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Application for Determination of Catastrophic Impairment (OCF-19)

Use this form for accidents that occur on or after June 1, 2016

Claim Number:

Policy Number:

Date of Accident:
(YYYYMMDD)

Note to the Applicant:

This form must be completed in full and submitted to your auto insurer if you wish to establish that you have suffered a catastrophic impairment as a result of your motor vehicle accident. Persons determined to have a catastrophic impairment are entitled to request extended medical, rehabilitation and attendant care benefits and other expenses. On the basis of this Application, your insurer may designate you as catastrophically impaired.

To the Physician*:

Consent: It is the responsibility of the physician to ensure that their collection, use and disclosure of information submitted are authorized by a consent form. The Ontario Claims Form 5 (OCF-5) Permission to Disclose Health Information may be used as a consent form, although additional disclosure and consent may be required depending on the manner in which the information is used and disclosed.

*If the impairment is a brain impairment only, this form may be filled out by a neuropsychologist.

Part 1 Applicant Information

(completed by the applicant or substitute decision maker)

Last Name		First Name and Initial	
Address		Date of Accident (YYYYMMDD)	
City		Province	Postal Code
Home Telephone	Work Telephone	Ext	Email (Optional)

Applicant Status:

- Applicant is under the age of 18 and is accepted for admission on an in-patient basis at a public hospital named in a Superintendent Guideline or admitted on an in-patient basis to a program of neurological rehabilitation in a paediatric rehabilitation facility.
- Applicant is currently in a general hospital, rehabilitation centre, nursing home or chronic care facility.
- This is the first application for catastrophic determination.
- This is a reapplication for catastrophic determination. Please attach reason for reapplication.

I authorize my treating physician* to collect, use, and disclose to my insurer or to a health professional, social worker, or vocational rehabilitation expert properly identified by my insurer to conduct an examination only such information relating to my health condition or injuries arising as a result of the automobile accident as is reasonably required for the purpose of determining whether I have a catastrophic impairment.

This authorization does not apply to a consultation between my health care provider and the insurer's physician conducting an examination. Separate express consent is required for this consultation. This consent should be in writing.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

I UNDERSTAND THAT IT IS AN OFFENCE UNDER THE INSURANCE ACT to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance.

I FURTHER UNDERSTAND THAT IT IS AN OFFENCE UNDER THE FEDERAL CRIMINAL CODE for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company. This information will be used for processing payments of claims; identifying and analysing the nature, effects and costs of goods and services that are provided to automobile accident victims, by health care providers; and **PREVENTING, DETECTING AND SUPPRESSING FRAUD.**

Signature of Applicant or Substitute Decision Maker	Date (YYYYMMDD)
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The rest of this form must be completed by your physician*.

**Part 2
Physician*
Information**

Name of Physician		College Registration Number	
Facility Name (if applicable)		AISI Facility Number (if applicable)	
Address			
City		Province	Postal Code
Telephone Number	Extension	Fax Number	Email (Optional)

**Part 3
Physician's*
Report of
Catastrophic
Impairment**

Knowledge of Applicant	
<input type="checkbox"/>	Applicant is currently in my care and most recently seen on _____ Number of years in my care _____ (YYYYMMDD)
<input type="checkbox"/>	Applicant was seen for the purpose of preparing this application, on _____ (YYYYMMDD)
<input type="checkbox"/>	Applicant was in my care but no longer actively followed. Date last seen by me: _____ (YYYYMMDD)
<input type="checkbox"/>	I have reviewed the file but have not seen the applicant. The most relevant material reviewed is dated _____ (YYYYMMDD)
<input type="checkbox"/>	I have seen this person _____ time(s) for the purpose of evaluating impairment.

**Part 4
Criteria**

Please refer to the following criteria for catastrophic impairment when completing this form. Complete only Section A OR Section B of Part 4.

Section A – Automatic Designation – Only For Applicants Under Age 18 At Time of Accident

I confirm that as a result of the accident one of the following criteria is applicable to this applicant.

- 1. Traumatic Brain Injury - is accepted for admission on an in-patient basis at a public hospital named in a Superintendent Guideline with positive findings on a computerized axial tomography scan, a magnetic resonance imaging or any other medically recognized brain diagnostic technology indicating intracranial pathology;
- 2. Traumatic Brain Injury - is accepted for admission on an in-patient basis to a program of neurological rehabilitation in a paediatric rehabilitation facility that is a member of the Ontario Association of Children's Rehabilitation Services;

Section B – Criteria – For All Applicants Not Subject to Section A

Please provide a description of the impairment(s) sustained in the automobile accident. Use the applicable definition of catastrophic impairment as a guide. If you are able, and it's relevant, refer to the whole person impairment rating based on the American Medical Association's Guides, 4th edition. The *Statutory Accident Benefits Schedule-Effective September 1, 2010* (Amended June 1, 2016) provides detailed information regarding the criteria, along with the summary attached as *Appendix 1 - Criteria for Part 4*.

