

IMPORTANT

You must fill out all sections completely or the form will be returned to you and processing of your application will be delayed.

1. IDENTIFICATION OF THE INSURED

CCQ client number or social insurance number		Date of birth (YYYY-MM-DD)	
Last name		First name	
No.	Street		Apartment no.
City		Province	Postal code
Telephone number		Cell number	

2. INFORMATION REGARDING THE INVALIDITY

2.1 Has your incapacity ended? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, on what date? (YYYY-MM-DD)	
2.2 Has your medical condition improved? <input type="checkbox"/> Yes <input type="checkbox"/> No		2.3 Has your medical condition deteriorated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to 2.2 or 2.3, explain the changes in your state of health			
2.4 Have you tried to return to:	Your job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Another job or money-making activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for which period(s)? From (YYYY-MM-DD) to (YYYY-MM-DD)	Hours of work per day	Hours of work per week	Hourly rate
if yes, for which period(s)? From (YYYY-MM-DD) to (YYYY-MM-DD)	Hours of work per day	Hours of work per week	Hourly rate
Detailed description of the money-making activity(ies) executed:			
2.5 If no, do you plan to return to:	Your job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Another job or money-making activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	

We hereby inform you that if you are planning to return to work or if you are working in your trade or in any other money-making occupation, whether full time or part time, you are obliged to inform the commission of this immediately.

3. DETENTION

3.1 Since your disability began, have you been detained following sentencing for a criminal act? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach a letter from the facility confirming the detention period.
3.2 Are you awaiting a verdict following a criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. OTHER INCOME

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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <input type="checkbox"/> No	<input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Contested
4.1.6 CPP – Canada Pension Plan (retirement pension)	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No	<input type="checkbox"/> Under analysis <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Contested

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

¹ 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.

4.1.6 CPP – Canada Pension Plan : 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 the information given in support of my application for salary insurance and/or hour credits and/or maintenance of insurance.

Signature

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)

Please return this form duly completed, signed and dated along with supporting documents to the following address:

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