

Summary of Policy Changes as a result of Bill 144

With the passage of Bill 144, there are several changes to the Act that came into effect as of January 1, 2026. We have updated the Policy Manual to ensure all policies remain consistent with the Act. Some of these changes are to individual policies; and in some cases, the Act amendments have provided an opportunity to restructure entire sections of the policy manual for clarity and conciseness. Public consultation was not held because the changes are legally required based on changes to the Act. This is in line with the WCB Policy Framework and Policy Development Policy (10.3.11R1). A summary of all changes follows:

Minor updates to individual policies

2.3.5- Medical Aid- General Principles: updated definition of 'medical aid' and removed provision requiring employer to furnish transportation costs.

3.2.1R- Calculation of Temporary Earnings-Replacement Benefit: clarified only periodic disability benefits are deducted from the calculation of loss of earnings.

3.3.5R2- Eligibility Criteria and Compensation related to chronic pain: updated reference for definition of Chronic Pain.

8.1.3R3: Internal Appeals: updates the appeal limit to 90 days.

10.1.1R- Accident Reporting- Duties of Employers: updated reporting requirements to two days.

Section 3.6 - Annuities

Restructured the full chapter into one policy "3.6.10- Annuities"- now allows for an annuity to be paid to a worker's estate in the absence of a surviving spouse or dependent.

Section 6 – Survivor Benefits

Restructured the full chapter into two new policies "6.1.7- Survivor Benefits where Death is Compensable" and "6.1.8- Non-compensable Death of a Worker While in Receipt of Compensation". Clarifies the hierarchy for the payment of death benefits and allows for death benefit to be paid to the worker's estate.

Renumbered policy 6.2.2- Survivor Pension- More than one Spouse Qualifies to 6.1.9.

Reviews of Extended Earnings-Replacement Benefit

Policy 3.4.2R2- Review of Extended Earnings-Replacement Benefit has been rescinded. The Act now provides the Board authority to review EERBs at any time.

Policy consultation on this topic will be held later this year.

The original versions of the policies that have been amended or rescinded to comply with Bill 144 amendments are included in Appendix A.

If you have any questions about the changes, please contact the policy team at policy@wcb.ns.ca.

Policy Number: 2.3.5

Topic: Medical Aid – General Principles

Section: Health Care

Subsection: General

Effective: February 25, 2011

Issued: March 7, 2011

Approved by Board of Directors: February 25, 2011

Preamble

The purpose of this program policy is to describe the general principles the *Workers' Compensation Board* (the "WCB") considers in the delivery of medical aid to injured workers who have been caused a personal injury as the result of a workplace accident.

Definitions

"**medical aid**", as defined in Section 2(r) of the *Workers' Compensation Act* (the "Act"), includes

- (i) any health care service, product or device that may be authorized by the Board and is provided to a worker as a result of a compensable injury, including those forms and reports required by the Board respecting the aid or services, and
- (ii) reasonable expenses, authorized by the Board, incurred by a worker in order to obtain medical aid.

Policy Statement

1. General

In accordance with Section 102 of the *Act*, the WCB may provide any medical aid the WCB considers necessary or expedient as a result of the compensable injury. In making this determination, the WCB considers *Policy 2.3.1R – Provision of Health Care Services* and other medical aid policies which are applicable in specific circumstances.

In providing medical aid, the WCB is responsible to determine the necessity, character and sufficiency of medical aid, as per Section 104 of the *Act*. This means the WCB determines the need for medical aid; the type of medical aid; and the extent to which medical aid is required.

2. General principles in the delivery of medical aid

In the provision of medical aid, the WCB generally considers, but is not limited to, the following principles.

(a) The WCB uses only WCB-approved health care service providers to deliver medical aid services, as described below.

The WCB is committed to ensuring that injured workers receive appropriate standards of care from health care service providers. Accordingly, the WCB authorizes payments to only WCB-approved health care service providers. WCB-approved health care service providers include those that the WCB recognizes as licensed or accredited to deliver health care services in Nova Scotia through

provincial or national licensing agencies. If provincial or national licensing agencies do not exist for a particular service provider class, the WCB may approve the use of those service providers to deliver medical aid services to injured workers.

(b) The WCB promotes timely access to medical aid services, as described below.

Prompt access to appropriate treatment and services is important to aid the recovery of injured workers and to reduce the effects of the compensable injury. Where appropriate, the WCB may arrange for an injured worker to receive treatment or services in an alternate location if local sources of services are unavailable, or delayed.

(c) The WCB requires injured workers to co-operate in any medical aid service that promotes the worker's recovery, as described below.

This principle reflects Section 84 of the *Act*, which states that the worker has a duty to co-operate in any medical aid or treatment that promotes the worker's recovery and provides the authority for the WCB to suspend, reduce or terminate compensation where the worker fails to co-operate.

Also implicit under this principle is the requirement for a worker to submit to a medical examination if requested to do so by the worker's employer, the WCB or the Appeals Tribunal, as per Section 85 of the *Act*. If the worker objects to a request, the WCB may determine if the request is reasonable.

(d) The WCB requires employers to provide, at their own expense, immediate and appropriate transportation to a hospital or physician to any worker in their employment, who is in need of it as the result of a workplace injury, as described below.

This principle reflects Section 107 of the *Act*, which states that, following a workplace injury, every employer must provide a worker, who is in need of it, with immediate and appropriate transportation to a hospital or a physician located within the area or within a reasonable distance of the place of injury, at the employer's expense.

(e) Best efforts will be made by the WCB to support injured workers in their initial choice of WCB-approved health care service provider, as described below.

Once the WCB has approved a particular type of medical aid service or treatment, best efforts will be made to support the injured worker's choice of health care service provider to deliver that service or treatment, from among those that are WCB-approved and qualified to deliver the medical aid. The WCB may limit the number of visits to health care service providers to what is appropriate for the injured worker's compensable condition.

