

Request for an Assessment by a Certified Examiner (Notice Form MI-1)

Use this prescribed form for motor vehicle accidents that occur on or after October 1, 2004. This form is prescribed in accordance with Section 8(1) of the Minor Injury Regulation and Section 803 of the Insurance Act.

Send both pages of this prescribed form to the claimant or insurance company (defendant) as applicable.

In the event of a disagreement whether an injury arising from a motor vehicle accident is or is not a minor injury, and after 90 days have elapsed since the accident, the following process is to be followed as further described in the *Minor Injury Regulation* and the *Insurance Act*.

- 1) Either the claimant or insurance company (defendant) may give notice that an opinion on the matter by a Certified Examiner is desired.
- 2) The notifying party must name the proposed Certified Examiner by completing this form "Request for an Assessment by a Certified Examiner (Notice Form MI-1)" and sending it to the other party.
 - o **The party requesting an opinion from a Certified Examiner is responsible for all assessment and reporting costs of the Certified Examiner.**
- 3) Upon receipt of Form MI-1, the other party then has 14 days to accept the proposed Certified Examiner OR provide the name of an alternative.
- 4) If the notified party fails to respond within 14 days, that party is considered to have accepted the name proposed.
- 5) If the notified party disagrees with the proposed Certified Examiner, they may propose another Certified Examiner to the notifying party.
- 6) If the parties cannot agree on a Certified Examiner, either party may apply to the Superintendent of Insurance to select a Certified Examiner to assess the claimant by completing "Application to the Superintendent of Insurance to select a Certified Examiner (Form MI-2)".
- 7) The Superintendent has 5 days to select an examiner and may not select someone who was proposed by either party. The Superintendent will notify the claimant, defendant and the Certified Examiner of the selection.
- 8) The Certified Examiner shall contact the claimant within 30 days of his/her selection to confirm the date, time and location of the assessment.

Important information regarding the role of the Certified Examiner:

- The Certified Examiner's opinion as to whether an injury is or is not a minor injury, as defined by the *Minor Injury Regulation*, has the status of *prima facie* evidence. This means that the burden of proof will reside with any party wishing to challenge a Certified Examiner's opinion.
- If the Certified Examiner is not able to render an opinion, then he/she may require the claimant to undergo a further assessment and this further assessment must be completed within 6 months of the first assessment. No further Certified Examiner assessments are permitted.
- Certified Examiners are not eligible to assess a claimant if they have diagnosed or treated the claimant or have been consulted with respect to the diagnosis or treatment of the claimant in respect to any injury arising from the accident.

If you have any questions you can contact the Office of the Superintendent of Insurance by phone (780) 427-8322, by fax (780) 420-0752 or by e-mail: insurance@gov.ab.ca. A copy of the *Minor Injury Regulation*, *Insurance Act*, prescribed forms and the Certified Examiner registry is available at <http://www.finance.gov.ab.ca/publications/insurance/>.

Request for an Assessment by a Certified Examiner (Notice Form MI-1) - Continued

Part 1 Claimant Information	Title (e.g., Mr., Mrs., Ms., Dr.)	Last Name	First Name		
	Address				
	City, Town or County		Province	Postal Code	
	Telephone Number (Home) (include Area Code)		Fax Number (Work) (include Area Code)		
	Date of Motor Vehicle Accident				

Part 2 Insurance Company Information	Insurance Company Name		Name of Claims Representative		
	Address				
	City, Town or County		Province	Postal Code	
	Telephone Number (Work) (include Area Code)		Fax Number (Work) (include Area Code)		

Part 3 Proposed Certified Examiner Information	Name of Proposed Certified Examiner				
	Address				
	City, Town or County		Province	Postal Code	
	Telephone Number (Work) (include Area Code)		Fax Number (Work) (include Area Code)		

Part 4 Signature of Party providing notice of request for an assessment by a Certified Examiner	Please indicate whether this request is being made by or on behalf of <input type="checkbox"/> the claimant or <input type="checkbox"/> the insurance company		
	<ul style="list-style-type: none"> I desire to have a Certified Examiner assess the claimant for the purpose of giving an opinion as to whether the injury sustained as a result of the motor vehicle accident is or is not a minor injury. I acknowledge that as the party requesting the assessment, I shall be responsible for all assessment and related reporting costs. I propose that the Certified Examiner named in Part 3 of this form be the Certified Examiner for an assessment of the claimant. I authorize the party receiving this notice to collect, use and disclose any relevant information enclosed on this form as permitted by the <i>Insurance Act, Personal Information Protection Act</i> and applicable privacy legislation for the purpose of administering the claim and selecting a Certified Examiner. 		
	Name of Requesting Party or their Representative (please print)	Signature of Requesting Party or their Representative	Date Signed (MMDDYYYY)