

3500 de Maisonneuve Blvd West, Suite 2200, Westmount QC H3Z 3C1

Could be sent by e-mail or fax

- ⇒ The claim must be submit within 31 days of the beginning of the disability
- ⇒ Any claims that are incomplete may incur delays
- ⇒ The insured must inform his/her employer of the date he/she intends to return to work

E-mail: salaire@aga.ca
Fax: 514 935-1147

1. GENERAL INFORMATION

Employer/Policyholder name : _____

Administrator's name : _____ Telephone No. : (_____) _____

Contract No. : _____ Group/Division No. : _____

Insured's last name : _____ First name : _____

Certificate No. : _____ Date of birth : _____ Year _____ Month _____ Day _____

Gross weekly salary : _____ Date salary came into effect : _____ Year _____ Month _____ Day _____

Weekly deductions :	Exemption codes	Amounts of income deducted at source	QPP/CPP contributions	Employment Insurance (HRCD)
Federal				
Provincial				

Date of full-time employment : _____ Year _____ Month _____ Day _____ Regular schedule of work : Days : _____ from _____ to _____ Hours : _____ from _____ to _____

Insured's status: permanent temporary seasonal part-time contractual

Regular schedule of work : Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Average of working hours per day : _____

2. INFORMATION ON DISABILITY

2.1 Date of employee's last day at work : _____ Year _____ Month _____ Day _____ Last day paid (incl. paid sick leave days, if applicable) : _____ Year _____ Month _____ Day _____

2.2 Is this person still considered in your employ? No Yes

2.3 At the beginning of the disability, insured was: on vacation lay-off leave without pay disciplinary suspension

If the insured was on vacation, lay-off, leave without pay or disciplinary suspension, date of beginning : _____ Year _____ Month _____ Day _____

Please explain: _____

2.4 Is this a case concerning : C.S.S.T. (Commission de la santé et sécurité du travail) S.A.A.Q. (Société de l'assurance automobile du Québec)
C.V.C. (Compensation for victims of crime)

2.5 If the employee is pregnant, has an application for a preventive withdrawal been, or will it be, submitted to the C.S.S.T.? No Yes

Scheduled date of the maternity leave : _____ Year _____ Month _____ Day _____ Scheduled date of delivery : _____ Year _____ Month _____ Day _____

2.6 Are there circumstances that lead you to doubt the validity of the present claim? No Yes

If yes, please explain : _____

2.7 Temporary assignment period : _____ from _____ Year _____ Month _____ Day _____ to _____ Year _____ Month _____ Day _____

2.8 Date on which insured resumed regular work : _____ Year _____ Month _____ Day _____

3. DESCRIPTION OF TASKS

3.1 Occupation : _____

3.2 Description of tasks : _____

3.3 Describe any stress related aspects of insured's work : _____

3.4 Does the position require a high level of concentration? No Yes

You must complete Section 5 « Physical work environment » (see overleaf)

4. EMPLOYER'S SIGNATURE

Administrator's signature : _____ Date : _____ Year _____ Month _____ Day _____

5. PHYSICAL WORK ENVIRONMENT

INSURED'S EMPLOYMENT

Check off the aspects which apply to the insured's position :

	Occasionally 0 to 15 % of the time	Frequently 15 to 50 % of the time	Continually 51 % of the time and more
<input type="checkbox"/> Prolonged periods of standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reaching for objects above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lifting heavy objects : _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKING ENVIRONMENT

Does the position involve work performed under one or several of the following conditions ?

	Occasionally 0 to 15 % of the time	Frequently 15 to 50 % of the time	Continually 51 % of the time and more
<input type="checkbox"/> Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Extreme cold or heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Humid environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Toxic fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Above or below ground level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Handling chemical products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the position have other risks? No Yes

If yes, please explain : _____
