CSST

WORKER'S CLAIM

You should fill in this form in the following situations:

To apply for indemnities when the industrial accident or occupational disease has the following consequences:

- **you are unable to do your job for more than 14 days;**
- **you have a permanent physical or psychological disability;**
- **it results in the death of the worker;**
- **you have a recurrence, relapse or aggravation of your initial injury or disease**;

To apply for indemnities when you are not receiving any wages from an employer (you are a volunteer, independent worker, etc.);

To apply for reimbursement of medical, travel and living expenses for the first time;

To apply for reimbursement of expenses incurred to repair or replace glasses or some other orthesis or prosthesis damaged in the course of your work.

Note: you have six months to file your application.

According to the *Act respecting industrial accidents and occupational diseases*, the worker or his representative must give the employer a copy of this form, duly completed and signed.

This document has three sections:

1. How to fill in the "Worker's Claim" form
2. "Worker's Claim" form
3. Your protection in case of an industrial accident or an occupation

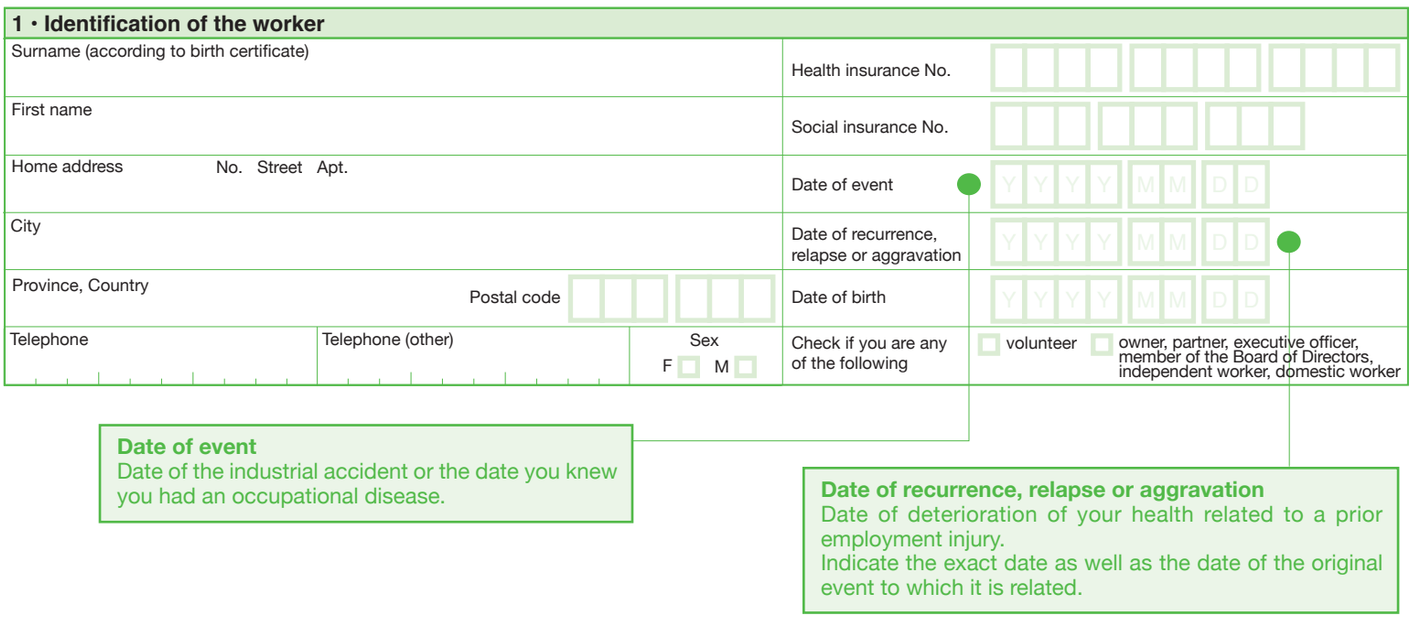
In this document, the masculine form applies equally to women and to men.

How to fill in the form

If you need help filling in this form, contact the CSST at 1 866 302-CSST (2778).

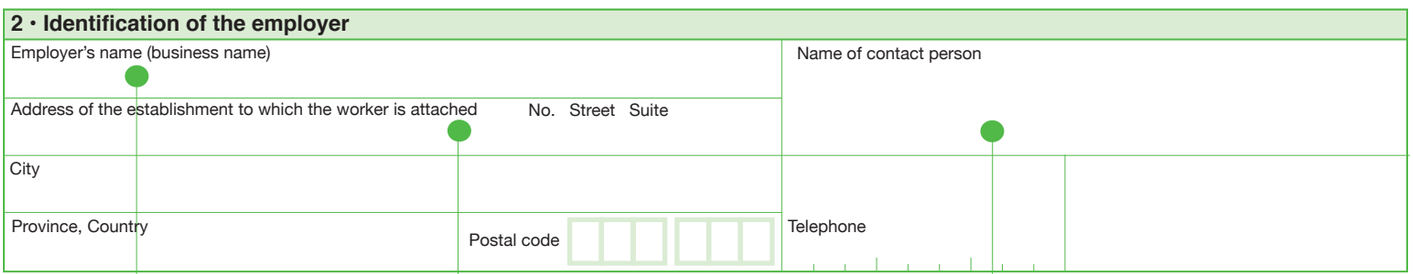
In this form, the word "**event**" is used to describe both an industrial accident and the appearance of an occupational disease.