When authorizing appointments with WCB-approved health care service providers, the WCB considers the condition of the injured worker, waiting times, and distance to be traveled for the appointment or treatment.

(f) The WCB establishes the fees it pays for medical aid related services through negotiation with individual WCB-approved health care service providers or WCB-approved health care service provider groups or by adoption of health care service provider fee schedules, as appropriate.

(g) The WCB ensures the appropriate medical aid in the form of a product or device is provided in a cost-effective manner, as described below.

While the WCB's foremost responsibility is to ensure the quality care and rehabilitation of injured workers, the WCB also has a responsibility to mitigate costs to the workers' compensation system where appropriate. Where there is a choice in the type of medical aid product or device that will satisfy a worker's needs, best efforts will be made to ensure that the product or device that satisfies the worker's needs is chosen in the most cost-effective manner.

Application

This program policy applies to all decisions made on or after February 25, 2011.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 2 (r), 102, and 104.

Policy Number: 3.2.1R

Topic: Calculation of Temporary Earnings-Replacement Benefit

Section: Short-Term and Long-Term Benefits

Subsection: Temporary Earnings - Replacement Benefit (TERB)

Effective: April 16, 1999

Issued: May 17, 1999

Approved by Board of Directors: May 14, 1999

Policy Statement

1. Where a loss of earnings (LOE) results from a work-related injury and extends beyond the waiting period (see Policy 3.2.2), the worker shall receive a Temporary Earnings-Replacement Benefit (TERB). This benefit is subject to the maximum assessable earnings in place at the time of the injury.
2. The amount of the TERB for the first 26 weeks is equal to 75% of the worker's net loss of earnings. After 26 cumulative weeks of compensation, the amount of the TERB will be increased to 85% of the worker's net loss of earnings.
3. The loss of earnings is equal to the net pre-LOE earnings less net post-LOE earnings. The following will be included in post-LOE earnings:
 - i) net earnings from employment;
 - ii) net earnings that the Board estimates the worker is capable of earning in suitable and reasonably available employment; and
 - iii) net 50% of Canada Pension Plan (CPP) or Quebec Pension Plan (QPP) disability benefits.
4. Once the TERB has been calculated, it must be reduced if the TERB, combined with any other compensation paid pursuant to this Act and any benefits (excluding Survivors Benefits) from a predecessor Act, are greater than 75% (first 26 weeks) or 85% (after 26 weeks) of the net maximum assessable earnings at the time of the injury (the net calculation will be based on the individual worker's tax credits which include TD1 code amount, UIC and CPP).
5. The amount of the reduction of TERB is equal to the amount which exceeds the prescribed limits.
6. In the case of recurrence of any injury in which a Permanent Impairment Benefit (PIB) is being paid, the TERB paid to the worker will be equal to 75% of the loss of earnings for the first 26 weeks and 85% thereafter, less the PIB for that injury.

Application

This Policy applies to loss of earnings decisions made on or after April 28, 1999. It replaces Policy 3.2.1, issued on December 1, 1995, and effective February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 37, 38, 48.

An Act to Amend Chapter 10 of the Acts of 1994-95, *the Workers' Compensation Act* (Chapter 1, Acts of 1999), Clauses 4 and 5.

Policy Number: 3.3.5R2

Topic: Eligibility Criteria and Compensation related to chronic pain

Section: Short-Term and Long-Term Benefits

Subsection: Compensation related to chronic pain

Effective: June 27, 2024

Issued: June 27, 2024

Approved by Board of Directors: June 27, 2024

Preamble

The *Chronic Pain Regulations* provide a high level framework and general eligibility criteria for compensation related to chronic pain.

Policy Statement

Subject to the limitations set out in this Policy and in other Board policies, the Board shall use an individualized assessment based on Chapter 18 of the American Medical Association “Guides to the Evaluation of Permanent Impairment - Fifth Edition”, as modified by the *Chronic Pain Regulations* and this policy, to determine the existence and degree of a worker’s pain-related impairment.

Definitions

1. “**Chronic Pain**,” as defined in section 10A, means pain:

- (a) continuing beyond the normal recovery time for the type of personal injury that precipitated, triggered or otherwise predated the pain; or
- (b) disproportionate to the type of personal injury that precipitated, triggered, or otherwise predated the pain;

and includes chronic pain syndrome, fibromyalgia, myofascial pain syndrome, and all other like or related conditions, but does not include pain supported by significant, objective, physical findings at the site of the injury which indicate the injury has not healed.

2. “**Individualized assessment**” means an assessment consisting of a medical examination and/or a file review depending on which approach, in the opinion of the Board, is most appropriate.

3. “**Normal recovery time**” means an estimate determined by the Board of the normal time required for workers with a specific type of personal injury to return to work after the injury.

4. “**Permanent impairment**” means impairment associated with a permanent medical impairment and/or a pain-related impairment.

5. “**Permanent medical impairment**” means any impairment that has become static or stabilized and that is unlikely to improve despite further medical treatment. A permanent medical impairment also accounts for the usual pain that accompanies the type of injury and resulting impairment.

6. “**Usual pain**” means all pain except for chronic pain as defined by the *Act*, *Chronic Pain Regulations* and this policy.

