

## Self-Assessment Checklist: Do You Need Optional Accident Benefits?

Starting **July 1, 2026**, Ontario is changing auto insurance to give you more flexibility and control over your coverage. This checklist can help you decide which optional benefits may be right for you or others covered under your policy.

### How to use this checklist:

- ✓ Read each set of questions carefully.
- ✓ Check the box if your answer is **"yes"** — leave blank if "no".
- ✓ If you check one or more boxes in a section, that benefit may be worth considering.
- ✓ Speak to your broker to review coverage and learn more about your options.

**Before you begin:** If you have a private or workplace benefits plan, you may already have coverage for some of the following benefits. Review your existing plan before making changes.

<b>1</b>	<b>Income Replacement Benefit</b>
<input type="checkbox"/>	Do you rely on your employment income to support yourself or others?
<input type="checkbox"/>	If you were injured, would you not have access to disability benefits through your employer benefits or private disability insurance?
<b>What it covers:</b> <i>Helps replace income you or another covered person may lose because of an auto accident.</i>	
<b>2</b>	<b>Non-Earner Benefit</b>
<input type="checkbox"/>	Are you a student, unemployed, or retired?
<input type="checkbox"/>	Would an injury affect your ability to live independently or pursue education?
<b>What it covers:</b> <i>If you or another covered person is a student or unemployed and an auto accident keeps you from leading a normal life, this benefit can provide financial support while you recover.</i>	
<b>3</b>	<b>Caregiver Benefit</b>
<input type="checkbox"/>	Are you the primary caregiver for children, aging parents, or disabled family members?
<input type="checkbox"/>	Are you a single parent?
<b>What it covers:</b> <i>Helps cover caregiving expenses if you or another covered person is injured in an auto accident and can no longer provide care for a household member such as a child or aging parent, who needs it.</i>	
<b>4</b>	<b>Lost Educational Expenses</b>
<input type="checkbox"/>	Are you a full- or part-time student?
<b>What it covers:</b> <i>If an auto accident keeps you or another covered person from attending school or an education program, this benefit can help cover the costs you have lost.</i>	

<b>5</b>	<b>Expenses of Visitors Benefit</b>
<input type="checkbox"/>	Do your family members live far away?
<input type="checkbox"/>	Would your family need to visit you if you were seriously injured?
<b>What it covers:</b> <i>Helps cover reasonable and necessary expenses of visitors, such as a sibling or parents, if you or another covered person is injured in an auto accident.</i>	
<b>6</b>	<b>Housekeeping and Home Maintenance Benefit</b>
<input type="checkbox"/>	Would you need to hire someone to take over housekeeping duties if you were injured?
<b>What it covers:</b> <i>Helps cover costs if you or another covered person is unable to perform the housekeeping and home maintenance tasks normally done before an auto accident.</i>	
<b>7</b>	<b>Damage to Personal Items Benefit</b>
<input type="checkbox"/>	Do you regularly carry valuable items such as glasses, hearing aids, or mobility devices?
<input type="checkbox"/>	Would replacing these items be costly if damaged in an accident?
<b>What it covers:</b> <i>Helps cover the cost to repair or replace personal items (e.g., clothing, prescription eyewear, hearing aids, etc.) damaged in an auto accident.</i>	
<b>8</b>	<b>Death Benefit</b>
<input type="checkbox"/>	Would your family need financial support to cover ongoing expenses if you passed away in an auto accident?
<input type="checkbox"/>	Do you lack life insurance or other coverage for funeral expenses?
<b>What it covers:</b> <i>Compensates some family members if you or another covered person die due to an auto accident.</i>	
<b>9</b>	<b>Funeral Benefit</b>
<input type="checkbox"/>	Would your family struggle to cover funeral or burial expenses?
<b>What it covers:</b> <i>Helps cover some funeral costs if you or another covered person die due to an auto accident.</i>	
<b>10</b>	<b>Supplementary Medical, Rehabilitation and Attendant Care Benefits</b>
<input type="checkbox"/>	Do you think the standard coverage for medical, rehabilitation or attendant care may not be enough to meet your needs?
<input type="checkbox"/>	Do you have a high-risk lifestyle, underlying health conditions, or limited access to care through other plans?
<b>What it covers:</b> <i>Helps cover expenses for medical benefits beyond the standard limits.</i>	

<b>11</b>	<b>Dependant Care Benefit</b>
<input type="checkbox"/>	Do you have children or dependants who rely on you for daily care?
<input type="checkbox"/>	Would an injury prevent you from working and caring for your dependants at the same time?
<b>What it covers:</b> <i>Helps cover reasonable and necessary additional expenses associated with caring for dependants such as a child, spouse, or aging parent.</i>	

<b>12</b>	<b>Indexation Benefit</b>
<input type="checkbox"/>	Are you concerned about the cost of living reducing the value of your benefits over time?
<b>What it covers:</b> <i>Helps to ensure that certain weekly payments and monetary limits are adjusted annually to reflect changes in the cost of living.</i>	

**Disclaimer:** *The descriptions of the statutory accident benefits in this document is a summary of Ontario Regulation 34/10 (the "SABS"). Do not rely on this summary alone. For full details, refer to the SABS or speak with your insurer, agent, or broker.*