIPTION  Claim Posted Date is Invalid  The Claim Posted Date must be CCYYMMDD and represent the actual calendar date the claim was posted to the member. The Claim Posted Date cannot be prior to the Loss Date and it cannot be after the Submission Date.  Such date as February 30 is invalid.	DESCRIPTION  Claim Transaction Date is Invalid  The Claim Transaction Date must be CCYYMMDD and represent the actual calendar date the claim was posted to the member. The Claim Transaction Date cannot be prior to the Loss Date and it cannot be after the Submission Date.  Such date as February 30 is invalid.
<b>Appendix C3</b>		
Error Codes Page C3-1	Field Name  Claim Posted Date	Field Name  Claim Transaction Date
<b>Appendix T1</b>		
Premium Record Layout Page T1-4	See pages T1-4 in Risk Sharing Pool Manual	See enclosed document Appendix T1-4 updated (changes highlighted in yellow)
<b>Appendix P1</b>		
Definitions of Risk/Premium Transfer Fields  Batching of Transaction – Premiums  Submission Information  Pages P1-27 to P1-30	See pages P1-27 to P1-30 in Risk Sharing Pool Manual	See enclosed document Appendix P1 updated (changes highlighted in yellow)

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SUMMARY OF CHANGES 2017**

Rule	Current Wording	Updated Wording
<b>Appendix P2</b>		
Error Code 229 Page P2-11	Invalid Medical and Rehabilitation For policies effective on or after September 1, 2010 the Optional Benefits must be:	<b>Invalid Medical and Rehabilitation</b> For policies effective on or after September 1, 2010 and prior to June 1, 2016 the Optional Benefits must be:
Error Code 230 Page P2-11	Invalid Attendant Care For policies effective on or after September 1, 2010 the Optional Benefits must be:	<b>Invalid Attendant Care</b> For policies effective on or after September 1, 2010 and prior to June 1, 2016 the Optional Benefits must be:
Error Code 236 Page P2-12	Optional Accident Benefits, Medical, Rehabilitation and Attendant Care Combination is Invalid For policies effective on or after September 1, 2010 the Optional Benefits Combination must be:	<b>Optional Accident Benefits, Medical, Rehabilitation and Attendant Care Combination is Invalid</b> For policies effective on or after September 1, 2010 and prior to June 1, 2016 the Optional Benefits Combination must be:
Error code 239 Page P2-12	No prior wording	<b>Invalid Medical, Rehabilitation and Attendant Care</b> For policies effective on or after June 1, 2016 the Optional Benefits must be: 0 – Basic 1 – \$130,000 combined limit 2 – \$1,000,000 combined limit
Error Code 240 Page P2-13	No prior wording	<b>Invalid Catastrophic Impairments</b> For policies effective on or after June 1, 2016 the Optional Benefits must be: 0 – Basic Coverage \$1,000,000 1 – Additional \$1,000,000
Error Code 241 Page p2-13	No prior wording	<b>Invalid Discontinued or New Optional Accident Benefits</b> Either discontinued or new Optional Accident Benefits fields can be reported on all policies with a policy effective date of June 1, 2016 until May 31, 2017 in the province of Ontario.

Subject area and Field Name	Type	Size	Format	Applicable to: (ON, AB, NB, NS, All)	New Positions		Old Field Positions							
					All Provinces		AL		NB		NS		ON	
					Start	End	Start	End	Start	End	Start	End	Start	End
47. UA – Uninsured Automobile Premium	NUM	7	SNNNNNN	NB, NS, ON	187	193	N/A	N/A	132	138	120	126	159	165
48. Underinsured Motorist Coverage Code	CHAR	2		All	194	195	109	110	109	110	109	110	109	110
49. For Future Use (blanks)	CHAR	8		All	196	203								
50. Underinsured Motorist Premium	NUM	7	SNNNNNN	All	204	210	111	117	111	117	111	117	111	117
51. Accident Benefits Coverage Code	NUM	2		All	211	212	100	101	100	101	100	101	100	101
52. Accident Benefits Premium	NUM	7	SNNNNNN	All	213	219	102	108	102	108	102	108	102	108
53. Collision/All Perils Coverage Code	CHAR	3		All	220	222	81	82	81	82	81	82	175	177
54. For Future Use (blanks)	CHAR	8		All	223	230								
55. Collision/All Perils Premium	NUM	7	SNNNNNN	All	231	237	83	89	83	89	83	89	83	89
56. Comprehensive/ Specified Perils Coverage code	CHAR	3		All	238	240	90	91	90	91	90	91	178	180
57. For Future Use (blanks)	CHAR	6		All	241	246								
58. Accident Benefits Optional Coverage – Medical & Rehabilitation and Attendant Care	CHAR	1		ON only	247	247								
59. Accident Benefits Optional Coverage – Catastrophic Impairments	CHAR	1		ON only	248	248								
60. Comprehensive/Specified Perils Premium	NUM	7	SNNNNNN	All	249	255	92	98	92	98	92	98	92	98
61. Total Premiums	NUM	7	SNNNNNN	All	256	262	118	124	118	124	127	133	118	124
62. Third Party Liability Bodily Injury –	CHAR	1		ON only	263	263								

Other Deductible Coverages including Disappearing  
 Deductible Coverage and others of a similar nature..... 299