7. **“Pain-related impairment”** means impairment associated with chronic pain.
8. **“Slight”** pain-related impairment means a pain-related impairment that has, in the opinion of the Board, increased the impact of the worker’s original compensable injury mildly to moderately as described in Table 18-3 of Chapter 18 of the American Medical Association “Guides to the Evaluation of Permanent Impairment-Fifth Edition.” In determining the appropriate class of impairment, the WCB will use a Pain-Related Impairment Assessment Tool as outlined in Appendix A.
9. **“Substantial”** pain-related impairment means a pain-related impairment that has, in the opinion of the Board, increased the impact of the worker’s original compensable injury moderate severely to severely as described in Table 18-3 of Chapter 18 of the American Medical Association “Guides to the Evaluation of Permanent Impairment-Fifth Edition”. In determining the appropriate class of impairment, the WCB will use a Pain-Related Impairment Assessment Tool as outlined in Appendix A.
10. **“Original compensable injury”** means a personal injury by accident arising out of and in the course of employment
 - ii. that the Board has accepted or may accept as compensable under the Act; and
that pre-dates the commencement of the worker’s chronic pain.
11. **“Unratable pain”**, as contemplated by the American Medical Association “Guides to the Evaluation of Permanent Impairment-Fifth Edition,” means controversial and ambiguous pain syndromes that cannot be related to a well-established medical condition and are not widely accepted by physicians as having a well-defined pathophysiological basis. Unratable pain includes chronic pain syndrome, fibromyalgia and myofascial pain syndrome.

Eligibility

12. A worker is entitled to an assessment to determine eligibility for benefits and services outlined in the *Chronic Pain Regulations* where the medical evidence establishes that on or after April 17, 1985, the worker had chronic pain that is causally connected to an original compensable injury.
13. A pain-related impairment will be assessed using a modified approach to Chapter 18 of the American Medical Association “Guides to the Evaluation of Permanent Impairment-Fifth Edition”. In determining the appropriate class of impairment, the WCB will use a Pain-Related Impairment Assessment Tool as outlined in Appendix A. In cases where a worker’s pain is considered “unratable”, the worker will be assessed using the approach described in this policy. Considering the overall assessment findings, the Board Medical Adviser will make a clinical judgment as to the recommended pain-related impairment in accordance with the rating schedule outlined in paragraph #14.
14. Where a worker is found to have a pain-related impairment, the Board shall pay the worker a permanent benefit based upon a permanent impairment rating of 3% where the worker experiences a slight pain-related impairment or 6% where the worker experiences a substantial pain-related impairment.
15. Permanent impairment ratings are expressed as a percentage of total body impairment with one hundred percent (100%) being the maximum possible rating. Subject to paragraph #26, in the case of a pain-related impairment 6% is the maximum possible rating any one person can receive for chronic pain.

16. Where a worker's original compensable injury occurred before March 23, 1990, and the worker is found to have a pain-related impairment, the worker's permanent benefit will be calculated in accordance with sections 226 and 227 of the *Act* and the worker is not eligible to receive an Extended Earnings Replacement Benefit (EERB).
17. Where a worker's original compensable injury occurred on or after March 23, 1990 and the worker is found to have a pain-related impairment, the worker's permanent benefits will be calculated in accordance with sections 34-48 of the *Act* and the worker may be eligible to receive an EERB.
18. Subject to sections 34-48 and 229 of the *Act*, where a worker is eligible to receive a permanent benefit in accordance with this Policy, the Board will commence payment of the benefit from the date on which the Board determines the worker has a pain-related impairment.

Section 10D – AIEL Population

19. Where a worker with chronic pain has been awarded benefits in accordance with section 10D of the *Act*, the worker is entitled to an individualized assessment and where eligible a calculation of benefits in accordance with the *Chronic Pain Regulations* and Policy.
20. Subject to sections 226 and 227 of the *Act*, for periods in which a worker was in receipt of a Clinical Ratings Scale (CRS) pension for the original compensable injury, the worker is eligible to receive a benefit in accordance with this Policy commencing the date on which the Board determines the worker has a pain-related impairment.
21. With the coming into force of the current *Act*, where an Amended Interim Earnings Loss (AIEL) award was replaced by a CRS pension, the worker is eligible to receive a benefit in accordance with this policy commencing the date the CRS pension was reinstated.
22. For periods in which a worker, now in receipt of a section 10D award, was in receipt of an AIEL award, the Board shall compare the AIEL benefit including the pain-related impairment for chronic pain to the cumulative CRS pension including the pain-related impairment for chronic pain, and shall pay the worker which ever is greater until age 65.
23. Upon reaching the age of 65 years, a worker who was in receipt of an AIEL award shall receive an amount equivalent to the cumulative CRS pension, including the pain-related impairment for chronic pain.

Section 10E Population

24. Where a worker with chronic pain has been awarded benefits in accordance with section 10E of the *Act*, the worker is entitled to an individualized assessment and recalculation of benefits in accordance with the *Chronic Pain Regulations* and Policy.
25. Subject to sections 34 to 48 of the *Act*, where the recalculation results in a greater combined EERB/PIB benefit than that awarded under section 10E, the Board will pay the worker
 - i. the recalculated award from the date the Board determines the worker has a pain-related impairment until the date section 10E benefits commenced; and

the difference between the recalculated award and the section 10E benefits from the date the worker's section 10E benefits commenced until the coming into force of the *Chronic Pain Regulations*; and

effective the date the *Chronic Pain Regulations* come into force, the recalculated award.

Policy Number: 8.1.3R3

Topic: Internal Appeals

Section: Internal Appeals

Subsection: Internal Appeals Process

Effective: October 27, 2016

Issued: April 13, 2017

Approved by Board of Directors: October 27, 2016

Definitions

- a) "**appellant**" means the participant who has filed the Notice of Appeal;
- b) "**decision**" means a decision that would, if not reconsidered or appealed, have effect as a final decision of the Workers' Compensation Board;
- c) "**new evidence**" includes documents, reports and oral evidence;
- d) "**participant**" means
 - i) in the case of a decision respecting compensation, the Worker and the Worker's employer; or in respect of an assessment or a collection decision, the Employer
- e) "**regular mail**" includes courier delivery;
- f) "**staff member**" means a member of the staff of the Service Delivery departments of the Workers' Compensation Board, or any person exercising the authority of a member of those departments.

