

Return this form to:

# Application for Determination of Catastrophic Impairment (OCF-19)

Use this form for accidents that occur on or after November 1, 1996.

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 car accident. Persons determined to have a catastrophic impairment are entitled to request extended medical, rehabilitation and/or attendant care benefits and other expenses. On the basis of this Application, your auto insurer may designate you as catastrophically impaired.

### To the Health Professional/Facility:

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

## Part 1 Applicant Information

(completed by the applicant or substitute decision maker)

Last Name		First Name and Initial				
Address			Date of Accident	year	month	day
City		Province		Postal Code		-
Home Telephone	Area Code		Work Telephone	Area Code		

**Applicant Status:**

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.

Reason For Reapplication: \_\_\_\_\_

### TO THE INSURER:

**I UNDERSTAND** that you, and persons acting for you, will collect and use personal information and personal health information about me that is related to my claims for accident benefits arising out of the accident described in my application.

**I ALSO UNDERSTAND** that this information will be collected, used and disclosed for the purposes of:

- Investigating and processing my claims as required by law, including the Ontario Automobile Policy;
- Obtaining or verifying information relating to my claims in order to determine entitlement and the proper amount of payment;
- Identifying and analyzing the nature, effects and costs of goods and services that are provided to automobile accident victims by health care providers;
- Preventing and detecting fraud;
- Compiling anonymized statistics for government agencies;
- Assessing underwriting risks and claims experience; and
- Allowing you to comply with your legal obligations to others, such as government regulators, auditors and reinsurers.

**I ALSO UNDERSTAND** that you, and persons acting for you, may disclose this information to the following persons, who may collect and use this information for the purposes described above:

- Insurers; reinsurers; insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; federal, provincial or municipal governments and agencies where required or authorized by law; police forces or law enforcement agencies; and my agents or representatives;
- Organizations designated as investigative bodies under privacy laws;
- Claims processing agencies and statistical analysis organizations to whom you are directed by law to disclose claims, payment requests and other claims information; and
- Organizations that consolidate claims and underwriting information for the insurance industry.

**I CONSENT** to you collecting, using and disclosing this information in the manner described above.

Signature of Applicant or Substitute Decision Maker

Date	year	month	day

**Part 2  
Health  
Practitioner  
Information**

Name			
Facility			
Address			
Telephone Number	Area Code	FAX Number	Area Code

**Type of Practitioner:**

- chiropractor  
  dentist  
  nurse practitioner  
  occupational therapist  
  optometrist  
  physician  
  physiotherapist  
  psychologist  
 speech language pathologist

**Part 3  
Health  
Practitioner'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 _____
<input type="checkbox"/>	Applicant was seen for the purpose of preparing this application, on _____
<input type="checkbox"/>	Applicant was in my care but no longer actively followed. Date last seen by me: _____
<input type="checkbox"/>	I have reviewed the file but have not seen the Applicant. The most relevant material reviewed is dated _____
<input type="checkbox"/>	I have seen this person _____ time(s) for the purpose of evaluating impairment.

Provide a description of the impairment(s) sustained in the automobile accident. Use the applicable definition of catastrophic impairment as a guide. **Please attach a report explaining the impairment and your findings.** If you are able, and it's relevant, refer to the whole person impairment rating based on the AMA Guides.

**Please refer to the following definition of catastrophic impairment when completing this form.**

**Criterion 1.**

Based on my assessment, I believe the following criteria are applicable to this applicant. Please check all that apply "catastrophic impairment" means

- (a) paraplegia or quadriplegia,
- (b) amputation or other impairment causing the total and permanent loss of use of both arms,
- (c) amputation or other impairment causing the total and permanent loss of use of both an arm and a leg,
- (d) total loss of vision in both eyes,
- (e) brain impairment that, in respect of an accident, results in,
  - (i) a score of 9 or less on the Glasgow Coma Scale as published in Jennett, B. and Teasdale, G., *Management of Head Injuries*, Contemporary Neurology Series, Volume 20, F.A. Davis Company, Philadelphia, 1981, according to a test administered within a reasonable period of time after the accident by a person for that purpose, or
  - (ii) a score of 2 (vegetative) or 3 (severe disability) on the Glasgow Outcome Scale as published in Jennett, B. and Bond, M., *Assessment of Outcome After Severe Brain Damage*, Lancet i: 480, 1975, according to a test administered more than six months after the accident by a person trained for that purpose
- (f) any impairment or combination of impairments that, in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition, 1993, results in 55 per cent or more impairment of the whole person, or
- (g) any impairment that, in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition, 1993, results in a class 4 impairment (marked impairment) or class 5 impairment (extreme impairment) due to mental or behavioural disorder.