Based on my assessment, I believe that as a result of the accident the following criteria are applicable to this applicant. Please check all that apply.

- 1. Paraplegia or Tetraplegia;
- 2. Severe impairment of ambulatory mobility or use of an arm, or amputation;
- 3. Loss of Vision of Both Eyes;
- 4. Traumatic Brain Injury (applicant 18 years of age or older at the time of the accident);
- 5. Traumatic Brain Injury (applicant under 18 years of age at the time of the accident);
- 6. Physical Impairment or Combination of Physical Impairment which results in 55% or more of whole person (see "Additional Criteria" below);
- 7. Mental or Behavioural Impairment, Excluding Traumatic Brain Injury, Combined with a Physical Impairment which results in 55 percent or more impairment of the whole person. (see "Additional Criteria" below); and/or
- 8. A Class 4 impairment (marked impairment) in three or more areas of function that precludes useful functioning **or** a Class 5 impairment (extreme impairment) in one or more areas of functioning, due to mental or behavioural disorder (see "Additional Criteria" below).
- Analogous Test - If the insured person is under the age of 18 at the time of the accident and the insured person's impairment can reasonably be believed to be a catastrophic impairment for the purposes of item 6, 7 or 8 of the above criteria, the impairment shall be deemed to be the impairment referred to in item 6, 7 or 8 of the above criteria that is most analogous to the impairment, after taking into consideration the developmental implications of the impairment (see "Additional Criteria" below).

Additional Criteria

Item 6, 7 or the Analogous Test of the above criteria apply to the applicant because:

- two years have elapsed since the accident; or
- an assessment conducted by a physician three months or more after the accident determines that,
 1. the insured person has a physical impairment or combination of physical impairments determined in accordance with item 6, or a combination of a mental or behavioural impairment and a physical impairment determined in accordance with item 7 that results in 55 per cent or more impairment of the whole person, and
 2. the insured person's condition is unlikely to improve to less than 55 per cent impairment of the whole person.

Item 8 or the Analogous Test of the above criteria apply to the applicant because:

- two years have elapsed since the accident; or
- a physician states in writing that the insured person's impairment is unlikely to improve to less than a class 4 impairment (marked impairment) in three or more areas of function that precludes useful functioning, due to mental or behavioural disorder.

Description of impairments attached

**Part 5
Signature
of Physician***

I confirm that the applicant suffered a catastrophic impairment as described in the relevant definition attached to this application.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

I UNDERSTAND THAT IT IS AN OFFENCE UNDER THE INSURANCE ACT to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance. Regulated sectors may be subject to an examination or inquiry about matters in connection with a licence and or unfair or deceptive act or practice. Non-compliance with applicable regulations may result in enforcement actions ranging from an administrative monetary penalty to prosecution under the Provincial Offences Act.

I FURTHER UNDERSTAND THAT IT IS AN OFFENCE UNDER THE FEDERAL CRIMINAL CODE for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company. This information will be used for processing payments of claims; identifying and analysing the nature, effects and costs of goods and services that are provided to automobile accident victims, by health care providers; and **PREVENTING, DETECTING AND SUPPRESSING FRAUD.**

Name of Physician* (please print)

Signature of Physician*

Date (YYYYMMDD)

Note: The fee for completing this form is not a health care benefit of the Ontario Ministry of Health. The fee and the cost of any examination(s) necessary to complete this form should be billed to the insurance company.

Appendix 1 - Criteria for Part 4

Please note this is a summary of the catastrophic impairment criteria to be used when completing Part 4 of the OCF-19. The eligibility criteria can be found in section 3.1 of the Statutory Accident Benefits Schedule-Effective September 1, 2010 (SABS). If there are any inconsistencies between this summary and section 3.1 of the SABS, the SABS prevail.