Policy Statement

- 1.
 - 1.1. Any participant may appeal a decision made pursuant to section 185 to a Hearing Officer. For the purposes of an appeal before a Hearing Officer, the participants are those defined in Section 197(4) of the Act, and Policy 8.1.4R.
 - 1.2. All participants shall be deemed to have been notified of a decision made pursuant to section 185
 - a) on the day the participant is actually notified in writing; or
 - b) five business days after the Workers' Compensation Board has posted, by regular mail, notice of the decision to the participant,whichever is sooner.
 - 1.3.
 - (a) A participant intending to appeal a decision of the Workers' Compensation Board shall submit a fully completed Notice of Appeal no later than 30 days after the date referred to in paragraph 1.2, the proof of which shall rest with the participant.
 - (b) In order to satisfy the requirement for submitting a Notice of Appeal within the time limit prescribed in subsection (a) above, the Notice must contain all of the following information:
 - 1. The name of the appellant;

2. The address of the appellant;
 3. The claim number of the appellant;
 4. The name and address of the appellant's employer at the time of the accident;
 5. The date of the reconsideration decision, and the name of the staff member who conducted the reconsideration rendered the decision;
 6. An identification and discussion of the error alleged to have been made in the reconsideration decision;
 7. Copies of any new evidence which supports the appeal, including a written explanation of how each piece of new evidence supports the appellant's argument;
 8. Any written argument the appellant wishes the Board to consider;
 9. Where the appellant wishes to have witnesses present evidence at an oral hearing, a list of the witnesses and a brief summary of the evidence they will be presenting; and
 10. Where applicable, an application for an oral hearing.
- (c) Where written submissions or evidence are forwarded by the requester after the 30-day time limit has expired, the Hearing Officer may consider the reasons for the late filing of the information and may, based on the reasons given, make a decision on whether the information will be considered in the appeal.
- (d) Where appropriate, where the Board has not received the information required by subsection (b) within the 30 day time limit, the appeal shall not be carried out, and the staff member's decision shall be the final decision of the Board.

2.

- 2.1. On receipt of the complete Notice of Appeal, the WCB shall notify appeal participants of the appeal and send them a copy of the Notice of Appeal.
- 2.2. Any participant other than the appellant may make a submission to the Workers' Compensation Board within 10 days of the participant receiving, or being deemed to receive, the notification of appeal.
- 2.3. The notification of appeal shall be deemed to have been received by every participant
 - (a) on the day the participant is actually notified in writing; or
 - (b) five business days after the Workers' Compensation Board has posted, by regular mail, notice of the notification of appeal to the participant,
 whichever is sooner.

3.

- 3.1. Where an application is made for an oral hearing, the Hearing Officer has the discretion to determine when an oral hearing is appropriate.
 - 3.2. Where a Hearing Officer decides to hold an oral hearing, the Workers' Compensation Board shall send notification of the time and place of the hearing to every participant.
4. Where a Hearing Officer decides to conduct an appeal by way of oral hearing, and all participants agree to a hearing date, any cancellation or adjournment may result in the appeal proceeding by way of paper review on the date originally scheduled for the oral hearing.

5.

- 5.1. The decision of a Hearing Officer shall be rendered within 30 days of the oral hearing or paper review date, as the case may be.
- 5.2. If a Hearing Officer requires clarification of evidence presented at the oral hearing or paper review from an internal resource, the time limit for rendering decisions may be extended to a maximum of 40 days from the oral hearing or paper review date.
- 5.3. If a Hearing Officer requires clarification of evidence presented at the oral hearing or paper review from an external resource, the Chief Hearing Officer may extend the time limit prescribed by Section 197(8) where an injustice would otherwise result.
- 5.4. Where a Hearing Officer seeks clarification pursuant to subsection 5.2 or 5.3, the Hearing Officer shall provide to the participants a copy of the question(s) to be clarified, and the responses from the resource.
- 5.5. Where copies of the response are provided to the participants pursuant to subsection 5.4, the participants may make written submissions related to the response to the Hearing Officer within seven (7) days of the participant receiving, or being deemed to receive, the copy of the response.

6. A Hearing Officer may render any decision that could have been rendered by a staff member.

7.

- 7.1. The decision of a Hearing Officer does not require the approval of the Board of Directors.
- 7.2. The decision of a Hearing Officer shall be the final decision of the Workers' Compensation Board

8. An appeal to a Hearing Officer does not operate as a stay of proceedings in respect of the decision that is being appealed.

Application

This Policy applies to any decision by a staff member dated on or after October 27, 2016.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Section 190 and Sections 197-202.

An Act to Amend Chapter 10 of the Acts of 1994-95, the Workers' Compensation Act (Chapter 1, Acts of 1999), Clause 26.

26. Subject to sections 34 to 48 of the *Act*, where the recalculation results in a lesser combined EERB/PIB benefit than that awarded under section 10E, the worker shall be entitled to:
- i. the recalculated award from the date the Board determines the worker has a pain-related impairment until the date section 10E benefits commenced; and
 - ii. effective the date the worker's section 10E benefits commenced, the section 10E award is continued.

Application

This Policy applies to all decisions made on or after June 27, 2024 as it relates to chronic pain. This Policy replaces Policy 3.3.5R2 issued on March 26, 2024 and effective April 1, 2024.

References

An Act to Amend Chapter 10 of the Acts of 1994-95, *the Workers' Compensation Act* (Chapter 1, Acts of 1999). *Chronic Pain Regulations*. Policy 2.4.7R1

Policy Number: 10.1.1R

Topic: Accident Reporting – Duties of Employers

Section: General Policies

Subsection: Reporting of Accidents

Effective: April 3, 1997

Issued: May 2, 1997

Approved by Board of Directors: April 3, 1997

Policy Statement

1. In every case, where an employer or an official of the employer's company is first made aware of an accident (including occupational diseases and other injuries occurring gradually over time) which may require a worker to lose time from work or seek medical attention, the employer must notify the Board of the accident.
2. Notice of the accident must be submitted to the Board within five business days of the employer becoming aware of the occurrence of the accident and must be received at the Board's offices within eight business days of the employer becoming aware of the occurrence of the accident. "Business days" are defined as Monday to Friday, with the exception of statutory holidays.
3. To report the accident, the employer shall complete, sign and submit the Report of Accident form (Form 67) or an approved facsimile thereof.
4. Failure to report an accident within these parameters may result in a penalty levied against the employer pursuant to Section 207 of the Act.

