

**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](http://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