

# CLAIM FOR SHORT-TERM SALARY INSURANCE AND HOUR CREDITS DURING THERAPY

## ALCOHOLISM, DRUG ADDICTION, COMPULSIVE GAMBLING, MAJOR DEPRESSION, OR VIOLENT BEHAVIOUR

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### DECLARATION BY THE INSURED

#### 1. IDENTIFICATION OF THE INSURED

CCQ client no. or social insurance no.		Date of birth (YYYY-MM-DD)	
Last name		First name	
No.	Street	Apartment no.	
City		Province	Postal code
<input type="checkbox"/> Permanent address	<input type="checkbox"/> Temporary address	Telephone no.	Cell phone no.

#### 2. INFORMATION ON EMPLOYMENT INSURANCE

Are you or have you been eligible for Employment Insurance sickness benefits during your therapy?  Yes  No

**IMPORTANT** – If you are claiming salary insurance, you must provide documentation of acceptance or rejection by Employment Insurance. Otherwise, your claim will be processed for hour credits only. See the guide in Appendix 1.

#### 3. INFORMATION CONCERNING TREATMENT

3.1 What is the type of therapy?  Alcoholism  Drug addiction  Compulsive gambling  Major depression  Violent behaviour

3.2 Was the therapy ordered by a court judgment?  Yes  No  
If yes, attach a copy of the judgment or the agreement.

3.3 What is the start date for the therapy (YYYY-MM-DD)?

3.4 Is the therapy completed?  Yes  No  
If no, what is the planned end date (YYYY-MM-DD)?

3.5 Name of facility

#### 4. OTHER INCOME

**IMPORTANT** – You must answer all questions in this section and supply the documents requested, if applicable.

4.1 Are you receiving benefits from or have you made a claim to:

4.1.1 RQ – Retraite Québec (disability or retirement pension)	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No	<input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Contested
4.1.2 Any insurer other than MÉDIC Construction, whether it is private or group insurance	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No	<input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Contested
4.1.3 IVAC – Indemnisation des victimes d'actes criminels	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No	<input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Contested
4.1.4 RQAP – Régime québécois d'assurance parentale	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No	<input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Contested
4.1.5 Are you receiving full or reduced compensation from the CNESST or the SAAQ?	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No	<input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Contested

4.1.6 Are you receiving business income, whether in construction or any other sector?  Yes  No

#### <sup>1</sup> If you answered "Yes," please include a copy of:

- 4.1.1 RQ – Retraite Québec: Notice of acceptance indicating the amount of the first payment (initial amount) or rejection letter. If you no longer have it, request it from RQ.
- 4.1.2 Insurer other than MÉDIC Construction: Letter of confirmation of benefit amounts paid, rejection letter, or letter confirming a claim under analysis.
- 4.1.3 IVAC – Indemnisation des victimes d'actes criminels: Payment statement or rejection letter.
- 4.1.4 RQAP – Régime québécois d'assurance parentale: Decision and statement of calculation.
- 4.1.5 CNESST or SAAQ: Attach a copy of a 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 provide this information, as we already have it in our file.

## 5. CERTIFICATION

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

\_\_\_\_\_  
Signature of insured

\_\_\_\_\_  
Date (YYYY-MM-DD)

## 6. AUTHORIZATION

**IMPORTANT :** Read the authorization below carefully, print your first name and last name, and sign and date where indicated.

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

I (first name and last name; please print), \_\_\_\_\_,

authorize all physicians, healthcare professionals, and healthcare or social services facilities, Retraite Québec, the 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), my employers, and administrators of disability insurance plans to transmit to the CCQ the medical, psychosocial, and administrative information concerning me necessary to processing of my claim for salary insurance and hour credits.

I also authorize Service Canada, a federal institution that is part of Employment and Social Development Canada, to provide to the CCQ all information concerning my Employment Insurance claims necessary to adjudication of my claim for salary insurance and hour credits.

The information thus transmitted will be used solely for processing my claim for salary insurance and hour credits and will be accessible only to the people for whom this information is necessary to the performance of their function or mandate. However, they may be disclosed to other people if the law so requires or authorizes.

Unless I revoke this authorization, it will remain in effect for the duration of processing and follow-up of my claim for salary insurance and hour credits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

## DECLARATION BY THE FACILITY

### 7. INFORMATION ON THE THERAPY

7.1 Patient's last name

Patient's first name

7.2 What is the type of therapy?  Alcoholism  Drug addiction  Compulsive gambling  Major depression  Violent behaviour

7.3 Is it a treatment with:  Closed therapy  Group therapy (day/evening)

7.4 Was the therapy ordered by a court judgment?  Yes  No  
If yes, attach a copy of the judgment or the agreement.

7.5 When is the start date for the therapy (YYYY-MM-DD)?

7.6 When is the planned end date (YYYY-MM-DD)?\*

We confirm the presence of this person from the start of therapy until (YYYY-MM-DD): \_\_\_\_\_

\* If the therapy is not completed, a weekly confirmation of presence must be sent by fax to 514 736-6703, to the attention of the Section assurance invalidité, Direction des avantages sociaux.

### 8. IDENTIFICATION OF THE FACILITY

Name of the facility

No.	Street	City	Province	Postal code
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Name of the facility's authorized person (please print)

Title

Telephone no.