Application

This Policy applies to accidents occurring on or after February 1, 1996. It replaces Policy 10.1.1 issued on December 1, 1995 and effective February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Section 86.

Policy Number: 3.6.1

Topic: Amounts to be Reserved to Provide Annuity

Section: Short-Term and Long-Term Benefits

Subsection: Annuities

Effective: February 1, 1996

Issued: December 15, 1995

Approved by Board of Directors: March 2, 1995

Policy Statement

1. When a worker becomes entitled to an extended earnings replacement benefit (EERB), an amount equal to five percent of the combined value of the EERB and the worker's permanent impairment benefit (PIB) will be set aside by the Board to provide an annuity for the worker.
2. Where a loss of earnings results from an injury and the worker is in receipt of a Permanent Impairment Benefit and no Extended Earnings Replacement Benefits are payable, contributions at five percent of the lesser of
 - a) 85% of the loss of earnings; or
 - b) the worker's Permanent Impairment Benefit for that claimwill be set aside to provide an annuity for the worker.
3. Further, when a person is eligible for a survivor's pension, the Board shall set aside an amount equal to five percent of the value of the survivor pension to provide an annuity for the surviving spouse.

Application

This Policy applies to workers injured on or after March 23, 1990.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 50 and 66(1).

Policy Number: 3.6.2

Topic: Annual Reporting of Amount in Annuity Accounts

Section: Short-Term and Long-Term Benefits

Subsection: Annuities

Effective: February 1, 1996

Issued: December 15, 1995

Approved by Board of Directors: March 2, 1995

Policy Statement

1. When a person is eligible to have an annuity reserved on their behalf (i.e. contributions are being made to an annuity account) a report shall be made to that person on an annual basis which describes
 - a) the accumulated principal, to date;
 - b) the accumulated interest, from prior years; and
 - c) the current year's interest.

Application

This Policy applies to workers injured on or after March 23, 1990.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Section 50.

Policy Number: 3.6.3

Topic: Payment at Age 65

Section: Short-Term and Long-Term Benefits

Subsection: Annuities

Effective: February 1, 1996

Issued: December 15, 1995

Approved by Board of Directors: March 2, 1995

Policy Statement

1. When a worker reaches 65 years of age, payment of the annuity shall be made by lump sum when the annuity account (principal + interest) is below the level prescribed by regulation pursuant to Section 52(1)(b) (\$10,000), unless the worker elects otherwise.
2. When a surviving spouse reaches 65 years of age, or the deceased worker would have reached 65 years of age (whichever is later) payment of annuity shall be made by lump sum when the accumulated value of the annuity account (principal + interest) is below the level prescribed by regulation pursuant to Section 52(1)(b) (\$10,000), unless the surviving spouse elects otherwise.

Application

This Policy applies to workers injured on or after March 23, 1990.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Section 52(1)(b).

Policy Number: 3.6.4

Topic: Payment When EERB Commuted

Section: Short-Term and Long-Term Benefits

Subsection: Annuities

Effective: February 1, 1996

Issued: December 15, 1995

Approved by Board of Directors: March 2, 1995

Policy Statement

Where a worker has received payment of an extended earnings replacement benefit (EERB) as a lump sum (i.e. commuted value) in lieu of periodic instalments, payment of annuity as a lump sum (i.e. commuted value) prior to age 65 will be considered.

Application

This Policy applies to workers injured on or after March 23, 1990.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 52(1)(b) and 74.

Policy Number: 3.6.5

Topic: Payment Where Intended Recipient Dies Before Becoming Eligible to Receive Payments

Section: Short-Term and Long-Term Benefits

Subsection: Annuities

Effective: February 1, 1996

Issued: December 15, 1995

Approved by Board of Directors: March 2, 1995

Policy Statement

1. Where a person entitled to receive an annuity dies before becoming eligible to receive annuity payment, then an amount equivalent to the accumulated capital and interest shall be paid as a lump sum [pursuant to Section 56(1)]
 - a) where the person is survived by a spouse, to the spouse; or
 - b) where the person is survived by the dependent children, but not a spouse, to the dependent children.
2. In accordance with Section 58(1), where there is no surviving spouse or dependent child for the purpose of Section 56, the accumulated capital and interest shall be paid into the Accident Fund.

Application

This Policy applies to workers injured on or after March 23, 1990.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 56(1) and 58(1).

Policy Number: 3.6.6

Topic: Payment Where Intended Recipient Dies After Becoming Eligible for Payments

Section: Short-Term and Long-Term Benefits

Subsection: Annuities

Effective: February 1, 1996

Issued: December 15, 1995

Approved by Board of Directors: March 2, 1995

Policy Statement

1. When a person for whom an annuity account has been established becomes eligible to receive annuity payments the Board shall pay the accumulated annuity account (capital and interest) as a lump sum if less than the amount established by regulation, pursuant to Section 52(1)(b) [\$10,000], unless the person elects otherwise.
2. In the event of the recipient's death after becoming eligible for annuity payment, the annuity account shall be paid to any person designated by the recipient in a manner satisfactory to the Board. The payment shall be made as a lump sum unless the designated person elects otherwise.
3. If there is no such designation made, the annuity account shall be paid to the surviving spouse or, if there is no surviving spouse, to the dependent children (if any). The payment shall be made as a lump sum unless the spouse/children (as applicable) elect otherwise.

Application

This Policy applies to workers injured on or after March 23, 1990.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Section 57.

