



1- To be completed by the participant

Name of Participant _____ Contract No. | | | | | | | | | | - | | | | | | | | | |

Address _____

Name of Patient _____ Age _____ Height (ft, in / m, cm) _____ Weight (lb / kg) _____

Relationship to Participant _____

If applicable, name, address and telephone number of the establishment where care was or will be provided:

N.B. Certain financial assistance programs exist for home assistance services. You may wish to contact your local community service centre for more information.

Are these expenses covered under another insurance contract? No Yes

If yes, name of contractholder: _____ Date of birth: | | | | Y | | | | M | | | | D |

Name of other insurer: _____ Contract No.: _____

Coverage status: Family Single-Parent Individual Couple

Were these expenses incurred due to an accident in the workplace? No Yes

Were these expenses incurred due to an automobile accident? No Yes

2- Transportation expenses

During your convalescence at home, will you have to travel to obtain medical care or follow-up? No Yes

Please specify the name(s) of the physician(s) you are required to consult:

PLEASE ATTACH A CERTIFICATE FROM THE PHYSICIAN FOR EACH CONSULTATION AND INDICATE THE HOSPITALIZATION PERIOD OR DATE OF DAY SURGERY. "EXPENSES ARE REIMBURSED ONLY UPON PRESENTATION OF RECEIPTS OR PAID INVOICES (E.G. GAS, PARKING, TAXI, BUS, PARATRANSIT)."

3- Childcare expenses

During your convalescence, will you have to pay for childcare expenses in excess of those usually incurred? No Yes

4- Patient's authorization

I certify that the information provided in this form is true and complete to the best of my knowledge. I hereby authorize the organizations or health professionals involved to communicate to SSQ, Life Insurance Company Inc. any information relating to this benefit claim.

_____ Date

_____ Patient's Signature

N.B.: PLEASE SUBMIT RECEIPTS CLEARLY INDICATING THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE PERSON PROVIDING CHILDCARE OR HOME ASSISTANCE SERVICES.

Please complete both sides of this form.

