

1. IDENTIFICATION OF CLIENT

CCQ client no.		Last name	First name
Address: no.	Street		Apartment no.
City		Province	Postal code
Main telephone no.	Secondary telephone no.	Fax no.	Email

2. IDENTIFICATION OF THE DECISION FOR WHICH YOU ARE REQUESTING THE REVIEW

Date of the decision (YYYY-MM-DD)	Section that made the decision: <input type="checkbox"/> Health and Insurability Insurance <input type="checkbox"/> Disability Insurance <input type="checkbox"/> Retirement and Life Insurance
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3. REASONS FOR THE APPLICATION FOR REVIEW

Give the reasons for which you are requesting the review of this decision. Attach documents justifying your application (if applicable).	Documents attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

4. SIGNATURE OF CLIENT

I attest that the information supplied in this form is accurate.

Signature of client Date (YYYY-MM-DD)

5. MANDATE OF REPRESENTATION

If you wish to be represented for your application for review, please provide the following information concerning the person mandated:

Last name		First name	
Name of company, firm, or union			
Address: No.	Street		Apartment no.
City		Province	Postal code
Telephone no.	Fax no.	Email	
For the purpose of my application for review of the decision made by the Commission de la construction du Québec (CCQ), I confirm that I am mandating the above-mentioned person to represent me, and I authorize the CCQ to communicate to this person all information and documents concerning me and that are necessary for processing the present application for review, including information and documents of a medical nature. This authorization is valid for the duration of processing of my application for review and until a final decision is made by the CCQ in this regard.			
Signature of client			Date (YYYY-MM-DD)

6. INFORMATION CONCERNING THE APPLICATION FOR REVIEW

Right to review

The terms for requesting a review are set out in section 93 of Act Respecting Labour Relations, Vocational Training and Workforce Management in the Construction Industry (c. R-20):

93. A person who believes he has been wronged by a decision of the Commission regarding the person's eligibility to a social benefits plan or the amount of a benefit may, within 60 days of receiving the decision, apply to the Commission for a review.

The Commission shall render its review decision within 60 days following the application. The review decision may be contested before the Tribunal administratif du travail within 60 days after being received; the Tribunal's decision is final.

Failing an initial decision regarding the person's eligibility or the amount of a benefit, or a review decision within 90 days of the application, the person concerned may apply to the Tribunal administratif du travail within 60 days of the prescribed time.

Reasons for submitting an application for review

You can request a review of a decision by the Commission related to one of the following points:

- Your eligibility for the social benefits plan, including the pension plan
- The amount of a benefit payable under this plan or under one or another coverage

Deadline for submitting an application for review

Your application for review must be submitted to the Commission within 60 days from the date on which you received the decision for which you are requesting the review.

Procedure for submitting an application for review

- 1) Fill out sections 1 to 4 of the present application for review.
- 2) In section 3, give the reasons for which you are requesting the review of this decision. You may attach a letter if the space provided is insufficient.
- 3) Attach any document justifying your request for review. It is not necessary to provide documents already produced in your file.
- 4) If applicable, confirm the mandate of representation in section 5.

Steps in the application for review

First, you will receive an acknowledgment of receipt of your application for review. Then, the Bureau de réexamen de décisions – Avantages sociaux will contact you or your representative (if applicable) to begin the review of the decision concerned. When the review is completed, a written decision will be sent to you.

Possibility of recourse with the Tribunal administratif du travail

If you disagree with this decision resulting from the review, you will have 60 days from receipt of the decision to contest it with the Tribunal administratif du travail.

For any further information, or if you need help filling out your application, you can contact our Customer Services at 1 888 842-8282.

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

Commission de la construction du Québec
Bureau de réexamen de décisions - Avantages sociaux
8485, avenue Christophe-Colomb
Montréal (Québec) H2M 0A7