**COMPREHENSIVE/SPECIFIED PERILS COVERAGE CODE - Provinces of  
 Alberta, New Brunswick, Nova Scotia**

A 2 digit field plus a blank (numeric) used to enter the Comprehensive/Specified Perils  
 Coverage Code

**Comprehensive**

\$ 50 deductible..... 82  
 \$ 100 deductible ..... 83  
 \$ 200 deductible ..... 84  
 \$ 250 deductible ..... 85  
 \$ 500 deductible ..... 86  
 \$1000 deductible ..... 87  
 Over \$1000 deductible..... 88  
 Other Deductible Coverages including Disappearing  
 Deductible Coverage and others of a similar nature..... 89

**Specified Perils**

\$ 50 deductible..... 22  
 \$ 100 deductible ..... 23  
 \$ 200 deductible ..... 24  
 \$ 250 deductible ..... 25  
 \$ 500 deductible ..... 26  
 \$1000 deductible ..... 27  
 Over \$1000 deductible..... 28  
 Other Deductible Coverages including Disappearing  
 Deductible Coverage and others of a similar nature..... 29

**#57. FOR FUTURE USE (Use Blanks)**

**#58. MEDICAL, REHABILITATION AND ATTENDANT CARE - ONTARIO**

On or after June 1st, 2016, a 1 digit field (numeric) to indicate if added coverage beyond  
 the basic level as defined in the Automobile Statistical Plan.

Medical & Rehabilitation and Attendant Care	Basic Coverage	0	Basic Coverage \$65,000 combined limit
	Option 1	1	\$130,000 combined limit
	Option 2	2	\$1,000,000 combined limit

**#59. CATASTROPHIC IMPAIRMENTS - ONTARIO**

On or after June 1st, 2016, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in the Automobile Statistical Plan.

Catastrophic Impairments	Basic Coverage	0	Basic Coverage \$1,000,000
	Option 1	1	Additional \$1,000,000

**#60. COMPREHENSIVE/SPECIFIED PERILS PREMIUM**

A 7 digit field (numeric) used to enter the Comprehensive or Specified Perils premium charged for the risk or refunded (in dollars only). For midterm transactions, the premium must be prorated. If the premium is a credit, use a minus (-) sign in the left most position of the field. (The left most position of the field must be (+) for positive or (-) for negative or the entire field should be blank if you are not entering a COMPREHENSIVE/SPECIFIED PERILS PREMIUM).

This premium must include the premium for any endorsement affecting this coverage. Any policy level endorsement affecting this premium must be attached to the vehicle transferred to the Pool and the entire premium charged for the endorsement is to be included. This premium must also exclude any service charges for your monthly payment plan.

**#61. TOTAL PREMIUMS**

A 7 digit field (numeric) in which the total premium is to be entered. This must include all debit and credit premiums entered on this transaction record. (The left most position of the field must be (+) or for positive or (-) for negative or the entire field must be blank if you are not entering a TOTAL PREMIUM). This premium must also exclude any service charges for your monthly payment plan.

**#62. THIRD PARTY BODILY INJURY – OPTIONAL COVERAGE – ONTARIO**

On or after September 1st, 2010, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in the Automobile Statistical Plan.

Bodily Injury	Basic Coverage	0	Added Coverage to Offset Tort Deductible OPCF 48 – not selected
	Optional	1	Add Coverage to Offset Tort Deductible OPCF 48 selected -\$20,000 deductible (not at fault accident victims) \$10,000 deductible (family members under the Family Law Act)

**#63. MEDICAL and REHABILITATION - ONTARIO**

On or after September 1st, 2010 and prior to June 1st, 2016, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in the Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Option 1	1	\$100,000 non-catastrophic
Option 2	2	\$1,100,000 for Medical and Rehabilitation and \$1,072,000 for Attendant Care

**#64. ATTENDANT CARE - ONTARIO**

On or after September 1st, 2010 and prior to June 1st, 2016, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in the Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Option 1	1	\$72,000 non-catastrophic
Option 2	2	\$1,100,000 for Medical and Rehabilitation and \$1,072,000 for Attendant Care

**#65. CAREGIVER, HOUSEKEEPING and HOME MAINTENANCE – ONTARIO**

On or after September 1st, 2010, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Optional (non-catastrophic)	1	Housekeeping and home maintenance up to \$100 per week, Caregiver benefits up to \$250 per week plus \$50 per dependant

**#66. INCOME REPLACEMENT - ONTARIO**

On or after September 1st, 2010, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Option 1	1	Maximum \$600 per week up to 70% of gross income
Option 2	2	Maximum \$800 per week up to 70% of gross income
Option 3	3	Maximum \$1,000 per week up to 70% of gross income



**#67. DEPENDANT CARE – ONTARIO**

On or after September 1st, 2010, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in Automobile Statistical Plan.

Basic Coverage	0	None offered
Optional	1	\$75 per week for the first dependant and \$25 for every additional dependant, up to \$150 per week

**#68. DEATH and FUNERAL – ONTARIO**

On or after September 1st, 2010, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Optional	1	\$50,000 eligible spouse; \$20,000 each dependant; maximum \$8,000 funeral expenses

**#69. INDEXATION – ONTARIO**

On or after September 1st, 2010, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Optional	1	Certain weekly benefit payments and monetary limits will increase on an annual basis to reflect changes in cost of living