The term "**employment injury**" refers to a work-related accident, occupational disease, or a recurrence, relapse or aggravation of a previous employment injury.



Date of event
Date of the industrial accident or the date you knew you had an occupational disease.

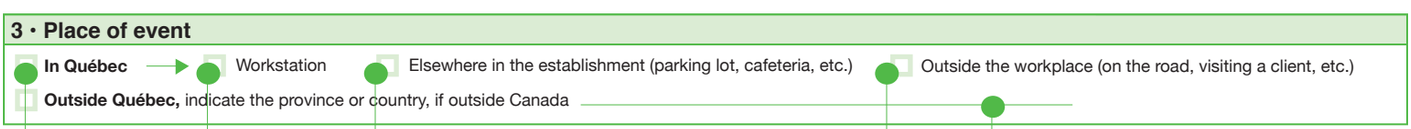
Date of recurrence, relapse or aggravation
Date of deterioration of your health related to a prior employment injury.
Indicate the exact date as well as the date of the original event to which it is related.



Identify the employer you were working for at the time of the accident or the appearance of the occupational disease.

Give the address of your usual place of work.

If you know the name of the person who handles work-related accident and illness claims for your employer, write it here.



First indicate if the event occurred in Québec or outside Québec by checking the appropriate box.

If the event occurred **in Québec**, specify by checking one of the three boxes.

If the event occurred outside Québec but in Canada, write the name of the province on this line. If the event occurred outside Canada, enter the name of the country.

If the event occurred at sea (on a boat) or in the air (on an airplane) also indicate that on this line or give more details in section 4 - Description of the event.

4 · Description of the event

Describe the circumstances of the employment injury

EXAMPLE: ACCIDENT
While slicing a piece of beef, I slashed my left hand deeply.
EXAMPLE: OCCUPATIONAL DISEASE
I have been having pain in my left elbow for six months. The pain wasn't preventing me from working, but in the past week it increased and I had to stop working. My doctor diagnosed tendonitis caused by repetitive movements in my work.
EXAMPLE: RECURRENCE, RELAPSE, AGGRAVATION
Two months ago I had an industrial accident in which I sprained my right knee. I was on sick leave for two weeks. Since I returned to work, the pain has increased. This morning I saw my doctor who told me to stop working.

Occupation or trade carried on at the time of the accident

Indicate how the injury occurred and describe what you were doing at the time of the event: for example, what tasks you were engaged in, the equipment you were using, your movements and motions, etc. Specify the injuries by indicating the parts of your body that were affected.

5 · Work stoppage

Work stoppage
☐ Yes ☐ No → Date of last day worked Y Y Y Y M M D D

Return to work
☐ Yes ☐ No → Date of return Y Y Y Y M M D D

☐ Same job
☐ Different job (temporary reassignment, light duties, gradual return to work, etc.)

Date of last day worked (full or partial). The date should correspond to the day you left work.

Check "Same job" only if you returned to the job you held before the accident and on the same conditions. In other words, you have the same duties and the same work schedule as before the accident.

Check "Different job" if some of your duties are done by other people, if you work fewer hours because of your disability or if you are in another job.

6 · Information required for the calculation and payment of income replacement indemnities

Family situation and number of dependents declared for income tax purposes

☐ Single
☐ With dependent spouse
☐ With non-dependent spouse
☐ Single parent family

Number of **minor** dependents ☐☐

Number of adult **dependents** (including spouse) ☐☐

Annual income $ _____ $
Explain:

Other employment
Do you have more than one job? ☐ Yes ☐ No
Does your injury prevent you from working at your other jobs? ☐ Yes ☐ No

Is your employer still paying you after the first 14 days of inability to work? ☐ Yes ☐ No

In order to determine your compensation, we need to know your family situation declared according to income tax legislation. Check one of the four boxes that corresponds to your family situation at the time of your employment injury.

From the 15th day of work stoppage, the CSST will pay the income replacement indemnity. If your employer continues to pay you, check the appropriate box.

Enter the number of your dependents. **A dependent is a person for whom, at the time of the event, you are entitled to claim any of the following:**
- at the minimum, a full or partial tax credit; **or**
- a deduction for supporting that person.

