

Return this form to:

ECHELON

GENERAL INSURANCE COMPANY

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

Activities of Normal Life (OCF-12)

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

Claim Number:	
Policy Number:	
Date of Accident: (YYYYMMDD)	

Use this form for accidents that occur on or after January 1, 1994. This form must be completed by the applicant. If the applicant is unable to do so, a guardian or family member may assist. The information collected in this form will help your insurance company determine the services you may need as a result of the accident, and any other accident benefits that you are entitled to receive. **Please print clearly.**

Part 1 Applicant's Information

Last Name		First Name and Initial	
Address			
City		Province	Postal Code
Home Telephone	Date of Accident	Date (YYYYMMDD)	<input checked="" type="checkbox"/> Check one <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up

Part 2 Description Of Home

Type of Home				Number of residents _____	Number of floors _____
<input type="checkbox"/> House	<input type="checkbox"/> Condominium	<input type="checkbox"/> Other (Specify) _____			
<input type="checkbox"/> Apartment	<input type="checkbox"/> Townhouse		Size of lot _____	Number of stairs _____	

Part 3 Physical Activities

Please go through the list of activities and use a to indicate your usual activities before and after the accident. Describe any limitations.

	Task	Before Accident				After Accident				Limitations (Briefly explain)
		Can Do			Can Not Do	Can Do			Can Not Do	
		All	Partially	With Help		All	Partially	With Help		
Personal Care	Bathing									
	Grooming									
	Dressing/Undressing									
	Toileting									
	Other									
Functional Ability	Walking									
	Climbing Stairs									
	Driving									
	Riding in Car									
	Public Transportation									
	Standing									
	Sitting									
Other										

**Part 3
Physical
Activities
(cont'd)**

	Task	Before Accident				After Accident				Limitations (Briefly explain)
		Can Do			Can Not Do	Can Do			Can Not Do	
		All	Partially	With Help		All	Partially	With Help		
Shopping	Groceries									
	Other									
Meals	Meal Preparation									
	Cooking									
	Washing Dishes									
Cleaning	Sweeping									
	Dusting									
	Vacuuming									
	Bedmaking									
	Bathrooms									
	Washing Floors									
	Oven									
	Refrigerator									
	Garbage Removal									
	Other									
Laundry	Washing/Drying									
	Ironing									
	Sewing									
Home Maintenance Activities	Grass Cutting									
	Gardening									
	Snow Shovelling									
	Other									

**Part 4
Other
Abilities**

	Task	Before Accident				After Accident				Limitations (Briefly explain)
		Can Do			Can Not Do	Can Do			Can Not Do	
		All	Partially	With Help		All	Partially	With Help		
Cognitive Activities	Balancing a Bank Book									
	Keeping Appointments									
	Remembering to do Errands									
	Reading and Remembering What You Have Read									
	Following a Movie or TV Show									
	Planning and Organizing Meals or Shopping									
	Remembering and Following Directions									
	Prioritizing Activities									
	Other									

**Part 4
Other
Abilities
(cont'd)**

	Task	Before Accident			After Accident				Limitations (Briefly explain)	
		Can Do			Can Not Do	Can Do				Can Not Do
		All	Partially	With Help		All	Partially	With Help		
Controlling Emotion/ Behavior	Driving/Riding									
	Relating to Others Without Irritability or Temper									
	Participating in Social Activities									
	Other									
	Keeping Track of Conversation									
Communi- cation	Finding Words to Express Your Thoughts									
	Writing So Others Understand									
	Other									

**Part 5
Other
Information**

Please describe any other activities you normally did before the accident that you are no longer able to do.

additional sheets attached

**Part 6
Signature**

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.

Signature of Applicant, or Substitute Decision Maker	Date (YYYYMMDD)
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