**Note:**

For the purpose of clauses (f) and (g) of the definition of "catastrophic impairment" in subsection (1), an impairment that is sustained by an insured person but is not listed in the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4<sup>th</sup> edition, 1993 shall be deemed to be the impairment that is listed in that document and that is most analogous to the impairment sustained by the insured person.

**Criterion 2.**

Clauses (f) and (g) of the definition of "catastrophic impairment" do not apply unless,

- (a) the insured person's condition has stabilized and is not likely to improve with treatment, or
- (b) three years have elapsed since the accident.

**Part 4  
Criteria For  
Accidents  
between  
November 1, 1996  
and  
September 30, 2003**

**Part 5**  
**Criteria For**  
**Accidents**  
**on or after**  
**October 1, 2003**

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

**Criterion 1.**

“catastrophic impairment”

- (a) paraplegia or quadriplegia;
- (b) the amputation or other impairment causing the total and permanent loss of use of both arms or both legs;
- (c) the amputation or other impairment causing the total and permanent loss of use of one or both arms and one or both legs;
- (d) the total loss of vision in both eyes;
- (e) brain impairment that, in respect of an accident, results in,
  - (i) a score of 9 or less on the Glasgow Coma Scale, as published in Jennett, B. and Teasdale, G., *Management of Head Injuries*, Contemporary Neurology Series, Volume 20, F.A. Davis Company, Philadelphia, 1981, according to a test administered within a reasonable period of time after the accident by a person trained for that purpose, or
  - (ii) a score of 2 (vegetative) or 3 (severe disability) on the Glasgow Outcome Scale, as published in Jennett, B. and Bond, M., *Assessment of Outcome After Severe Brain Damage*, Lancet i:480, 1975, according to a test administered more than six months after the accident by a person trained for that purpose;
- (f) an impairment or combination of impairments that, in accordance with the American Medical Association’s *Guides to the Evaluation of Permanent Impairment*, 4th edition, 1993, results in 55 per cent or more impairment of the whole person; or
- (g) an impairment that, in accordance with the American Medical Association’s *Guides to the Evaluation of Permanent Impairment*, 4th edition, 1993, results in a class 4 impairment (marked impairment) or class 5 impairment (extreme impairment) due to mental or behavioural disorder.

**Note:**

If an insured person is under the age of 16 years at the time of the accident and none of the Glasgow Coma Scale, the Glasgow Outcome Scale or the American Medical Association’s *Guides to the Evaluation of Permanent Impairment*, 4th edition, 1993, referred to in clause (e), (f) or (g) can be applied by reason of the age of the insured person, then an impairment sustained in an accident by the insured person that can reasonably be believed to be a catastrophic impairment shall be deemed to be the impairment that is most analogous to the impairment referred to in clause (e), (f) or (g), after taking into consideration the developmental implications of the impairment.

For the purpose of clauses (f) and (g), an impairment that is sustained by an insured person but is not listed in the American Medical Association’s *Guides to the Evaluation of Permanent Impairment*, 4th edition, 1993 shall be deemed to be the impairment that is listed in that document and that is most analogous to the impairment sustained by the insured person.

**Criterion 2.**

Clauses (f) and (g) of Criterion 1 do not apply to the applicant unless,

- (a) the insured person’s health practitioner states in writing that the insured person’s condition is unlikely to cease to be a catastrophic impairment; or
- (b) two years have elapsed since the accident.

**Health Practitioner Explanation or Comments for Criteria Selected Above:**

**Part 6**  
**Signature**

I certify that the applicant suffered a catastrophic impairment as described in the relevant definition attached to this application. It is an offence under the *Insurance Act* to knowingly make a false or misleading statement or representation to an insurer in connection with the person’s entitlement to a benefit under a contract of insurance. It is an offence under the federal *Criminal Code* for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

Name of Health Practitioner (please print)	Signature of Health Practitioner	Date (YYYYMMDD)
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**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.