Sample - 2026 Service Provider Annual Information Return (AIR)

Please note this sample is for reference only. It may be slightly different than the AIR you see when you log in to FSRA Account.

	Step 1 of 8 – Introduction
1	Welcome to the 2026 Annual Information Return (AIR). The Financial Services Regulatory Authority of Ontario (FSRA) uses the information you provide in the AIR to help identify, assess and monitor risk in the service provider sector, and to calculate annual regulatory fees. **The deadline to file the AIR and pay the fee is March 31, 2027.** You can file anytime until March 31, 2027**. At a minimum, please review Steps 1 and 2 as soon as possible, as you may be required to update information or have questions that may take several business days to respond.** The reporting period is January 1 to December 31, 2026. You must file the AIR even if you did not conduct any business during the reporting period. **BEFORE YOU PROCEED** • **Only the Principal Representative of the licensed service provider can attest to the information in the AIR.** • If the AIR is not filed and the fee is not paid by March 31, 2027, **FSRA may immediately suspend or revoke your service provider licence***.* You may also be subject to an **administrative monetary penalty.** Any missed deadline will be noted on your file, which may increase the level of future enforcement action taken by the regulator. Throughout this document, unless otherwise specified, “you” refers both to: • the licensed business on whose behalf you are completing this AIR, and • you as the Principal Representative. **WHAT YOU NEED TO FILE THE AIR** Recommended computer requirements include: • A secure, high speed internet connection via cable, DSL or wireless access • The AIR is best viewed on desktop using Edge or Chrome. • AIR filing will not work on mobile devices • Browser JavaScript (Enabled) • Browser pop-ups (Enabled) • Browser 128 Bit encryption (Enabled) • Adobe Acrobat Reader

Legend:

More information is available on FSRA's website.

Other Requirements

- Information from the previous calendar year (January 1 to December 31, 2026): Number of business locations and number of Statutory Accident Benefit Schedule (SABS) claimants.

- **Note:** These are required to calculate your annual regulatory fee. Valid forms of payment are as follows:

    - For regulatory fees under $5,000, a valid VISA, MasterCard, or debit card must be used.
    - Regulatory fees of $5,000 or more can only be paid by:
        - A certified cheque or money order payable to "*FSRA*", or to the "*Financial Services Regulatory Authority of Ontario"* **(mailed by March 15, 2027** in order to be received on or before March 31);
        - For any inquiries regarding payment, you may email Finance@fsrao.ca

Please note: Consistent with FSRA's role in promoting high standards of business conduct and protecting the rights and interests of consumers pursuant to s.3 (2) of the Financial Services Regulatory Authority of Ontario Act, 2016, FSRA collaborates with other organizations, including fraud prevention organizations and law enforcement agencies, to help combat fraud. Please be advised that the information you provide in this AIR may be shared with organizations that may collect and use this information, only as reasonably necessary, to enable them to carry out the purposes of detecting, suppressing and preventing fraud.

READY TO FILE THE AIR?

The AIR will take you around **30-60 minutes** to file. However**, you can save your work at any time and come back to it later.**

If you have finished reading Step 1, please confirm your agreement with the following to proceed to Step 2:

I, Principal Representative of the licence number indicated below, confirm that the information that will be provided in this Annual Information Return will be true to the best of my knowledge and belief.

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	Step 2 of 8 – Confirm licence information
2	Please review the following information about your licence. **If any information has changed and was not reported, you will not be able to proceed with your AIR:** • Please click on the link to proceed to the supplementary change application. • You will only be able to proceed with the AIR once you have been notified through the FSRA account that the change application has been processed. • Licence number • Business legal name • Business ownership type • Ontario mailing address • Principal Representative • Principal Representative email • All Directors/Officers/Partners of the business • Registered trade names Review completed – proceed