If your spouse is your dependent, include him or her in the number of adult dependents.

For a common law spouse to be considered a "spouse", he or she must be living with the worker for at least three years or one year if they had or are about to have a child together. In addition, the common law spouses must have been living together openly as a married couple. They may be of the same or different sex.

6 • Information required for the calculation and payment of income replacement indemnities

Family situation and number of dependents declared for income tax purposes

- ☐ Single
- ☐ With dependent spouse
- ☐ With non-dependent spouse
- ☐ Single parent family

Number of **minor** dependents

Number of adult **dependents** (including spouse)

Annual income $ _____ $

Explain:

Other employment

Do you have more than one job? ☐ Yes ☐ No

Does your injury prevent you from working at your other jobs? ☐ Yes ☐ No

Is your employer still paying you after the first 14 days of inability to work? ☐ Yes ☐ No

The CSST uses the **annual income** stated in your employment contract to determine your income replacement indemnity. Usually, the annual income consists of gross wages that would have been paid for normal job performance in any given year.
E.g., $15/hour X 40 hours X 52.14 weeks = $31,284
If you are an individual registered with the CSST, indicate the amount of your personal coverage.

If during the 12 months preceding the event, your income was higher than the amount stipulated in your employment contract, indicate the amount earned in the space provided.

You can include the following amounts in your annual income:
- bonuses, premiums, gratuities, commissions
- overtime pay
- vacation pay if not included in your annual income
- profit-sharing
- cash value of personal use of a car or dwelling provided by the employer
- parental leave benefits
- employment insurance benefits.

Indicate if you had more than one job at the time of the event, regardless of whether or not your injury prevents you from working at them. The rules for determining your income may be applied differently in that case.

7 • Claim for orthesis or prosthesis damaged in the course of work

I certify that such expenses are not reimbursed by any of the employer's insurance plans.

▶ Employer's signature _____ Y Y Y Y M M D D

Upon submission of supporting documentation, you are entitled to compensation for repairing or replacing a prosthesis or orthesis damaged inadvertently during a sudden and unforeseen event in the course of work, provided that you are not entitled to such compensation under some other plan.
You must ask your employer to sign an attestation that the enterprise has no insurance plan covering such expenses.

8 • Declaration and authorization

I declare that the information provided in this claim is true and complete.

▶ Signature of the worker or his representative _____ Y Y Y Y M M D D

Pursuant to section 270 of the *Act respecting industrial accidents and occupational diseases*, the worker or his representative must give the employer a copy of this document duly completed and signed.

If the event caused death, identify the person to contact and the date of death.

Person to contact (spouse, liquidator, etc.) _____

Telephone _____

Date of death Y Y Y Y M M D D

It is important to sign and date the form.

9 • Authorization to collect information regarding my state of health

I authorize any physician or health professional, health worker, healthcare or social services institution or clinic to release information concerning my state of health to the CSST for the purposes of processing my claim. Subject to express revocation in writing by me, this authorization remains valid until this claim has been fully processed.

▶ Signature of the worker _____ Y Y Y Y M M D D

Certain information concerning the worker may be sent to other government agencies that have signed agreements with the CSST respecting the exchange of information pursuant to the *Act respecting access to documents held by public bodies and the protection of personal information*.

While your claim is being processed, we may require information regarding your state of health to determine your entitlement to benefits. We need your authorization so that the CSST can obtain that information from your attending physician or other health professional, healthcare institution, health worker or clinic.

CSST

WORKER'S CLAIM

1 • Identification of the worker

Surname (according to birth certificate)

First name

Home address No. Street Apt.

City

Province, Country Postal code

Telephone | Telephone (other) | Sex F ☐ M ☐

Health insurance No.

Social insurance No.

Date of event Y Y Y Y M M D D

Date of recurrence, relapse or aggravation Y Y Y Y M M D D

Date of birth Y Y Y Y M M D D

Check if you are any of the following ☐ volunteer ☐ owner, partner, executive officer, member of the Board of Directors, independent worker, domestic worker

2 • Identification of the employer

Employer's name (business name)

Address of the establishment to which the worker is attached No. Street Suite

City

Province, Country Postal code

Name of contact person

Telephone

3 • Place of event

☐ **In Québec** → ☐ Workstation ☐ Elsewhere in the establishment (parking lot, cafeteria, etc.) ☐ Outside the workplace (on the road, visiting a client, etc.)

