

IMPORTANT

To have your file processed, your signature is required on the back of this form.

Please write in block letters.

1. IDENTIFICATION OF THE INSURED

The insured is the construction industry employee or retiree			
Last name		First name	
Date of birth (YYYY-MM-DD)	CCQ client no.		Telephone no.
No.	Street		Apartment no.
P.O. box	City	Province	Postal code
To make a change of address, go to the online services at sel.ccq.org or fill out the <i>Change of Address Form</i> available at ccq.org .			

2. IDENTIFICATION OF SPOUSE

Last name	First name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (YYYY-MM-DD)
If you wish to add your spouse, please provide the following information:			
Matrimonial status: <input type="checkbox"/> Married or civil union <input type="checkbox"/> Common-law spouse		Date of start of cohabitation (YYYY-MM-DD)	
If you wish to withdraw your spouse, provide the following information:			
Date of cessation of cohabitation (YYY-MM-DD)			

3. IDENTIFICATION OF DEPENDENT CHILDREN

Child 1			
Last name		First name	
Date of birth (YYYY-MM-DD)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Under guardianship <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's last name	Mother's first name	Father's last name	Father's first name
Child 2			
Last name		First name	
Date of birth (YYYY-MM-DD)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Under guardianship <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's last name	Mother's first name	Father's last name	Father's first name
Child 3			
Last name		First name	
Date of birth (YYYY-MM-DD)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Under guardianship <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's last name	Mother's first name	Father's last name	Father's first name

4. SIGNATURE OF THE INSURED

- I declare that all information given in this form is accurate.
- I declare that I have authorization from my dependents to disclose or receive information about them concerning their benefits claims. My dependents understand that this information will be seen by me and be used by the CCQ for the purpose of managing and administering my plan.
- I agree to inform the CCQ if there is a change in situation that involves the eligibility of my dependents (e.g., cessation of cohabitation with my spouse following failure of the union, dropping out of school, end of studies or change in matrimonial status of my adult dependent child)
- I understand that the CCQ may reject a claim for a dependent following a false declaration or an omission to update the information concerning that dependent. I also understand that the CCQ may, if applicable, claim back from me directly all money that it has paid related to such a claim or consider that it is an excess payment that it may deduct from my future claims.

Signature of the insured

Date (YYYY-MM-DD)

Please return this form and the documentation, if applicable, to this address:

- By mail: Commission de la construction du Québec
Case postale 2414, succursale Chabanel
Montréal (Québec) H2N 0C8
- By fax: 514 341-4468

ELIGIBILITY OF SPOUSE

For your spouse to be included in your dependents file, you must satisfy one of the following conditions:

- You are married or in a civil union
- You have been living together as spouses for a minimum of 12 consecutive months
- You have been living together as spouses for less than 12 months and satisfy one of the following conditions:
 - You have at least one child in common
 - You have jointly adopted a child during your time living together as spouses
 - You have lived together as spouses in the past for a minimum of 12 consecutive months

Refer to your situation	Document to provide
You are married or in a civil union	Marriage or civil union certificate or another equivalent official document
You have been living with your spouse for more than 12 months	2 proofs of residency in your spouse's name: <ul style="list-style-type: none">– 1 recent document (dated less than 3 months ago)– 1 document dated 12 months before the recent document provided The dates of the 2 documents must cover a period of at least 12 months
You have been living with your spouse for less than 12 months and have at least one child in common	2 proofs of residency in your spouse's name: <ul style="list-style-type: none">– 1 recent document (dated less than 3 months ago)– 1 document dated in the month corresponding to the start of your cohabitation and A copy of your child's birth certificate or another official proof of birth or adoption, giving the names of both parents
You have returned to living with your spouse, with whom you cohabited more than 12 months in the past	2 proofs of residency in your spouse's name: <ul style="list-style-type: none">– 1 recent document (dated less than 3 months ago)– 1 document dated in the month corresponding to the start of your cohabitation And, if your spouse has never been recognized as a dependent in your file: 2 proofs of residency in your spouse's name, covering a period of at least 12 months and demonstrating that you were common-law spouses in the past

You must in all cases fill out and attach to this form the form **Declaration of Spouse's Insurance Benefits**.

ELIGIBILITY OF SPOUSE (CONT'D)

If you must provide proofs of residency, they must satisfy the following conditions:

- The document must contain the date of issuance, the first and last names of the spouse, and the spouse's civic address.
- The spouse's address must correspond to the insured's address, according to the CCQ records on the date of the document. If the insured's address in the CCQ's records does not correspond to the spouse's, the insured must also provide two proofs of residency, addressed to his or her name, on the same dates as his or her spouse, to prove the cohabitation.
- The document must come from an official organization or a recognized company.

Examples of documents: Invoice from a utility (phone, cable, natural gas, etc.), tax statement, statement issued by a governmental organization, bank statement, history of previous addresses available free of charge at a Société de l'assurance automobile du Québec (SAAQ) counter

Leases, tax returns, and invoices for purchases of medications are rejected.