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	Step 3 of 8 – Confirm/edit licence information
3	Please identify whether the following information is correct or incorrect, and add new information if required. • Principal Representative phone number • Principal Representative fax number • Principal Representative belongs to the following Regulatory Colleges (Regulated Healthcare Professional governed by a College under the *Regulated Health Professions Act, 1991* or the Ontario College of Social Workers and Social Service Workers under the *Social Work and Social Service Work Act, 1998*) as at December 31 **Articles of Incorporation** Have any changes been made to the business' Articles of Incorporation since the last time they were provided to FSRA? ▢ Yes ▢ No If yes, please provide details of the change(s) to the Articles of Incorporation: _____

Legend:

	Step 4 of 8 – Business information
4	Please review and update if necessary.
4.1	**Franchise** Business has been granted a licence to do business under a franchisor's trademark: ▢ Yes ▢ No Enter franchise name: _____
4.2	**Business – owners** Please indicate the total number of owners of the business, including any Directors or Officers who are also owners, within the reporting period (January 1 to December 31, 2026): ▢ 1 to 5: ▢ More than 5: ▢ N/A – Business is a non-profit / public hospital / public corporation / registered charity Within the reporting period (January 1 to December 31, 2026), were there interested parties[1] of the business, other than Directors or Officers of the business? ▢ Yes ▢ No Please list the interested parties who were **not** Directors or Officers of the business. If there are more than 5, please list only the top 5 owners, based on the greatest percentage of ownership.

Name:	Phone number:	Regulatory college (if applicable):	Relationship to the Principal Representative (Family, Business Partner, Friend, Other etc. – If Other expand)

▢ No – There are no other interested parties
▢ N/A – Business is a non-profit / public hospital / public corporation / registered charity
▢ N/A – Other – Provide details:

[1] As defined in s. 2(2) of Ont. Reg. 348/13.

Legend:

4.3	**Preferred Provider Network** Was the business a participant of a Preferred Provider Network (PPN) during the reporting period? (Relative only to treatment provided under the SABS) ▢ Yes ▢ No If yes, please indicate the insurers with whom you have a PPN agreement. Note: Preferred Provider Networks (PPNs) consist of groups of insurer-selected healthcare providers who deliver programs of care to claimants who have sustained certain types of injuries in a motor vehicle accident. For further information please review Best Practices for Preferred Provider Networks (PPNs)
4.3A	Does the business refer PPN claimant care to other service providers? (i.e. independent affiliate clinics) If yes, please indicate the service providers with whom you have a referral arrangement with.
4.3B	What percentage of the service provider's total SABS revenue derived from a PPN agreement (Non Insurer-Initiated Examinations) during this reporting period? ▢ No SABS revenue was derived from a PPN agreement ▢ 1% - 20% ▢ 21% - 50% ▢ 51% - 70% ▢ 71% - 100%

Legend:

4.4 **Insurer-Initiated Examinations**

Was the business a provider of Insurer-Initiated Examinations (IEs) during the reporting period?

▢ Yes
▢ No

If Yes, please indicate the insurers for whom you provide Insurer-Initiated Examinations.

Note: Insurer-Initiated Examinations (IEs) are examinations required by the insurer for the purposes of assisting an insurer to determine if an insured person is or continues to be entitled to a benefit under s. 44 of O. Reg 34/10.

4.4A What percentage of the service provider's total SABS revenue derived from Insurer-Initiated Examinations during this reporting period?

▢ No SABS revenue was derived from Insurer-Initiated Examinations
▢ 1% - 20%
▢ 21% - 50%
▢ 51% - 70%
▢ 71% - 100%

4.5 **Total staff**

Please provide the total number of individuals who were employed by the business during the reporting period.

Note: This includes all employees (contract, full-time, part-time), administrative and support staff, management, the Principal Representative, examination or assessment providers, healthcare professionals (whether regulated or not), any others who received renumeration or compensation, and employees who have left the business, including employees on leave (i.e. maternity leave).

