

This guide is designed to help you with the process of applying for short-term salary insurance and hour credits and to answer questions that you might have regarding your claim. Because each situation is different, we process files individually, and we will do everything we can to help you. To find out more about the coverage offered, consult the leaflet *Salary Insurance, Hour Credits and Insurance Prolongation*.

A. YOU ARE USING THE RIGHT FORM IF:

You currently have a disability following:

- A personal disease or accident;
- A work-related accident or disease **refused** by the CNESST;
- A road-related accident or an accident involving a motor vehicle **refused** or **not covered** by the SAAQ;
- A work-related accident or disease and you are not covered by the *Act Respecting Industrial Accidents and Occupational Diseases* (employers with a disability only);
- A criminal act and you are receiving IVAC benefits;
- A pregnancy and you are not receiving benefits from the RQAP or the CNESST.

If you are contesting a refusal by the CNESST or the SAAQ to compensate you for this disability, or if your claim is being analyzed, you may be able to receive advances of compensation under certain conditions. In this case, you will also have to provide the other documents shown in the “Advances of compensation” section of the checklist.

B. STEPS TO TAKE

1. Apply for Employment Insurance sickness benefits even if you are not eligible to receive them. Wait for the response from Service Canada before making your application to MÉDIC Construction, as you must attach the documentation from Employment Insurance. (See section C) – (If you are an employer not covered by the Employment Insurance Act, you do not have to apply for Employment Insurance).
2. Fill out the MÉDIC Construction “Declaration of the Insured” (see section D).
3. Have the MÉDIC Construction “Declaration of the Attending Physician” filled out (see section D).
4. Make sure to attach all the documents requested in the checklist and send us your application (see section H).

C. THE PUBLIC EMPLOYMENT INSURANCE PLAN

If you are an employer not covered by the Employment Insurance Act, you do not have to apply for Employment Insurance.

The public Employment Insurance plan, administered by Employment and Social Development Canada, is the first payer in cases of disability.

Before being eligible for compensation under the MÉDIC Construction salary insurance plan, you must have exhausted all Employment Insurance sickness benefits to which you may be entitled.

Case 1: Do you believe that you are not eligible for Employment Insurance because you have not worked enough?

- You must still apply for Employment Insurance benefits, as we must obtain proof that you are ineligible.

Case 2: Have you worked enough hours to be eligible for Employment Insurance and not applied for regular benefits during the last year?

- You must apply for Employment Insurance sickness benefits.

Case 3: Have you applied for Employment Insurance regular benefits during the past year?

- You must apply for reactivation to obtain Employment Insurance sickness benefits on this claim, even if your regular benefits have run out.

In addition, when you reactivate your file, you may be entitled to a second claim for Employment Insurance sickness benefits if you have worked enough hours since the beginning of your first claim. If you are in this situation:

- You must make a second application for Employment Insurance sickness benefits after your first claim if you are still disabled.

C. THE PUBLIC EMPLOYMENT INSURANCE PLAN (Continued)

How to apply for Employment Insurance sickness benefits and obtain documentation

1. Go to Canada.ca and apply for Employment Insurance sickness benefits online. Make sure to give the date that your disability began.
2. When you receive your Service Canada access code, go to Canada.ca and subscribe to “My Service Canada Account.”
3. When your application for Employment Insurance sickness benefits has been processed – that is, when you have received at least one payment or a letter of refusal – attach this documentation, depending on your situation, as follows :