Rescinded: January 1 2026

Policy Number: 3.6.7R

Topic: Apportionment Where More Than One Spouse Qualifies

Section: Short-Term and Long-Term Benefits

Subsection: Annuities

Effective: October 27, 2016

Issued: April 13, 2017

Approved by Board of Directors: October 27, 2016

Policy Statement

1. Where the Board apportions a survivor pension among more than one surviving spouse [pursuant to Section 63(2)], annuity contributions will be made for each spouse, based on five percent of the value of the survivor pension payable to each spouse.
2. Once one spouse ceases to qualify for the survivor pension the whole of the survivor pension will be reapportioned among the remaining surviving spouses. Annuity contributions will then be based on five percent of the reapportioned amount payable to each remaining spouse.

Application

This Policy applies to workers injured on or after March 23, 1990.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 63(2) and 66(1).

Rescinded: January 1 2026

Policy Number: 3.6.8

Topic: Interest to be Applied to an Annuity Account

Section: Short-Term and Long-Term Benefits

Subsection: Annuities

Effective: February 1, 1996

Issued: July 19, 1996

Approved by Board of Directors: April 12, 1996

Policy Statement

1. At the end of each month, an amount of interest, based on the Annual Five-Year Guaranteed Investment Certificate Rate of Return as reported by the Bank of Canada as of December 31 of the preceding year, shall be applied to the accumulated value of the annuity account (including interest applied to date).

Guidelines

1. The interest applied monthly will be the annual rate (as stated above) prorated. For example, if the annual rate for 1995 was 8%, the rate applied to the balance of the annuity account in 1996 would be 0.67% per month (8%/12 months).

Application

This Policy applies to workers injured on or after March 23, 1990.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 52(1).

Policy Number: 3.6.9R1

Topic: Periodic Payment of Annuities

Section: Short-Term and Long-Term Benefits

Subsection: Annuities

Effective: December 16, 2021

Issued: January 24, 2022

Approved by Board of Directors: December 16, 2021

Policy Statement

1. If the accumulated value (interest and principal) of the annuity is over \$10,000, or if requested by the worker, the payments will be made periodically (monthly).
2. Administration of the annuities payments, on behalf of the Board, will be done by a financial institution. All payments made by the financial institution will maintain their tax-free status.
3. Upon application, the Board may allow the worker to choose a financial institution other than the one employed by the Board to administer their annuity.

Application

This Policy is effective December 16, 2021. This Policy applies to workers injured on or after March 23, 1990. This Policy replaces Policy 3.6.9 that was effective February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 52(1).

Subsection 6.1 – One-Time Benefits

- **Policy Number: 6.1.1 - Death Benefit**
- **Policy Number: 6.1.3 - Expenses for Transportation of Body**
- **Policy Number: 6.1.4 - Death of a Worker While in Receipt of Compensation**

Rescinded: January 1 2026

Policy Number: 6.1.1

Topic: Death Benefit

Section: Survivor Benefits

Subsection: One-Time Benefits

Effective: February 1, 1996

Issued: December 15, 1995

Approved by Board of Directors: March 1, 1995

Policy Statement

1. Where a worker dies as a result of a compensable injury, and the worker has a surviving dependent spouse, the spouse is entitled to a lump-sum death benefit of \$15,000 (fifteen thousand dollars).

Application

This Policy applies to compensable deaths occurring on or after February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 59(a) and 60(1)(c).
Survivor Benefit Regulations.

Rescinded: January 1 2026

Policy Number: 6.1.3

Topic: Expenses for Transportation of Body

Section: Survivor Benefits

Subsection: One-Time Benefits

Effective: February 1, 1996

Issued: December 1, 1995

Approved by Board of Directors: March 1, 1995

Policy Statement

1. Where a worker dies as a result of a compensable injury, the Board will pay for expenses for transportation of the body of the worker as follows.
 - 1.1. Where the place of death is **within** Nova Scotia, the Board will pay up to \$500 for transportation of the body from the place of death to the worker's usual place of residence.
 - 1.2. Where the place of death is **outside** Nova Scotia, the Board will pay the actual expenses for transportation of the body from the place of death to the worker's usual place of residence.
2. In all cases, the Board covers only expenses actually incurred.
3. In all cases, the Board only pays for expenses that are not already being paid for by another agency (e.g. Canada Pension Plan).

Application

This Policy applies to compensable deaths occurring on or after February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Section 60(1)(b). Survivor Benefit Regulations.

Rescinded: January 1 2026

Policy Number: 6.1.4

Topic: Death of a Worker While in Receipt of Compensation

Section: Survivor Benefits

Subsection: One-Time Benefits

Effective: February 1, 1996

Issued: December 1, 1995

Approved by Board of Directors: March 1, 1995

Policy Statement

1. Where a worker dies while in receipt of compensation, the dependent spouse or dependent children of the worker will receive three times the monthly amount which would have been payable to the worker if not for the worker's death.
2. Further, where the worker was receiving compensation with respect to a 100% permanent impairment rating (pursuant to Section 34), an additional nine times the monthly benefit otherwise payable to the worker will be paid to the dependent spouse or dependent children of the worker.

Application

This Policy applies to compensable deaths occurring on or after February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 60(7), 60(8).