Category	**Total number of individuals**
Healthcare professional(s)	
Administrative/support staff	
Management staff	
Other	

Legend:

4.6	**OCF submissions through HCAI** Provide the total number of people (including providers, administrative staff and others) who had access to submit invoices and/or treatment forms through HCAI during the reporting period:
4.7	**Motor vehicle accident claims business** During the reporting period, what percentage of the patients/clients served by the business were SABS claimants?: ▢ 1% - 20% ▢ 21% - 50% ▢ 51% - 70% ▢ 71% - 100% ▢ No SABS claimants served during the reporting period
4.8	**Statutory declaration requests made under SABS 46.2 (1) 2** Insurers may request a statutory declaration from a provider as to the circumstances that gave rise to an invoice, including particulars of the goods and services provided**.** Service providers are required to give the insurer the information requested within 10 business days of the request. During the reporting period (January 1 to December 31, 2026): What percentage of your invoices received a section 46.2 request for a statutory declaration from an insurer? ▢ 1% to 20% ▢ 21% to 50% ▢ 51% to 70% ▢ 71% to 100% ▢ No statutory declarations were received during the reporting period Note: Count each statutory declaration request received. For example, count as 2 if 2 statutory declaration requests were received in response to invoice submissions related to a single claimant or a single treatment plan.

Legend:

	Step 5 of 8 – Annual regulatory fee calculation
5.1	**Annual regulatory fee (ARF) calculation**
5.2	**Why is there a fee?** The ARF covers the yearly cost of regulating the service provider sector. The fee is due no later than March 31, 2027. **How is this calculated?** The ARF is calculated based on data provided in the AIR for the prior calendar year (January 1 to December 31, 2026). The ARF is calculated based on the following formula: A + B "A" = $128 x the "Number of locations" of the licensee. "B" = $15 x the "Number of SABS claimants" of the licensee. **The answers to the following questions will be used to calculate your annual regulatory fee:** For the reporting period (January 1 to December 31, 2026), please indicate: Number of locations _____ The number of locations refers to the maximum number of physical locations where you conducted business and which generated listed expenses in the previous calendar year (January 1 to December 31, 2026), while licensed. If you were not licensed until the current calendar year, use the number of physical locations for which you were licensed. Note: Only locations registered with the HCAI system count as business locations. Number of SABS claimants _____ A person may be counted more than once if they have been involved in multiple accidents. The number of SABS claimants is the total number of persons for which payment has been received for one or more listed expenses (calculated per accident) during the prior calendar year.

Legend:

For your reference: Health Claims Database* (HCDB) Number of Claimants

FSRA uses information from the HCDB to supplement and validate information reported in the AIR. This includes a count of claimants for each service provider for the calendar year.

While the HCDB claimant count does not correspond precisely with the claimant count definition in FSRA's Fee Rule, it offers a reference point that may assist you in validating the claimant count from your own records.

Note: Neither FSRA nor HCAI personnel have the ability to generate a list of your SABS claimants; it is your responsibility to determine the claimant count from your own records.

Number of SABS claimants calculated by FSRA from HCDB for licence # SP99999: xxx**

Comment:

_____

** The HCDB is maintained by HCAI Processing and contains depersonalized data gathered through the OCF forms used in processing SABS claims.*

*** Represents the number of claimants for whom the licensee's submitted OCF 21 B or C invoice was approved during the 2026 calendar year, based on HCDB data as at December 31, 2026.*

Legend:

	Step 6 of 8 – Compliance with regulatory requirements
6.1	**Oversight obligation** **Principal representative – system of supervision** The principal representative is required to take reasonable steps to ensure that a system of supervision is in place to ensure compliance with the Insurance Act and to deal with any contravention of the Act (O. Reg. 349/13 s. 2(5)). Confirm if you have complied with this requirement: ▢ Yes ▢ No
6.2	If no, please explain: _____ **Periodic reviews** A licensed service provider is required to conduct periodic reviews of information submitted to insurers to ensure compliance with requirements under the Insurance Act and all applicable Guidelines (O. Reg. 90/14 s. 12(1)). Confirm if you have complied with this requirement: ▢ Yes ▢ No If no, please explain: _____
6.3	**Policies and procedures** A licensed service provider shall establish and implement policies and procedures that are appropriate to the nature and volume of the service provider's business related to statutory accident benefits (O. Reg. 90/14 s. 17(1)). The policies and procedures must meet the requirements set out in O. Reg. 90/14 s. 17(2) and s. 17(3). Confirm if you have complied with this requirement: ▢ Yes ▢ No If no, please explain: _____