Your situation	What you must do
If your Employment Insurance claim is being analyzed	Wait to receive a response from Service Canada, as you must attach all Employment Insurance documentation needed for processing of your salary insurance application. If you do not follow this instruction, you should expect extra delays.
If your Employment Insurance claim is accepted	Access “My Service Canada Account,” select the subject “Employment Insurance” In the « Your claims » section, print the following two documents and attach them to your application: <ul style="list-style-type: none"> • My latest claim (To access, click on « Latest claim ») • My payments (To access, click on « Payment information »)
If you have received Employment Insurance sickness benefits for two consecutive claims	Access “My Service Canada Account,” select the subject “Employment Insurance” In the « Your claims » section, print the following three documents and attach them to your application: <ul style="list-style-type: none"> • My latest claim (To access, click on « Latest claim ») • My payments (To access, click on « Payment information ») In the « Past claims » section, print the following document and attach it to your application: <ul style="list-style-type: none"> • Past claim details page (To access, click on « Past claims ». View your past claim payments)
If your Employment Insurance claim has been refused	Attach to your application: <ul style="list-style-type: none"> • A copy of the letter of refusal that you will receive by mail.
If a first claim was accepted and a second claim was rejected	Access “My Service Canada Account,” select the subject “Employment Insurance” From section « Past claims », print the following document and attach it to your application : <ul style="list-style-type: none"> • Past claim details page (To access it, click on « Past claims ». View your past claim payments) And attach to your application: <ul style="list-style-type: none"> • A copy of the letter of refusal that you will receive by mail (second claim)

Make sure that the Government of Canada or Service Canada official logo and your name appear on each document. Write your CCQ client number or SIN. Note that the other documents available in “My Service Canada Account” do not replace those requested here.

For assistance related to your Employment Insurance claim, consult Canada.ca or contact Service Canada’s customer services at 1 800 808-6352 or go to a Service Canada Centre.

D. APPLICATION FOR SHORT-TERM SALARY INSURANCE AND HOUR CREDITS

When the first Employment Insurance payment is received or a decision of refusal has been issued by Service Canada, you must fill out the MÉDIC Construction *Declaration of the Insured* and have the MÉDIC Construction *Declaration of Attending Physician* filled out.

MÉDIC Construction Declaration of the Insured

It is important to answer all the questions in the MÉDIC Construction *Declaration of the Insured*. If there is missing information, this may cause delays in processing your application for salary insurance. If space is insufficient, you may use an extra sheet of paper, but be sure to write your full name and client number on each sheet. Here are some elements to keep in mind:

Section 1 – Identification of the insured: All fields in this section must be filled in to facilitate identifying you.

Section 2 – Information regarding Employment Insurance: The questions are used to establish the periods during which you are eligible for Employment Insurance benefits and therefore to determine when salary insurance benefits may be paid to you. Don’t forget to provide the supporting documentation.

If you are an employer not covered by the Employment Insurance Act, you do not have to fill this section.

Section 3 – Information regarding the disability: If your disability results from an accident, clearly indicate the circumstances (work-related, motor-vehicle, or other accident), the date and time, the location, and a detailed description of the event.

Section 4 – Information regarding employment: Write in the last day that you were present at work and the last day paid, as they may be different.

D. APPLICATION FOR SHORT-TERM SALARY INSURANCE AND HOUR CREDITS (Continued)

Section 5 – Other income: The income that you receive from other sources may affect the amount of the salary insurance compensation that you could receive.

You must check “yes” or “no” for each of the questions and, if applicable, attach a copy of:

- RQ – Retraite Québec: Notice of acceptance indicating the amount of the first payment (initial amount) or letter of refusal. If you no longer have this notice, request it from Retraite Québec.
- Insurer other than MÉDIC Construction: Letter of confirmation of benefits amounts paid, letter of refusal, or letter confirming a claim under analysis.
- IVAC – Indemnisation des victimes d’actes criminels: Payment statement or letter of refusal
- CPP – Canada Pension Plan: Payment statement
- RQAP – Régime québécois d’assurance parentale: Decision and calculation statement
- CNESST or SAAQ: Payment statement

Please note that if you are retired, income from your construction industry retirement pension may also affect the amount of your salary insurance compensation. You do not have to give this income as we already have this information in your file.

Section 6 – Detention: If you are in this situation, attach a letter from the facility confirming the detention period.

Section 7 – Sign, and write in the date. This way, you certify the accuracy of the information given.

Section 8 – Authorization: **Write in your last and first names at the places indicated, sign, and write in the date.** This way, you are authorizing us to obtain the supplementary information needed to analyze your application for salary insurance benefits and hour credits.

