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GENERAL INSURANCE COMPANY

1550 Enterprise Road, Suite 310,  
Mississauga, Ontario L4W 4P4

# 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 motor vehicle 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 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 their collection, use and disclosure of information submitted are authorized by a consent form. Health professionals/facilities can 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	(YYYYMMDD)	
City		Province		Postal Code	
Home Telephone	Area Code	Work Telephone	Area Code	Extension	
	- -		- -		

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:

I authorize my treating health professional 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 health professional conducting an examination (referred to in sections 24(1) 9 and 24.1(1) 2 of the Statutory Accident Benefits Schedule – On or After November 1, 1996). Separate express consent is required for this consultation. This consent should be in writing.

I confirm 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.

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

**Part 2  
Health  
Practitioner  
Information**

Name						
Facility						
Address						
City				Province		Postal Code
Telephone Number	Area Code	ext	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**

- Applicant is currently in my care and most recently seen on \_\_\_\_\_ Number of years in my care  
(YYYYMMDD)
- Applicant was seen for the purpose of preparing this application, on \_\_\_\_\_  
(YYYYMMDD)
- Applicant was in my care but no longer actively followed. Date last seen by me: \_\_\_\_\_  
(YYYYMMDD)
- I have reviewed the file but have not seen the applicant. The most relevant material reviewed is dated \_\_\_\_\_  
(YYYYMMDD)
- 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.

For Accidents Between November 1, 1996 and September 30, 2003

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

**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 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:**

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

**For Accidents on or after October 1, 2003**

**Criterion 1.**

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

"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  
of Health  
Practitioner**

I confirm 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.