Legend:

6.4	**Verifying patient identity** A licensed service provider shall take all reasonable steps to verify the identity of each individual in respect of whom it performs or provides assessments, examinations, reports, forms, plans, goods or services in respect of which payment for a listed expense may be requested from an insurer (O. Reg. 90/14 s. 5). Confirm if you have complied with this requirement: ▢ Yes ▢ No If no, please explain: _____
6.5	**Claimant signature on OCF forms** Under the Unfair or Deceptive Acts or Practices (UDAP) Rule section 6(4), it is illegal with respect to automobile insurance, for a claimant to sign or be asked to sign, before it has been fully completed, any form or any other document that is required to be in a form approved by the Chief Executive Officer or any form or document that is specified in a guideline applicable for the purposes of the SABS. Do you ensure that any form or document that is required to be in a form approved by the Chief Executive Officer or document that is specified in a guideline applicable for the purposes of the SABS Schedule is completed in full before a claimant signature is obtained?: ▢ Yes ▢ No If no, please provide details: _____
6.6	**Receiving or paying a referral fee** Under the Unfair or Deceptive Acts or Practices (UDAP) Rule section 6(4), it is illegal for a referral fee to be solicited, demanded, paid or accepted in connection with goods or services provided to a claimant. Have you solicited, demanded, paid or accepted a referral fee in connection with goods or services provided to a claimant?: ▢ Yes ▢ No If yes, please provide details: _____

Legend:

6.7	**Virtual care for SABS claims** Have you provided virtual care for SABS claims between January 1 and December 31, 2026? ▢ Yes ▢ No If yes, what percentage was provided virtually of the total number of SABS care hours provided? ▢ 1% - 20% ▢ 21% - 50% ▢ 51% - 70% ▢ 71% - 100%
6.8	**Security and integrity of records** A licensed service provider shall take all reasonable steps to ensure its paper and electronic records are secure and cannot be falsified. (O. Reg. 90/14, s. 14) Confirm if you have complied with this requirement: ▢ Yes ▢ No How are your records stored? ▢ Paper (On-Site) ▢ Paper (Off-Site) ▢ Electronically If stored off-site in paper format, has the FSRA CEO been notified? ▢ Yes ▢ No If no, please explain: If stored off-site in paper format, provide address of where the records are stored: _____ If stored in electronic format, provide details of location and/or electronic record storage provider: _____

Legend:

6.9	**Rostered health professionals list in HCAI** The HCAI Enrolment section of Superintendent's Guideline No. 02/18 outlines service providers' responsibilities regarding the HCAI roster. Confirm if you have complied with this requirement: ▢ Yes ▢ No If no, please explain: _____ Note: Within 10 days of an employee leaving the Participating Facility, or upon receiving a request from a Rostered Health Professional to be removed from the Participating Facility's Rostered Health Professionals List in HCAI, the Participating Facility must update the Rostered Health Professionals List by adding an end date to the Rostered Health Professional's record.

Legend:

