

1. INSURED PERSON'S IDENTIFICATION

Last name		First name	
Date of birth (YYYY-MM-DD)		CCQ client number	
Date of original event (YYYY-MM-DD)	Date of relapse, if applicable (YYYY-MM-DD)	CNESST file number	

2. AUTHORIZATION

I authorize the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) and the Commission de la construction du Québec (CCQ) to exchange information and documents concerning the periods and compensation amounts paid by one or the other of the organizations, including decisions and medical and physical rehabilitation data contained in my CNESST file.

I understand that this communication is necessary for the evaluation of my disability insurance application and that the information transmitted to the CCQ can be used solely for this purpose.

Unless I revoke the present authorization, it remains in effect as long as my application for interest-free advances of compensation and for hour credits is being processed and followed up on and as long as my contestation with the CNESST lasts.

Signature

Date (YYYY-MM-DD)

3. DECLARATION OF THE BENEFICIARY

I attest that I have submitted a claim with the CNESST.

If and when, following a rejection of my claim, a decision of reconsideration or a decision by an appeal level accepts this claim and gives me the right to income-replacement compensation:

I authorize the CNESST, upon request by the CCQ, to deduct from the income-replacement compensation that would be payable to me the salary insurance benefits paid to me by the CCQ; and I authorize the CNESST to remit these deducted benefits to the CCQ.

The reimbursement must correspond to the total claimed by the CCQ if the compensation payable by the CNESST is equal to or higher than that sum. This reimbursement is made in a single payment and up to a limit of 100% of the income-replacement compensation that is payable to me retroactively. In addition, the period of payment of income-replacement compensation must correspond to the period during which I received this salary insurance.

I agree to reimburse advances of compensation that are not reimbursed by the CNESST to the CCQ following a decision made in my favour.

I agree to send the CCQ a copy of the final decision or any settlement agreement.

Signature

Date (YYYY-MM-DD)

Please return this form to the following address:

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

Or bring your documents in person to your regional office.

INTEREST-FREE ADVANCES OF CNESST COMPENSATION

INSURED'S GUIDE

In addition to this form, you must obtain the following form:

- **Application for short-term salary insurance and hour credits (11)**
 - Follow all the steps indicated
 - Provide all the supporting documents requested

How to fill out the *Interest-free advances of CNESST compensation* application

Section 1 – Insured person's identification

All the fields in this section must be filled out to make it easier for us to identify you

Section 2 – Authorization

You are authorizing the CCQ and the CNESST to exchange information and documents regarding the periods and the payments made. You are also authorizing the CCQ to obtain the information about your file and your contestation with the CNESST.

- Read the authorization carefully
- Sign and date the authorization

Section 3 – Declaration of the beneficiary

When you sign the declaration of the beneficiary, you agree to reimburse us the advances of compensation in the event of a ruling in your favour by the CNESST.

The following documents must be sent to the CCQ with your claim:

- Application for short-term salary insurance and hour credits (11) form and all supporting documents requested
- Interest-free advances of CNESST compensation form
- Copy of the letter of refusal of claim 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

Send everything to the following address:

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