MÉDIC Construction Declaration of Attending Physician

The MÉDIC Construction Declaration of Attending Physician must be filled out, signed, and dated by your family practitioner or by the physician who is currently treating you. You must not answer the questions on this form yourself.

If you are insured, the costs incurred to complete this form are partly reimbursable. You must simply staple your original receipt to form 11, *Short-term Disability Benefits Claim Form*.

E. DEADLINE FOR SUBMITTING A CLAIM

You cannot demand salary insurance benefits for a period of more than 30 days before the date on which you submit your claim to the CCQ.

Your claim must be sent to the CCQ at most 12 months after your disability begins.

F. APPLICATION FOR HOUR CREDITS

If you are unable to work, hours may be credited to your file, under certain conditions. These hour credits are added to hours worked to enable you to remain insured. However, no hour credits are registered in your pension plan.

If your application for salary insurance is accepted, you will automatically receive hour credits. You therefore do not have to provide form 15 *Application for Hour Credits*.

G. DIRECT DEPOSIT

When you register for the direct deposit service, the following payments will be automatically paid into your bank account:

- Salary insurance benefits
- Paid vacation deposits
- Reimbursements of health and dental insurance claims
- Monthly retirement pension payments
- Lump-sum retirement payments

To register, access your file in the CCQ’s online services, at sel.ccq.org, in the “Dépôt direct” section.

H. CHECKLIST

Once Service Canada renders a decision with regard to your application for Employment Insurance benefits, the following documents must be sent to the CCQ with your application for MÉDIC Construction salary insurance:

- The MÉDIC Construction *Declaration of the Insured*
- The MÉDIC Construction *Declaration of the Attending Physician*
- Documentation of your Employment Insurance claim depending on your situation:
 - My latest claim
 - My payments
 - Past claim detail page
 - Copy of the letter of refusal
- The medical notes made by the physician seen when your disability began (if the physician is not the same as the one who filled out the form)

If applicable, send a copy of the following documents:

- Copy of the letter of refusal from the CNESST or the SAAQ for this disability
- Notice of acceptance or statement of payment or letter of acceptance if you are receiving other income listed in Section E or a letter of refusal
- Pay stub if you have worked since the beginning of your disability
- Receipt for costs incurred to have the MÉDIC Construction *Declaration of Attending Physician* filled out
- Letter of confirmation of the detention period

Write your CCQ client number or SIN on each document.

Advances of compensation

If you are contesting a rejection by the CNESST or the SAAQ to compensate you for this disability, or if your claim is under analysis, you may receive advances of compensation under certain conditions. For this purpose, you must also supply the following documents, which you may obtain at ccq.org, in the “Forms” section:

Commission des normes, de l'équité de la santé et de la sécurité du travail (CNESST):

- Form *Interest-free advances of CNESST compensation*
- Copy of the letter of refusal from the CNESST for this disability
- Copy of your letter of contestation addressed to the CNESST

If applicable:

- Copy of the decision by the Direction générale de la révision administrative (DGRA)
- Copy of the letter of contestation addressed to the Tribunal administratif du travail (TAT)
- Copy of the notice from the TAT concerning your hearing date

Société de l'assurance automobile du Québec (SAAQ):

- Form *Interest-Free advances of SAAQ compensation*
- Copy of the letter of refusal from the SAAQ for this disability
- Copy of your letter of contestation addressed to the SAAQ

If applicable:

- Copy of the letter from the SAAQ concerning a claim under analysis
- Copy of the decision made by the SAAQ reviewer
- Copy of the letter of contestation addressed to the SAAQ reviewer
- Copy of the notice from the Tribunal administratif du Québec (TAQ) concerning your hearing date

Mail the forms and documentation to the following address:

Commission de la construction du Québec
Section assurance invalidité
Case postale 2515, succursale Chabanel
Montréal (Québec) H2N 0C7

Or go to your regional office to submit your documents.

I. FOR MORE INFORMATION

- On the Web: ccq.org
- By telephone – CCQ's Customer Services: **1 888 842-8282**
- Line reserved for employers: **1 877 973-5383**

If you have submitted a claim to the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) or the Société d'assurance automobile du Québec (SAAQ) and it has been accepted, you do not have to fill out this form.