	Step 7 of 8 - Suitability
7	FSRA continuously assesses the suitability of service providers to remain licensed in Ontario. Suitability requirements refer to businesses, as well as to their Principal Representative, and rostered health professionals. As the Principal Representative, you are required to provide information about yourself and about the business. **What offences must be disclosed?** Offences under federal statutes such as the *Criminal Code*, the *Controlled Drugs and Substances Act* and its predecessor the *Narcotic Control Act*, the *Food and Drugs Act*, the *Income Tax Act* (Canada), the *Immigration and Refugee Protection Act* (Canada), the *Competition Act*, and the *Copyright Act* are criminal offences and must be disclosed. Charges and convictions under provincial statutes must also be disclosed. Such statutes include the *Independent Health Facilities Act,* the *Regulated Health Professions Act, 1991*, the *Provincial Offences Act*, the *Insurance Act*, the *Mortgage Brokerages, Lenders and Administrators Act, 2006*, the *Registered Insurance Brokers Act*, and the *Human Rights Code*, or their equivalent in other provinces. **If charges are pending or you have pleaded guilty or been found guilty of an offence under the above statutes, or any others, this information must be reported even if you were given an absolute or conditional discharge.** **You do not have to disclose:** • any offence for which a record suspension (formerly known as a pardon) has been granted under the *Criminal Records Act* (Canada) and has not been revoked. Record suspensions are not automatically granted merely because of the passage of time. Nor is a record suspension automatically granted because you applied for one. Written confirmation from the National Parole Board of your granted record suspension is the only way to ensure a record suspension has been granted. • convictions under either the *Youth Criminal Justice Act* or its predecessors, the *Young Offenders Act* or the *Juvenile Delinquents Act*. • findings of guilt for traffic infractions such as speeding or parking violations. If you answered "Yes" to any question in this section, please provide a full explanation in your own words in the window that will open. Please retain all relevant documentation for future reference.

Legend:

7.1 **7.2** **7.3** **7.4**	**Suspension, refusal or revocation of licence or registration** **Principal Representative and business** • During the reporting period, did you or the business, including all Directors, Officers, Partners and Regulated Health Professionals have a licence or a registration suspended or conditions imposed under any regulatory regime in Ontario or elsewhere? Y/N – please provide details • During the reporting period, did you or the business including all Directors, Officers, Partners and Regulated Health Professionals have a licence or a registration refused under any regulatory regime in Ontario or elsewhere? Y/N – please provide details • During the reporting period, did you or the business including all Directors, Officers, Partners and Regulated Health Professionals have a licence or a registration revoked under any regulatory regime in Ontario or elsewhere? Y/N – please provide details • During the reporting period, were you or the business including all Directors, Officers, Partners and Regulated Health Professionals fined or were any monetary penalties imposed by any regulatory regime in Ontario or elsewhere excluding FSRA? Y/N – please provide details
7.5	**Bankruptcy** **Principal Representative and business** • During the reporting period, did you or the business including all Directors, Officers, Partners and Regulated Health Professionals declare bankruptcy, or make a voluntary assignment in bankruptcy; or are you or the business currently party to bankruptcy proceedings? Y/N – please provide details
7.6	**Pleaded or found guilty of an offence or subject of charges** **Principal Representative and business** • During the reporting period, did you or the business including all Directors, Officers, Partners and Regulated Health Professionals plead guilty or were you or the business found to be guilty of an offence under any law of any province, state or country; or are you or the business currently the subject of charges? Y/N – please provide details
7.7	**Sued in a lawsuit** **Principal Representative and business** • During the reporting period, were you or the business including all Directors, Officers, Partners and Regulated Health Professionals successfully sued in a lawsuit based, in whole or part, on fraud, theft, deceit, misrepresentation, forgery, or professional negligence? Y/N – please provide details

Legend:

	Step 8 of 8 – Closing Question
8	How long did it take to gather the information and complete the AIR? Hours: _____ Minutes: _____

	Review and Attestation
Attestation	**Review and Attestation** **IMPORTANT**: Before making the attestation and submitting the AIR please make sure that you have thoroughly reviewed all answers for accuracy. **Once you have digitally signed the attestation, no further changes can be made.** Providing false, misleading or incomplete information to FSRA in this AIR is an offence under the Ontario *Insurance Act*. Every individual convicted of an offence under this Act is liable to a fine of up to $250,000. Additionally, providing false, misleading or incomplete information to FSRA in this AIR could form grounds for the Chief Executive Officer to suspend or revoke the service provider licence, or issue an administrative monetary penalty. **If you are ready to submit the AIR, please review and confirm:** Attestation: I, as the Principal Representative of the licence number indicated below, attest that the information provided in this Annual Information Return is true to the best of my knowledge and belief. I am aware that it is an offence under the Insurance Act to make a false statement to the Chief Executive Officer of the Financial Services Regulatory Authority of Ontario.