



**Financial Services  
Commission  
of Ontario**  
5160 Yonge Street  
Box 85  
Toronto ON M2N 6L9

Dispute  
Resolution  
Services

# Response to an Application for Mediation Form B

Mediation file number

An **Application for Mediation** has been filed with the Dispute Resolution Services of the Financial Services Commission of Ontario. You are a party in this application.

## CLAIMANT

<input type="checkbox"/> Mr. Last name		First name		Middle name	
<input type="checkbox"/> Mrs.					
<input type="checkbox"/> Ms.					
Street address				Apt./Unit	
City		Province/State		Postal Code/Zip	
				Country	
Home phone number ( ) ( )		Work phone number ( ) ( )		Ext. Fax number ( ) ( )	
Birth date (yyyy/mm/dd)					
1. What is the best way to reach you? <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> fax <input type="checkbox"/> through my representative			2. Where is the best place to reach you? <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other, specify ► _____		
3. E-mail address (optional)					
4. Is the Claimant under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Or mentally incapable? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If <b>Yes</b> , the person filing the response on behalf of the claimant must also complete <b>Form P - Representing Minors and Mentally Incapable Persons</b> - and sign this response form. Form P is available on the Commission website <a href="http://www.fSCO.gov.on.ca/">http://www.fSCO.gov.on.ca/</a> or by calling the Mediation Inquiries in Toronto at (416) 590-7210, or Toll-Free at 1-800-517-2332, ext. 7210.					

## INSURANCE COMPANY

Company name	
Claim representative name	Insurer's claim number
Policyholder name	Policy number

**RESPONDENT'S REPRESENTATIVE**

<input type="checkbox"/> Mr.	Last name	First name	File reference number
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Title		Firm name	
Street address			Apt./Unit
City	Province/State	Postal Code/Zip	Country
Work phone number	Ext.	Fax number	Email address
(      )		(      )	
The representative is:			
<input type="checkbox"/> Lawyer	Law Society licence number	_____	
<input type="checkbox"/> Licensed paralegal	Law Society licence number	_____	
<input type="checkbox"/> Not required to be licensed	Specify the type of exemption from the list of exemptions recognized in the Law Society's by-laws	_____	

**RESPONSE** Respond to each issue raised in the Application for Mediation and identify any new issues that you wish to raise at mediation.

(Attach extra sheets if necessary.)

 **WEEKLY BENEFITS** **CAREGIVER BENEFITS** **ATTENDANT CARE BENEFITS** **MEDICAL BENEFITS**

**RESPONSE – Continued**

**REHABILITATION BENEFITS**

**CASE MANAGER SERVICES BENEFITS**

**OTHER EXPENSES**

**DEATH BENEFITS**

**FUNERAL EXPENSES**

**OTHER DISPUTES**

**INTEREST**

**DOCUMENT LIST**

**This section MUST be completed**

*(Attach extra sheets if necessary)*

**It is expected that both parties have exchanged key documents prior to filing this Response to an Application for Mediation.**

**Documents -1.** List key documents in your possession which you will refer to in the mediation.

Extra sheets attached

**Documents -2** List key documents not currently in your possession which you intend to get from other sources.

Extra sheets attached

**Personal information requested on this form is collected under the authority of the Insurance Act, R.S.O. 1990, c.1.8 as amended. This information, including documents submitted with this Response form, will be used in the dispute resolution process for accident benefits.**

Name	Title	Signature	Date (yyyy/mm/dd)

When you have completed this form, make **two** copies, keep a copy for yourself, send a copy to the other party in this dispute and send the **original** to:

**Mediation Services  
Dispute Resolution Services  
Financial Services Commission of Ontario  
5160 Yonge Street, 14<sup>th</sup> Floor, Box 85  
Toronto, ON M2N 6L9**

**If you have any questions about this form, or want more information, contact:**

**Mediation Inquiries: In Toronto at: 416-590-7210 or Toll Free: 1-800-517-2332, ext. 7210 Fax: 416-590-7077**

**FSCO website: [www.fSCO.gov.on.ca](http://www.fSCO.gov.on.ca)**