1. IDENTIFICATION OF THE INSURED

CCQ client number or social insurance number		Date of birth (YYYY-MM-DD)	
Last name		First name	
No.	Street	Apartment no.	
City		Province	Postal code
Telephone number (day)		Cell number	

IMPORTANT

- You must submit a claim for Employment Insurance sickness benefits before submitting an application for salary insurance to MÉDIC Construction, unless you are an employer not covered by the Employment Insurance Act.
- You must wait to receive a response from Service Canada in order to be able to provide all the documentation needed for complete processing of your salary insurance application. If you do not follow this instruction, you should expect extra delays.
- Follow the instructions in the Insured's Guide, section C: Information regarding Employment Insurance.

2. INFORMATION REGARDING EMPLOYMENT INSURANCE

2.1 Are you or have you been eligible for Employment Insurance sickness benefits during your disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach the Employment Insurance documentation. Follow the Guide for the Insured (section C).
2.2 Please indicate whether the following statements apply to your Employment Insurance claim:		
2.2.1 I travelled outside of Canada (e.g., vacation) and my Employment Insurance benefits were suspended during this period.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate the period (YYYY-MM-DD) to (YYYY-MM-DD):
2.2.2 I declared income that kept me from receiving Employment Insurance benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate the period when you did not receive Employment Insurance benefits (YYYY-MM-DD) to (YYYY-MM-DD):
		Describe the nature of the income:
2.2.3 I submitted my application late and my Employment Insurance began after my disability began.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give the date that benefits began (YYYY-MM-DD):
2.2.4 I have received the maximum Employment Insurance sickness benefits payable.	<input type="checkbox"/> Yes. Give the date that benefits ended (YYYY-MM-DD):	<input type="checkbox"/> No, I am still receiving Employment Insurance benefits.

Note: The answers to the above questions do not replace the documentation requested.

IDENTIFICATION

CCQ client number or social insurance number

3. INFORMATION REGARDING THE DISABILITY

3.1 What was your first day of disability (YYYY-MM-DD)?

3.2 Were you hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give the following information:	Date of admission (YYYY-MM-DD)	Date of hospital discharge (YYYY-MM-DD)	Name of facility
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3.3 Explain why your disability currently keeps you from working.

3.4 What is the planned date of return to work (YYYY-MM-DD)?	<input type="checkbox"/> Don't know
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Cause of disability

3.5 Is the disability due to an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give the following information:	Date (YYYY-MM-DD)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
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3.6 What type of accident? Work-related Road-related accident Personal accident

3.7 Site of the accident:

3.8 Please give details on how the accident happened.

3.9 Is the disability due to a pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give the projected delivery date (YYYY-MM-DD):	If yes, skip to question 4.
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3.10 If it is a work-related accident or disease or a Road-related accident, what was the decision given by the CNESST or the SAAQ?

My claim was accepted.* My claim was refused and I did not contest.** My claim was refused and I am presently in contestation.***
 My claim is under analysis.***

* If you have submitted a claim to the CNESST or the SAAQ and it was accepted, you do not have to fill out this form.

** Attach a copy of the letter of refusal.

*** If you are contesting a refusal or your claim is under analysis, you must submit an application for advances of compensations. To do this, you must also provide the other documents listed in the Insured's Guide, section H - Checklist.

4. INFORMATION REGARDING EMPLOYMENT

4.1 What is your trade or occupation?

4.2 What was your last day worked (YYYY-MM-DD)?

4.3 What was your last day paid (YYYY-MM-DD)?

4.4 Are you: A worker (fill out section 4A) An employer (fill out section 4B)
 A union representative or employee of an employer or union association (fill out section 4A)

4A. WORKER OR UNION REPRESENTATIVE OR EMPLOYEE OF AN EMPLOYER OR UNION ASSOCIATION WITH A DISABILITY

4.5 What is the name of your last employer?

4.6 What is the telephone number of your last employer?

4.7 Have you worked, whether in construction or in a completely different field, since your disability began? Yes No

If yes, attach a copy of the pay stub, if applicable.

