

What's New? Release 3.35

June 29, 2026



Insurer Edition

Timeline for Changes

- HCAI System Release 3.35 goes live on **June 29, 2026**

#1 Updated OCFs Coming July 1st

- FSRA has developed **new versions of all OCFs** as part of Ontario Auto Reforms. These updated forms will be available in HCAI two days after the release goes live – that is, on **Wednesday, July 1**, to coincide with the launch of auto reforms.
- If you open a submission created on or after July 1, you'll see the new form; if you open an OCF that was submitted before July 1, you'll still see the old version.

What's changing?

- One significant change is the addition of **Gender X** as an option for claimants.
- You'll see Gender X on all OCFs and other relevant pages across the HCAI application, like when adding, updating or viewing a Claimant.

The screenshot displays the 'Review OCF18' interface in the HCAI system. The page is divided into several sections:

- Header:** 'Review OCF18' title, 'HCAI' logo, and navigation tabs (SUMMARY, 1, 2, 3, 4, 5, 6) with 'BACK' and 'NEXT' buttons. A 'HCAIinfo' button is also present.
- Buttons:** 'CANCEL', 'PRINT', and 'SAVE' buttons are located at the top.
- Claim Identifier:** Applicant Name: Smith, John; Claim Number: 12; Policy Number: 156; Date of Accident: 2021/01/01.
- Return this form to:** Atria Insurance Test, 123 Oak Street, Oshawa, Ontario, L1L 2L3.
- Plan Identifier:** Document Number: 26033000001; OCF Type: 18; Date Submitted: 2026/03/30; Source: Web; OCF Effective Date: 2026/03/26; Archival Status: Not Archived.
- Part 1: Applicant Information:** Note: This Document is tagged by Claimant Details. Includes an 'UPDATE CLAIMANT DETAILS' button.
- Claimant Information on Form:** Date of Birth: 2000/01/01; Gender: Male Female X; Last Name: Smith; First Name: John; Middle Name: ; Address 1: 123 Street St.; Address 2: ; City: Toronto; Province/State: ON - Ontario; Postal/ZIP Code: L1L 2L3.
- Insurer Claimant - Current Information:** Claimant ID: 22; Date of Birth: 2000/01/01; Gender: Male Female X; Last Name: Smith; First Name: John; Middle Name: ; Address 1: 123 Street st.; Address 2: ; City: Toronto; Province/State: ON - Ontario.
- Buttons:** 'UNLINK CLAIMANT DATA' button is located between the two claimant information sections.

#1 Updated OCFs Coming July 1st

- Other form improvements are also being made, including:
 - Text changes related to the first-payor rule
 - Replacing references to 'FSCO' with 'FSRA' on all forms
 - Other minor legal text changes
- If you have questions about auto reforms, the first payor rule, or wish to preview the new OCFs in PDF format, please visit FSRA's website: www.fsrao.ca.

Review OCF21B

SUMMARY 1 2 3 4 ◀ BACK NEXT ▶ HCAInfo

CANCEL PRINT SAVE

Claim Identifier	Return this form to:	Invoice Identifier
Applicant Name: Smith, John Claim Number: 12 Policy Number: 156 Date of Accident: 2021/01/01	Atria Child 444 Oak Street Toronto, Ontario L3X 3C1	Document Number: 26041300007 Invoice Number: OCF Type: 21B Date Submitted: 2026/04/13 Source: Web OCF Effective Date: 2026/03/26 Archival Status: Not Archived

Other Insurance

Please provide details for other insurer coverage, where applicable.

Effective July 1, 2026, auto insurers are the first payors for medical and rehabilitation benefits. This change does not apply to medication expenses, which should be submitted to supplementary health insurance plans first.

I have made reasonable enquiries of the claimant and have determined that:

No - There is no other insurance coverage

Yes - There is other insurance coverage that is potentially available to cover / partially cover these goods and services

#2 OCF-23, EOB, and Login Help Page Enhancements

- We're also redeveloping some more pages in the new framework, including the OCF-23, its Explanation of Benefits and the Password and Username help pages on the HCAI login screen.
- This change is largely cosmetic and does not affect system behavior or your workflow — you may simply notice improvements like better alignment and spacing.

Review OCF23 HCAI

SUMMARY 1 2 3 4 BACK NEXT HCAIinfo

CANCEL PRINT SAVE

Claim Identifier Applicant Name: Green, Irene Claim Number: 25 Policy Number: 5 Date of Accident: 2018/06/01	Return this form to: Atria Child 444 Fake Street Toronto, Ontario L3X 3C1	Plan Identifier Document Number: 24100100002 OCF Type: 23 Date Submitted: 2024/10/01 Source: Web OCF Effective Date: 2016/07/22 Archival Status: Not Archived
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Part 1: Applicant Information
Note: This Document is tagged by

Claimant Details UPDATE CLAIMANT DETAILS

Claimant Information on Form Date of Birth: 1999/06/03 Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female Last Name: Green First Name: Irene Middle Name: Address 1: 14 Oak Street Address 2: City: Oshawa Province/State: ON - Ontario Postal/ZIP Code: L1L2L2 Phone:	Insurer Claimant - Current Information Claimant ID: 122 Date of Birth: 1999/06/03 Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female Last Name: Green First Name: Irene Middle Name: Address 1: 14 Carnaby Street Address 2: City: Oshawa Province/State: ON - Ontario Postal/ZIP Code: L1L2L2 Phone:
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UNLINK CLAIMANT DATA

Old OCF-23

Review OCF23 HCAI

SUMMARY 1 2 3 4 BACK NEXT HCAIinfo

CANCEL PRINT SAVE

Claim Identifier Applicant Name: Smith, John Claim Number: 12 Policy Number: 156 Date of Accident: 2021/01/01	Return this form to: Atria Child 444 Fake Street Toronto, Ontario L3X 3C1	Plan Identifier Document Number: 26033000003 OCF Type: 23 Date Submitted: 2026/03/30 Source: Web OCF Effective Date: 2026/03/26 Archival Status: Not Archived
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Part 1: Applicant Information
Note: This Document is tagged by

Claimant Details UPDATE CLAIMANT DETAILS

Claimant Information on Form Date of Birth: 2000/01/01 Gender: <input type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> X Last Name: Smith First Name: John Middle Name: Address 1: 14 Oak Street Address 2: City: Oshawa Province/State: ON - Ontario Postal/ZIP Code: L1L 2L2 Phone:	Insurer Claimant - Current Information Claimant ID: 22 Date of Birth: 2000/01/01 Gender: <input type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> X Last Name: Smith First Name: John Middle Name: Address 1: 123 Street st Address 2: City: Toronto Province/State: ON - Ontario Postal/ZIP Code: L1L 2L2 Phone:
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UNLINK CLAIMANT DATA

Redeveloped OCF-23

#3 Updated Browser Recommendations

- For the best user experience, access HCAI on a secure, up-to-date web browser such as **Chromium-based Microsoft Edge, Chrome, or Firefox** on Windows 11, or **Safari 26** on macOS Tahoe (Version 26).

What's Next?

- **Keep checking [HCAIinfo](#)**—HCAI's dedicated eLearning resource site—for more information about Release 3.35.