END OF SPOUSE'S ELIGIBILITY

IMPORTANT: YOU ARE OBLIGED TO NOTIFY MÉDIC CONSTRUCTION IF YOU CEASE TO LIVE WITH YOUR SPOUSE.

For the purpose of health and dental insurance coverage, a spouse is no longer eligible starting on the date he or she and the insured have ceased to live together for more than 90 days or starting on the date when another person becomes the insured's spouse.

For the purpose of life insurance coverage, the spouse is no longer eligible starting on the date when cohabitation ends.

ELIGIBILITY OF A CHILD

Your or your spouse's child may be eligible to be in your dependents file if he or she satisfies one of the following conditions:

- He or she is under age 18
- He or she is aged between 18 and 26 and a full-time student at an educational institution recognized by the Ministère de l'Éducation et de l'Enseignement Supérieur (MEES)
- He or she is recognized as having a disability that started when he or she satisfied one of the above-mentioned eligibility conditions

A child for whom you are designated legal guardian may also be eligible until age 18.

Documents required to add a child

Refer to your situation	Document to provide
Minor child	Photocopy of birth certificate (optional*)
Adult child	Photocopy of birth certificate (optional*) Refer to the form <i>Certificate of School Attendance</i>
Adult child with a disability	Photocopy of birth certificate (optional*) and – If the child is a full-time student: Refer to the form <i>Certificate of School Attendance</i> – If the child is not a full-time student: You must provide a medical document attesting to his or her disability Contact the CCQ's Customer Services for more information.
Addition of a minor child for whom you are the legal guardian	Photocopy of official documents attesting that you are the child's legal guardian, such as a court judgment

* This proof is not obligatory. Please keep it, however; we may ask you for it if we conduct a random verification of your file.

END OF A CHILD'S ELIGIBILITY

- Dental insurance coverage ends on the day the child turns 21, even if the child is attending an educational institution.
- Once a child turns 26, he or she is no longer eligible for any coverage. The eligibility ends at the end of the semester in which he or she turns 26.

You must notify MÉDIC Construction in the following situations:

- Your child gets married or has been living with a spouse for 12 months
- Your child aged between 18 and 26 leaves school or becomes a part-time student according to the criteria of the educational institution. You must fill out this form or notify us through the CCQ's online services, at sel.ccq.org, "MÉDIC online" section.

For more information, contact your union or employer representative or the CCQ's Customer Services at 1 888-842-8282, or visit ccq.org.

IMPORTANT

You must fill out the form *Declaration or Updating of Dependents* and attach it to this document.

When you declare your spouse in your file as a dependent, you must send us the declaration of his or her insurance coverage. If you do not send us this declaration, your spouse will be considered a secondary insured for all benefits set out in your plan. To make subsequent updates, documentation may be required.

Please write in block letters.

1. IDENTIFICATION OF THE INSURED

The insured is the construction industry employee or retiree

Last name	First name	CCQ client no.
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2. IDENTIFICATION OF SPOUSE

Last name	First name
Does your spouse have group insurance coverage?	
<input type="checkbox"/> No, my spouse does not have group insurance. Go to section 3	
<input type="checkbox"/> Yes: Is your spouse a construction worker?	
<input type="checkbox"/> Yes: Provide his or her client number: _____	
<input type="checkbox"/> No. My spouse is insured by another insurance company:	
Name of insurance company	Date insurance coverage comes into effect (YYYY-MM-DD)
Type of coverage <input type="checkbox"/> Family <input type="checkbox"/> Individuelle	
Tick the categories of benefits covered:	
<input type="checkbox"/> Lodging (hospital room) <input type="checkbox"/> Medications	
<input type="checkbox"/> Complementary healthcare services (lab fees, paramedical treatments, medical items, etc.) <input type="checkbox"/> Eyecare <input type="checkbox"/> Dental care	

3. SIGNATURES

- I declare that all information given in this form is accurate.
- I declare that I have authorization from my dependents to disclose or receive information about them concerning their benefits claims. My dependents understand that this information will be seen by me and be used by the Commission de la construction du Québec (CCQ) for the purpose of managing and administering my plan.
- I agree to inform the CCQ if there is a change in situation that involves the eligibility of my dependents (e.g., cessation of cohabitation with my spouse following failure of the union, dropping out of school, end of studies or change in matrimonial status of my adult dependent child)
- I understand that the CCQ may reject a claim for a dependent following a false declaration or an omission to update the information concerning that dependent. I also understand that the CCQ may, if applicable, claim back from me directly all money that it has paid related to such a claim or consider that it is an excess payment that it may deduct from my future claims.

Signature of the insured

Date (YYYY-MM-DD)

Signature of the spouse

Date (YYYY-MM-DD)

You can update your file online at sel.ccq.org, MEDIC online section.

Please return this form and the documentation, if applicable, to this address:

- By mail: Commission de la construction du Québec
Case postale 2414, succursale Chabanel
Montréal (Québec) H2N 0C8
- By fax: 514 341-4468