If yes, specify:

4B. EMPLOYER WITH A DISABILITY

4.8 Have you paid yourself a salary since your disability began? Yes No

If yes, attach a copy of the pay stub, if applicable.

4.9 Have you performed any tasks in your company since your disability began? Yes No

If yes, specify:

IDENTIFICATION

CCQ client number or social insurance number

5. OTHER INCOME

IMPORTANT – You must fill out this section completely and provide all the documents requested, if applicable, to avoid extra delays. If the section is not filled out completely, the form will be returned to you and the application will not be processed. Please note that income that you receive from other sources may affect the amount of the salary insurance compensation that you could receive.

5.1 Are you receiving benefits or have you submitted a claim to:

5.1.1 RQ – Retraite Québec (disability or retirement pension)	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No	If yes: <input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Attach the documentation.	If it was rejected, did you contest? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.1.2 Any insurer other than MÉDIC Construction, whether private or group insurance	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No If yes, name of insurer	If yes: <input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Attach the documentation.	If it was rejected, did you contest? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.1.3 IVAC – Indemnisation des victimes d'actes criminels	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No	If yes: <input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Attach the documentation.	If it was rejected, did you contest? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.1.4 CPP – Canada Pension Plan (retirement pension)	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No	If yes: <input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Attach the documentation.	If it was rejected, did you contest? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.1.5 RQAP – Régime québécois d'assurance parentale	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No	If yes: <input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Attach the documentation.	If it was rejected, did you contest? <input type="checkbox"/> Yes <input type="checkbox"/> No

¹ If you answered “yes”, please attach a copy of:

- 5.1.1 RQ – Retraite Québec: Notice of acceptance giving the amount of the first payment (initial amount) or letter of refusal. If you no longer have this notice, request it from Retraite Québec.
- 5.1.2 Insurer other than MÉDIC Construction: Letter of confirmation of benefit amounts paid, letter of refusal, or letter confirming a claim under analysis.
- 5.1.3 IVAC – Indemnisation des victimes d'actes criminels: Payment statement or letter of refusal.
- 5.1.4 CPP – Canada Pension Plan: Payment statement.
- 5.1.5 RQAP – Régime québécois d'assurance parentale: Decision and statement of calculation.

Please note that if you are retired, income from your construction industry retirement pension may also affect the amount of your salary insurance compensation. You do not have to give this income as we already have this information in your file.

5.2 Are you receiving full or reduced compensation from the CNESST or the SAAQ, whether for this disability or for any previous disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> CNESST <input type="checkbox"/> SAAQ Attach a copy of the payment statement.
5.3 Do you have business income, whether in construction or in another field?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. DETENTION

6.1 Since your disability began, have you been detained following sentencing for a criminal act? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach a letter from the facility confirming the detention period.
6.2 Are you awaiting a verdict following a criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IDENTIFICATION

Last name	First name	CCQ client number or social insurance number
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7. CERTIFICATION

I certify the accuracy of all information given in support of my application for salary insurance and hour credits.

Signature

Date (YYYY-MM-DD)

8. AUTHORIZATION

IMPORTANT

- Read the authorization below carefully.
- Write in your first and last names in block letters at the place provided
- Sign and date

So that the Commission de la construction du Québec (CCQ) has all the information necessary to analyze my application for salary insurance and hour credits,

I (first name and last name in block letters) _____

authorize any physician, healthcare professional, healthcare or social services facility, Retraite Québec, Canada Pension Plan, the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST), the Direction de l'Indemnisation des victimes d'actes criminels (IVAC), the Société de l'assurance automobile du Québec (SAAQ), the Régie de l'assurance maladie du Québec (RAMQ), my employers, and administrators of disability insurance plans to communicate to the CCQ the medical, psycho-social, and administrative information necessary to process my application for salary insurance and hour credits.

I also authorize Service Canada, a federal institution that is part of Employment and Social Development Canada (ESDC), to provide the CCQ with all the information related to my Employment Insurance claims that is needed to settle my application for salary insurance and hour credits.