Subsection 6.2 – Periodic Benefits

- Policy Number: 6.2.1R - Survivor Pension
- Policy Number: 6.2.2 - Survivor Pension – More Than One Spouse Qualifies
- Policy Number: 6.2.3 - Dependent-Child Benefit
- Policy Number: 6.2.4R - Discretionary Benefits to Surviving Dependents
- Policy Number: 6.2.5 - Benefits to Person Standing in Place of Parent
- Policy Number: 6.2.6 - Recalculation of Benefits When One Dependent Ceases to Qualify
- Policy Number: 6.2.7R - Duration of Payments to Dependents
- Policy Number: 6.2.8R - Annuity

Rescinded: January 1 2026

Policy Number: 6.2.1R

Topic: Survivor Pension

Section: Survivor Benefits

Subsection: Periodic Benefits

Effective: February 1, 1996

Issued: May 17, 1999

Approved by Board of Directors: May 14, 1999

Policy Statement

1. Where a worker dies as a result of a compensable injury and is survived by a dependent spouse, the spouse shall receive a Survivor Pension equivalent to 85% of the worker's net average earnings before the accident.
2.
 - a) If the date of the worker's injury was on or after February 1, 1996, the benefit will be paid monthly until either:
 - i) the spouse reaches 65 years of age; or
 - ii) the worker would have reached 65 years of age,whichever is later.
 - b) Once the Survivor Pension ceases to be payable, an annuity will be provided to the spouse.
3. If the date of the worker's injury was prior to February 1, 1996 the benefits will be paid monthly for the life of the spouse, and no annuity is payable.

Application

This Policy applies to compensable deaths occurring on or after February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 59(c), 60(1)(c), 60(3).

An Act to Amend Chapter 10 of the Acts of 1994-1995, *the Workers' Compensation Act* (Chapter 1, Acts of 1999), Clause 6.

Policy Number: 6.2.2

Topic: Survivor Pension – More Than One Spouse Qualifies

Section: Survivor Benefits

Subsection: Periodic Benefits

Effective: February 1, 1996

Issued: December 1, 1995

Approved by Board of Directors: March 1, 1995

Policy Statement

1. Where a worker dies as a result of a compensable injury and is survived by more than one spouse who qualifies for a Survivor Pension, the Survivor Pension may be apportioned between the surviving spouses. Apportionment of the Survivor Pension shall be based primarily on each spouse's demonstrated level of financial dependence on the worker before the accident.
2. The total of the Survivor Pension payments to all qualifying surviving spouses will equal 85% of the worker's net average earnings before the accident.
3. Where a Survivor Pension is apportioned among more than one surviving spouse, the annuity contributions for each spouse will be based on whatever portion of the Survivor Pension is payable to that spouse.

Application

This Policy applies to compensable deaths occurring on or after February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 63, 66.

Rescinded: January 1 2026

Policy Number: 6.2.3

Topic: Dependent-Child Benefit

Section: Survivor Benefits

Subsection: Periodic Benefits

Effective: February 1, 1996

Issued: December 1, 1995

Approved by Board of Directors: March 1, 1995

Policy Statement

1. Where a worker dies as a result of a compensable injury and is survived by a dependent child or children (pursuant to Section 64), the dependent child(ren) will receive a Dependent Child Benefit of \$196 per month. The benefit is payable until the month in which the child turns 18 years of age, or the end of the school year in which the child attains 25 years of age, if attending an approved educational facility.

Guidelines

1. Where a child qualifies as a dependant at the time of the worker's death and both of the child's parents are deceased, the child may (subject to maximum allowable benefit provisions) qualify for an increase in the Dependent Child Benefit (see Policy 6.2.4R).

Application

This Policy applies to compensable deaths occurring on or after February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 59(b), 60(1)(d), 64.
Survivor Benefit Regulations.

Policy Number: 6.2.4R

Topic: Discretionary Benefits to Surviving Dependants

Section: Survivor Benefits

Subsection: Periodic Benefits

Effective: October 27, 2016

Issued: April 13, 2017

Approved by Board of Directors: October 27, 2016

Policy Statement

Other Recognized Dependants [s.60(4)]

1. Where the worker is not survived by a spouse or dependent children any amount awarded to 'other recognized dependants' [pursuant to s.60(4)] shall be based primarily on that person's demonstrated level of financial dependence on the worker before the accident.

Dependent Children - Both Parents Deceased [s.62]

2. Where both parents of a child are deceased, and the child qualifies as a dependant (pursuant to s.64) at the time of the worker's death, any further amount in addition to the dependent child benefit [see policy 6.2.3] shall be based on the child's level of financial dependence on the worker before the accident, as well as any extraordinary financial hardship imposed on the child as a result of the worker's death.
3. Any further amount awarded (as per the preceding paragraph) may be payable only for so long as the child continues to qualify as a dependant (as defined in Section 64 of the Act).

General

4. The total of all periodic benefits payable with respect to "other recognized dependants" of the worker, or the total of any further amount(s) contemplated under s.62, may not exceed 85% of the worker's net average earnings before the accident [s.60(5) and 62(2)]

Application

This Policy applies to compensable deaths occurring on or after October 27, 2016.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 60(4), 60(5), 62, 64.

Rescinded: January 1 2026

Policy Number: 6.2.5

Topic: Benefits to Person Standing in Place of Parent

Section: Survivor Benefits

Subsection: Periodic Benefits

Effective: February 1, 1996

Issued: December 1, 1995

Approved by Board of Directors: March 1, 1995

Policy Statement

1. When a discretionary benefit is awarded to a person standing in the place of a parent and maintaining the worker's household, the benefit will be payable to the person until either:
 - a) the worker's child(ren) ceases to qualify as a dependant; or
 - b) the month in which the child(ren) ceases to live with the person on a full-time basis, whichever is earlier.
2. Further, the amount of benefit awarded will be primarily based on the level of financial hardship imposed on that person as a result of maintenance of the worker's household.
3. A person standing in place of a parent will generally be considered to be maintaining the worker's household so long as:
 - a) the person resides with the child(ren), of the worker; or
 - b) the person assumes a significant financial burden in order to allow the dependent child(ren), to reside in their own home.
4. The total of any benefit payable pursuant to this Policy, and any other periodic benefit payable with respect to the death of the worker, shall not exceed 85% of the worker's net average earnings before the accident.

Application

This Policy applies to compensable deaths occurring on or after February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Section 61.