Signature

Date (YYYY-MM-DD)

**Please return this form and the 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.

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### INSURED'S GUIDE

You are using the correct form if you are claiming salary insurance compensation and/or hour credits during closed therapy for alcoholism, drug addiction, compulsive gambling, major depression, or violent behaviour.

The facility where the therapy is performed must specialize in and be recognized by the CCQ for treatment of alcoholism, drug addiction, compulsive gambling, major depression, or violent behaviour.

#### A. HOUR CREDITS

To claim disability hour credits during therapy:

1. Fill out sections 1 to 6 of the *Declaration by the Insured*.
2. Have sections 7 and 8 and the *Declaration by the Facility* filled out by an authorized person at the facility where you stayed.

#### B. SALARY INSURANCE

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

Before being eligible for compensation from the MÉDIC Construction salary insurance plan, you must exhaust all Employment Insurance sickness benefits to which you may have a right. *If you are an employer not covered by the Employment Insurance Act, you do not have to make an Employment Insurance claim.*

If you have received Employment Insurance benefits throughout the period of your therapy, you cannot receive MÉDIC Construction salary insurance compensation. However, the Employment Insurance waiting period may be payable by MÉDIC if you are eligible.

To claim MÉDIC Construction salary insurance compensation:

1. Make a claim for Employment Insurance sickness benefits and provide the documentation (see the procedure to follow at Appendix 1, The Employment Insurance Public Plan, over).
2. Fill out sections 1 to 6 of the *Declaration by the Insured*.
3. Have sections 7 and 8 of the *Declaration by the Facility* filled out by an authorized person at the facility where you stayed.

All claims received without Employment Insurance documentation will be processed for hour credits only.

#### C. REIMBURSEMENT FOR THERAPY COSTS – DIFFERENT FORM TO FILL OUT

To claim reimbursement of therapy costs, you must use the form *Claim for Reimbursement of Therapy Costs* (13), which you can obtain at [ccq.org](http://ccq.org) in the Forms section. Be careful: the address for sending form 13 is different from that for sending form 14.

#### D. DIRECT DEPOSIT

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

- Salary insurance
- Reimbursements for healthcare and dental insurance claims
- Lump-sum retirement benefit.
- Paid holidays
- Monthly retirement pension

To register, access your file in the CCQ's online services, at [sel.ccq.org](http://sel.ccq.org), in the "Dépôt direct" section.

#### E. FOR MORE INFORMATION

- On the Web: [ccq.org](http://ccq.org)
- By phone: CCQ's Customer Services: **1 888 842-8282**
- Employers' phone line: **1 877 973-5383**
- Construire en santé line: **1 800 807-2433**, 24h/day, 7 days/week, toll-free

Mail the *Claim for Short-term Salary Insurance and Hour Credits during Therapy* and the Employment Insurance 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.

## APPENDIX 1: THE EMPLOYMENT INSURANCE PUBLIC PLAN

### How to claim Employment Insurance sickness benefits and obtain documentation

1. Visit [Canada.ca](http://Canada.ca) and submit your claim for Employment Insurance sickness claims online. Make sure to give the start date for your therapy.
2. Once you receive your access code from Service Canada, go to [Canada.ca](http://Canada.ca) and register for “My Service Canada Account.”
3. When your Employment Insurance sickness benefits claim has been processed – that is, when you have received at least one payment or a rejection letter – attach the documentation according to your situation, as follows:

Your situation	What you must do
<b>If your Employment Insurance claim is under analysis</b>	Wait to receive a response from Service Canada, as you must attach all Employment Insurance documentation necessary for processing of your salary insurance claim. If you do not follow this instruction, your claim will be processed for hour credits only.
<b>If your Employment Insurance claim is accepted</b>	Access “My Service Canada Account” and select the subject “Employment Insurance” from the “View/Change” menu at the bottom of the home page. Print the following two documents and attach them to your claim: <ul style="list-style-type: none"><li>• <b>My latest claim</b></li><li>• <b>My payment information</b></li></ul>
<b>If you have received Employment Insurance sickness benefits for two consecutive claims</b>	Access “My Service Canada Account” and select the subject “Employment Insurance” from the “View/Change” menu at the bottom of the home page. Print the following three documents and attach them to your claim: <ul style="list-style-type: none"><li>• <b>My latest claim</b></li><li>• <b>My payment information</b></li><li>• <b>My past claims</b> (display your previous claim payments)</li></ul>
<b>If your Employment Insurance claim was rejected</b>	Attach to your claim: <ul style="list-style-type: none"><li>• <b>A copy of the rejection letter</b> that you received or will receive by mail.</li></ul>
<b>If a first Employment Insurance claim was accepted and a second one was rejected</b>	Access “My Service Canada Account” and select the subject “Employment Insurance” from the “View/Change” menu at the bottom of the home page. Print the following document and attach it to your claim: <ul style="list-style-type: none"><li>• <b>My past claims</b> (display your previous claim payments) (first claim)</li></ul> In addition, attach to your claim: <ul style="list-style-type: none"><li>• <b>A copy of the rejection letter</b> that you received or will receive by mail (second claim)</li></ul>

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

To obtain assistance related to your Employment Insurance claim, visit [Canada.ca](http://Canada.ca), contact the Service Canada Customer Services at 1 800 808-6352, or go to a Service Canada Centre.