

Please print.

Give your social insurance number ▶

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1. Information on your identity (applicant)

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given name	Date of birth		
	year month day				
Address (number, street, apartment)					

City	Province	Country	Postal Code
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Telephone		area code		Home		area code		Other		Extension	
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1.1 Information on the contributor's identity (if different from yours)

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given name	Date of birth		
	year month day				
Address (number, street, apartment)					

City	Province	Country	Postal Code
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Telephone		area code		Home		area code		Other		Extension	
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2. Contested decision

Date of the contested decision	year	month	day
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3. Reason for your application for review (If you need more space, continue on a separate sheet.)

3.1 Please explain why you are applying for a review and provide any pertinent documents.

3.2 If the 90-day deadline for applying for a review of a decision rendered by the Régie has passed, please give the reasons that justify the delay.

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4. Date on which you stopped working

Give the date of your last day at your place of work:

year	month	day

5. Additional information

5.1 Have you been seen by your attending physician or by another doctor since the Régie rendered its decision?

Yes No

If yes, give the physician's name and the place where you were seen:

Physician's name	Location (hospital, clinic, CLSC, etc.)

5.2 Has your medication been changed (new medication, new dose) since the Régie rendered its decision?

Yes No

If yes, indicate the name of the medication and the prescribed dose:

Medication	Dose (e.g. 10 mg, twice a day)

5.3 Have you begun any new treatment (physical therapy, psychotherapy, surgery, pain clinic, etc.) since the Régie rendered its decision?

Yes No

If yes, indicate the treatment, the starting date, the frequency and the location:

Treatment	Starting date	Frequency (per month)	Location (hospital, rehabilitation centre, clinic, CLSC, etc.)

5.4 Have you undergone tests since the Régie rendered its decision or do you expect to undergo tests?

Yes No

If yes, please indicate the name of each test, the date or expected date and the location:

Test	Date (or expected date)	Location

5.5 Have you been hospitalized since the Régie's decision?

Yes No

If yes, indicate the reason, the date and the hospital:

Reason	Date	Location

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5. Additional information (cont.)

5.6 Since the Régie rendered its decision, have you been examined at the request of the CSST, SAAQ or an insurance company or do you expect to undergo such an examination?

Yes No

If yes, please indicate the name of the agency or insurance company in question as well as the date or expected date of each examination:

Agency or insurance company	Date (or expected date)

6. Declaration and signature

I hereby declare that all the information provided in this application is true and complete. From now until a decision is rendered, I will inform the Régie of any change in my employment situation or my state of health that is relevant to this application.

Signature _____ **Date**

year	month	day

If you filled out and signed this form on behalf of another person, please provide the following information:

Your family name	Your given name
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Telephone	Other	Extension
Home <small>area code</small>	<small>area code</small>	

Why was the person who is contesting the decision affecting him or her unable to sign this form?

Are you that person's relative? No
 Yes. Specify: _____

In what capacity did you sign this form (heir, mandatary, guardian, etc.)? _____

Access to documents held by public bodies and the protection of personal information

The personal information contained in this form is needed for the study of your application. **Failure to provide it may result in a delay or a refusal to process the application.** Only authorized employees of the Régie des rentes du Québec have access to it. The information may be disclosed to other persons or agencies for their validation only in the cases provided for by law. It can also be used for research, assessment, analysis or survey purposes. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information* you have the right to consult your personal information, and to have it corrected.

For more information



By Internet

www.rrq.gouv.qc.ca



By telephone

Québec region: 418 643-5185
 Montréal region: 514 873-2433
 Toll-free: 1 800 463-5185



By TTY

Service for the hearing impaired
 Toll-free: 1 800 603-3540

Return to:

Régie des rentes du Québec, Service de la révision, C. P. 5200, Québec (Québec) G1K 7S9