	Impairment (As a result of the accident)	Criteria
1	Paraplegia or Tetraplegia	<p>The insured person's neurological recovery is such that the person's permanent grade on the ASIA Impairment Scale, can be determined.</p> <p>The insured person's permanent grade on the ASIA Impairment Scale is or will be, A, B or C, or D, and</p> <ul style="list-style-type: none"> • the insured person's score on the Spinal Cord Independence Measure, Version III, item 12 (Mobility Indoors), and applied over a distance of up to 10 metres on an even indoor surface is 0 to 5, • the insured person requires urological surgical diversion, an implanted device, or intermittent or constant catheterization in order to manage a residual neuro-urological impairment, or • the insured person has impaired voluntary control over anorectal function that requires a bowel routine, a surgical diversion or an implanted device.
2	Severe impairment of ambulatory mobility or use of an arm, or amputation	<p>Trans-tibial or higher amputation of a leg.</p> <p>Amputation of an arm or another impairment causing the total and permanent loss of use of an arm.</p> <p>Severe and permanent alteration of prior structure and function involving one or both legs as a result of which the insured person's score on the Spinal Cord Independence Measure, Version III, item 12 (Mobility Indoors), and applied over a distance of up to 10 metres on an even indoor surface is 0 to 5.</p>
3	Loss of Vision in Both Eyes	<p>Even with the use of corrective lenses or medication,</p> <ul style="list-style-type: none"> • visual acuity in both eyes is 20/200 (6/60) or less as measured by the Snellen Chart or an equivalent chart, or • the greatest diameter of the field of vision in both eyes is 20 degrees or less. <p>The loss of vision is not attributable to non-organic causes.</p>
4	Traumatic Brain Impairment (applicant 18 years of age or older at the time of the accident)	<p>The injury shows positive findings on a computerized axial tomography scan, a magnetic resonance imaging or any other medically recognized brain diagnostic technology indicating intracranial pathology that is a result of the accident, including, but not limited to, intracranial contusions or haemorrhages, diffuse axonal injury, cerebral edema, midline shift or pneumocephaly.</p> <p>and</p> <p>When assessed in accordance with <i>Structured Interviews for the Glasgow Outcome Scale and the Extended Glasgow Outcome Scale: Guidelines for Their Use</i>, the injury results in a rating of,</p> <ul style="list-style-type: none"> • Vegetative State (VS or VS*), one month or more after the accident, • Upper Severe Disability (Upper SD or Upper SD*) or Lower Severe Disability (Lower SD or Lower SD*), six months or more after the accident, or • Lower Moderate Disability (Lower MD or Lower MD*), one year or more after the accident.
5	Traumatic Brain Impairment (applicant under 18 years of age at the time of the accident)	<p>The insured person is accepted for admission, on an in-patient basis, to a public hospital named in a Superintendent Guideline with positive findings on a computerized axial tomography scan, a magnetic resonance imaging or any other medically recognized brain diagnostic technology indicating intracranial pathology that is a result of the accident, including, but not limited to, intracranial contusions or haemorrhages, diffuse axonal injury, cerebral edema, midline shift or pneumocephaly;</p> <p>or</p> <p>The insured person is accepted for admission, on an in-patient basis, to a program of neurological rehabilitation in a paediatric rehabilitation facility that is a member of the Ontario Association of Children's Rehabilitation Services;</p> <p>or</p> <p>One month or more after the accident, the insured person's level of neurological function does not exceed category 2 (Vegetative) on the King's Outcome Scale for Childhood Head Injury;</p> <p>or</p> <p>Six months or more after the accident, the insured person's level of neurological</p>

		<p>function does not exceed category 3 (Severe disability) on the King's Outcome Scale for Childhood Head Injury;</p> <p>or</p> <p>Nine months or more after the accident, the insured person's level of function remains seriously impaired such that the insured person is not age-appropriately independent and requires in-person supervision or assistance for physical, cognitive or behavioural impairments for the majority of the insured person's waking day.</p>
6	Physical Impairment or Combination of Physical Impairment which results in 55 percent or more impairment of the whole person.	Subject to the additional criteria set out in Part 4, a physical impairment or combination of physical impairments that, in accordance with the American Medical Association's <i>Guides to the Evaluation of Permanent Impairment</i> , 4th edition, 1993, results in 55 per cent or more physical impairment of the whole person.
7	Mental, or Behavioural Impairment, Excluding Traumatic Brain Injury, Combined with a Physical impairment which results in 55 percent or more impairment of the whole person.	Subject to the additional criteria set out in Part 4, a mental or behavioural impairment, excluding traumatic brain injury, determined in accordance with the rating methodology in Chapter 14, Section 14.6 of the American Medical Association's <i>Guides to the Evaluation of Permanent Impairment</i> , 6th edition, 2008, that, when the impairment score is combined with a physical impairment described above in accordance with the combining requirements set out in the Combined Values Table of the American Medical Association's <i>Guides to the Evaluation of Permanent Impairment</i> , 4th edition, 1993, results in 55 percent or more impairment of the whole person.
8	A Class 4 impairment (marked impairment) in three or more areas of function that precludes useful functioning or a Class 5 impairment (extreme impairment) in one or more areas of functioning, due to mental or behavioural disorder.	Subject to the additional criteria set out in Part 4, an impairment that, in accordance with the American Medical Association's <i>Guides to the Evaluation of Permanent Impairment</i> , 4th edition, 1993, results in a class 4 impairment (marked impairment) in three or more areas of function that precludes useful functioning or a class 5 impairment (extreme impairment) in one or more areas of function that precludes useful functioning, due to mental or behavioural disorder.