

### 1. INSURED PERSON'S IDENTIFICATION

Last name	First name
Date of birth (YYYY-MM-DD)	CCQ client number or social insurance number
Accident date (YYYY-MM-DD)	SAAQ file number

### 2. DECLARATION OF THE BENEFICIARY

I personally undertake to reimburse the Commission de la construction du Québec (CCQ) for weekly or monthly wage-loss indemnities received as interest-free advances of compensation, in the event that the Société de l'assurance automobile du Québec (SAAQ) or another tribunal issues a ruling in my favor or in the event that a settlement agreement is reached, up to the amount paid to me by the SAAQ.

In addition, I undertake to send the CCQ a copy of the final ruling or settlement agreement.

\_\_\_\_\_  
Signature

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

### 3. AUTHORIZATION

I hereby authorize the SAAQ and the CCQ to share information and documents concerning the time periods and payments made by either of the organizations for the purpose of handling my claim for compensation to the CCQ.

\_\_\_\_\_  
Signature

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



**COMMISSION  
DE LA CONSTRUCTION  
DU QUÉBEC**

**Please send this form and the supporting documentation to the address below.**

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.**

**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 SAAQ 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 – Declaration of the beneficiary**

By signing the declaration of the beneficiary, you undertake to reimburse us compensation advances in the event that you win your contestation against the SAAQ.

- Read the declaration carefully
- Sign and date the declaration of the beneficiary

**Section 3 – Authorization**

You authorize the CCQ and the SAAQ to share information and documents concerning time periods and payments made.

- Read the authorization carefully
- Sign and date the authorization

**Attach supporting documents:**

- “Application for short-term salary insurance and hour credits (11)” form and all supporting documents requested
- “Interest-free advances of SAAQ compensation” form
- 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 your letter of contestation addressed to the SAAQ reviewer
- Copy of the notice from the Tribunal administratif du Québec (TAQ) concerning your hearing date

**Send everything 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.**