In addition, I authorize the CCQ or any individual acting on its behalf to exchange with my attending physician or any person or corporation participating in or ensuring follow-up of my treatments all medical, psycho-social, and administrative information needed to process the present application.

The information transmitted for this purpose will be used solely for processing of my application for salary insurance and hour credits, and it will be accessible only to the individuals for whom this information is necessary in the practice of their position or mandate. However, this information may be divulged to other individuals if the law requires it or if I expressly authorize it.

Unless I issue a revocation, the present authorization remains in effect for as long as processing of my application for salary insurance and hour credits and its follow-up lasts.

Signature

Date (YYYY-MM-DD)

Make sure you have attached all the documentation. See the Insured's Guide at section H – Checklist.

Please send this form and the supporting documentation to the following address:

Commission de la construction du Québec
Section assurance invalidité
Case postale 2515, succursale Chabanel
Montréal (Québec) H2N 0C7

Or go to your regional office to submit your documents

1. IDENTIFICATION OF THE PATIENT

Last name	First name
Date of birth (YYYY-MM-DD)	CCQ client number

2. DIAGNOSIS AND CIRCUMSTANCES

2.1 Principal diagnosis	
2.2 Secondary diagnosis or complications	
2.3 Current symptoms	
2.4 Objective elements of the physical exam	Weight or BMI
2.5 Please describe observations related to the mental examination, if applicable:	
2.6 For a pregnancy, give the delivery date (or projected date) (YYYY-MM-DD):	
2.7 The incapacity is caused by: <input type="checkbox"/> A work-related accident <input type="checkbox"/> A motor-vehicle accident <input type="checkbox"/> A personal accident <input type="checkbox"/> A work-related disease <input type="checkbox"/> A personal disease	
2.8 Date of appearance of symptoms or date of accident (YYYY-MM-DD)	
2.9 Has the patient previously been treated for the same incapacity or a similar incapacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give the date (YYYY-MM-DD):
Specify: _____ _____	

3. CONSULTATIONS

3.1 Date of the first consultation for the present disability (YYYY-MM-DD)	3.2 Date of the most recent consultation (YYYY-MM-DD)
3.3 Date of the next consultation (YYYY-MM-DD)	3.4 Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
3.5 Was the patient referred to you by another physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on what date (YYYY-MM-DD)?
3.6 Name of the physician	3.7 Specialty

Please fill out the back of the form.

1. IDENTIFICATION OF THE PATIENT

Last name	First name
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4. TREATMENTS

4.1 Medication prescribed and treatment dosage			
4.2 Has the patient or will the patient have:	4.2.1 Examinations (radiography, MRI, EKG, etc.) or other tests <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Which: _____		
	4.2.2 Other treatments <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Specify: _____		
	4.2.3 Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Surgical procedure: _____		Date planned (YYYY-MM-DD)
			Date (YYYY-MM-DD)
4.2.4 Hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of admission (YYYY-MM-DD)	Release date (YYYY-MM-DD)
4.3 Have you referred the patient to other physicians? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify:			
Physician's name		Specialty	Date of consultation or appointment interval (YYYY-MM-DD)
Physician's name		Specialty	Date of consultation or appointment interval (YYYY-MM-DD)

Note: Attach a copy of the results of exams, other tests, or specialist's consultation report.

5. DISABILITY

5.1 What is the date that the disability began (YYYY-MM-DD)?		
5.2 Please describe the functional restrictions and limitations <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent _____ _____		
5.3 Date of ability to return to work full time (or projected date) (YYYY-MM-DD)		<input type="checkbox"/> Undetermined
If the date is undetermined, indicate the estimated number of weeks or months needed before the return to work.		Weeks Months
5.4 Further information _____ _____		

6. ATTESTATION OF ATTENDING PHYSICIAN

Physician's last name (in block letters)		First name (in block letters)	
<input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist Specify: _____		Permit no.	
Full address		Stamp	
Telephone no.	Fax no.		
Physician's signature		Date (YYYY-MM-DD)	

Note to insured: Attach this document, duly filled out by your physician, to the Declaration of the Insured with all the required documentation. See the Insured's Guide at section H - Checklist.