Rescinded: January 1 2026

Policy Number: 6.2.6

Topic: Recalculation of Benefits When One Dependant Ceases to Qualify

Section: Survivor Benefits

Subsection: Periodic Benefits

Effective: February 1, 1996

Issued: December 1, 1995

Approved by Board of Directors: March 1, 1995

Policy Statement

1. When benefits are payable to more than one dependant with respect to the death of a worker, and one of the dependants subsequently ceases to qualify for benefits, payment to that dependant will cease. Benefits payable to the remaining dependant, or dependants, will be recalculated (where appropriate) to reflect the compensation which would have otherwise been payable had they been the only dependant, or dependants, at the time of the worker's death.
2. The recalculation will result in a higher award to the remaining dependants only where individual benefits were originally limited by the number of qualifying dependants, such as in the case of "other recognized dependants" of the worker [no spouse or child; pursuant to subsection 60(4)], or where a discretionary increase has been granted to a child under 18 where both parents are deceased (pursuant to s.62).

Application

This Policy applies to compensable deaths occurring on or after February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Section 65.

Rescinded: January 1 2026

Policy Number: 6.2.7R

Topic: Duration of Payments to Dependents

Section: Survivor Benefits

Subsection: Periodic Benefits

Effective: February 1, 1996

Issued: May 17, 1999

Approved by Board of Directors: May 14, 1999

Policy Statement

Dependent Spouse

1. a) A dependent spouse of a worker whose injury date was on or after February 1, 1996 will receive a Survivor Pension until either:
 - i) the month in which the spouse reaches age 65, or
 - ii) the month in which the worker would have reached age 65,whichever is later.
- b) A dependent spouse of a worker whose injury date was prior to February 1, 1996 will receive a survivor pension for life.

Dependent Child

2. A Dependent Child Benefit is payable until the month in which the child reaches 18 years of age.

Dependent Child Attending Approved Educational Facility

3. If the child is attending an approved educational facility beyond the age of 18, then the benefit may be payable until the end of the school year in which the child turns 25 years of age. In any case, this benefit will continue only for so long as the worker would have reasonably been expected to continue to support the child.

Child Incapable of Earning

4. Where a child is physically or mentally incapable of earning, the dependant child benefit may be payable until the child:
 - a) is capable of earning, or
 - b) dies,whichever is earlier.

Other Recognized Dependents

5. Where benefits are granted to other dependents of the worker [pursuant to Section 60(4)], the benefit will continue:

- a) only so long as the worker's support would have been expected to continue, or
 - b) for five years,
- whichever is earlier.

Application

This Policy applies to compensable deaths occurring on or after February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Section 60 and 64.

An Act to Amend Chapter 10 of the Acts of 1994-1995, *the Workers' Compensation Act* (Chapter 1, Acts of 1999), Clause 6.

Rescinded: January 1 2026

Policy Number: 6.2.8R

Topic: Annuity

Section: Survivor Benefits

Subsection: Periodic Benefits

Effective: February 1, 1996

Issued: May 17, 1999

Approved by Board of Directors: May 14, 1999

Policy Statement

1. Wherever a Survivor Pension is payable to the spouse of a worker whose injury date was on or after February 1, 1996, an amount equal to 5% of the value of the Survivor Pension will be set aside to provide an annuity to the recipient once the Survivor Pension is no longer payable.
2. Annuity contributions made with respect to a surviving spouse will be in accordance with the Board's annuity policies (see Subsection 3.6 of this Policy Manual).
3. Where a Survivor Pension is apportioned among more than one surviving spouse, the annuity contributions for each spouse will be based on whatever portion of the Survivor Pension is payable to that spouse.

Application

This Policy applies to compensable deaths occurring on or after February 1, 1996.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Section 66.

An Act to Amend Chapter 10 of the Acts of 1994-1995, *the Workers' Compensation Act* (Chapter 1, Acts of 1999), Clause 6.

Rescinded: January 1 2026

Policy Number: 3.4.2R2

Topic: Review of Extended Earnings-Replacement Benefit

Section: Short-Term and Long-Term Benefits

Subsection: Extended Earnings-Replacement Benefit (EERB)

Effective: December 16, 2021

Issued: January 24, 2022

Approved by Board of Directors: December 16, 2021

Policy Statement

1. Extended Earnings-Replacement Benefits (EERBs) will be reviewed 36 months after the date the EERB was determined.
2. This review will also take place for all workers who would be receiving an EERB if it were not for the fact that their Permanent Impairment Benefit (PIB) is greater than 85% of their loss of earnings. In these cases, the review date will be 36 months after the permanent impairment rating determination. Subsequent reviews (see paragraphs 3, 4, and 5) will be based on the same criteria as the EERB.
3. An EERB may be reviewed 24 months after the 36-month review, if it is determined to be necessary by the Board at the time of the 36 month review. As a general guideline, an EERB will be reviewed a second time if the worker has not established a consistent earnings pattern during the first 36 months the worker was in receipt of the EERB or the worker has shown significant deterioration in their compensable condition. The Board may choose not to set another review date if the information on the file indicates the worker's employment pattern, although casual or seasonal, is still an established pattern.
4. An EERB may be reviewed at any time if:
 - a) a review of a permanent impairment rating results in an adjustment to the Permanent Impairment rating of at least ten percentage points, or
 - b) it is determined the EERB was based on misrepresentation of fact.
5. The EERB (or EERB that would be payable but for the fact that the worker's PIB is greater than 85% of the loss of earnings) will not be increased or decreased unless the adjustment is equal to or greater than 10% of the compensation currently being paid to the worker as a result of the injury.

Application

This Policy is effective for decisions made on or after December 16, 2021. This Policy applies to workers injured on or after March 23, 1990 who have been awarded an EERB. This Policy replaces Policy 3.4.2R1 that was effective September 10, 2004.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 73, 228. An Act to Amend Chapter 10 of the Acts of 1994-95, *the Workers' Compensation Act*, Clause 9.