☐ **Outside Québec,** indicate the province or country, if outside Canada _____

4 • Description of the event

Describe the circumstances of the employment injury

Occupation or trade carried on at the time of the accident

5 • Work stoppage

Work stoppage

☐ Yes ☐ No → Date of last day worked Y Y Y Y M M D D

Return to work

☐ Yes ☐ No → Date of return Y Y Y Y M M D D

☐ Same job

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☐ Single
☐ With dependent spouse
☐ With non-dependent spouse
☐ Single parent family

Number of **minor** dependents

Number of adult **dependents** (including spouse)

Annual income $ _____ $

Explain:

Other employment

Do you have more than one job? ☐ Yes ☐ No

Does your injury prevent you from working at your other jobs? ☐ Yes ☐ No

Is your employer still paying you after the first 14 days of inability to work? ☐ Yes ☐ No

7 • Claim for orthesis or prosthesis damaged in the course of work

I certify that such expenses are not reimbursed by any of the employer's insurance plans.

▶ Employer's signature _____ Y Y Y Y M M D D

8 • Declaration and authorization

I declare that the information provided in this claim is true and complete.

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▶ Signature of the worker _____ Y Y Y Y M M D D

Certain information concerning the worker may be sent to other government agencies that have signed agreements with the CSST respecting the exchange of information pursuant to the *Act respecting access to documents held by public bodies and the protection of personal information*.

CSST REGIONAL OFFICES

Just one number for the CSST:
1 866 302-CSST (2778)

Abitibi-Témiscamingue
33, rue Gamble Ouest
Rouyn-Noranda
(Québec) J9X 2R3
Fax: 819 762-9325

2e étage
1185, rue Germain
Val-d'Or
(Québec) J9P 6B1
Fax: 819 874-2522

Bas-Saint-Laurent
180, rue des Gouverneurs
Case postale 2180
Rimouski
(Québec) G5L 7P3
Fax: 418 725-6237

Capitale-Nationale
425, rue du Pont
Case postale 4900
Succursale Terminus
Québec
(Québec) G1K 7S6
Fax: 418 266-4015

Chaudière-Appalaches
835, rue de la Concorde
Lévis
(Québec) G6W 7P7
Fax: 418 839-2498

Côte-Nord
Bureau 236
700, boulevard Laure
Sept-Îles
(Québec) G4R 1Y1
Fax: 418 964-3959

235, boulevard La Salle
Baie-Comeau
(Québec) G4Z 2Z4
Fax: 418 294-7325

Estrie
Place-Jacques-Cartier
Bureau 204
1650, rue King Ouest
Sherbrooke
(Québec) J1J 2C3
Fax: 819 821-6116

Gaspésie–Îles-de-la-Madeleine
163, boulevard de Gaspé
Gaspé
(Québec) G4X 2V1
Fax: 418 368-7855

200, boulevard Perron Ouest
New Richmond
(Québec) G0C 2B0
Fax: 418 392-5406

Île-de-Montréal
1, complexe Desjardins
Tour Sud, 31e étage
Case postale 3
Succursale Place-Desjardins
Montréal
(Québec) H5B 1H1
Fax: 514 906-3200

Lanaudière
432, rue De Lanaudière
Case postale 550
Joliette
(Québec) J6E 7N2
Fax: 450 756-6832

Laurentides
6e étage
85, rue De Martigny Ouest
Saint-Jérôme
(Québec) J7Y 3R8
Fax: 450 432-1765

Laval
1700, boulevard Laval
Laval
(Québec) H7S 2G6
Fax: 450 668-1174

Longueuil
25, boulevard La Fayette
Longueuil
(Québec) J4K 5B7
Fax: 450 442-6373

Mauricie et Centre-du-Québec
Bureau 200
1055, boulevard des Forges
Trois-Rivières
(Québec) G8Z 4J9
Fax: 819 372-3286

Outaouais
15, rue Gamelin
Case postale 1454
Gatineau
(Québec) J8X 3Y3
Fax: 819 778-8699

Saguenay–Lac-Saint-Jean
Place-du-Fjord
901, boulevard Talbot
Case postale 5400
Saguenay
(Québec) G7H 6P8
Fax: 418 545-3543

Complexe du Parc
6e étage
1209, boulevard du Sacré-Cœur
Case postale 47
Saint-Félicien
(Québec) G8K 2P8
Fax: 418 679-5931

Saint-Jean-sur-Richelieu
145, boulevard Saint-Joseph
Case postale 100
Saint-Jean-sur-Richelieu
(Québec) J3B 6Z1
Fax: 450 359-1307

Valleyfield
9, rue Nicholson
Salaberry-de-Valleyfield
(Québec) J6T 4M4
Fax: 450 377-8228

Yamaska
2710, rue Bachand
Saint-Hyacinthe
(Québec) J2S 8B6
Fax: 450 773-8126

Your protection in case of an industrial accident or an occupational disease

Should you have an industrial accident or contract an occupational disease, the *Act respecting industrial accidents and occupational diseases* protects you. It guarantees you the right to medical aid and, if your condition requires it, the right to compensation, rehabilitation and return to work. The CSST administers the services provided for under the Act and ensures that you will be able to exercise your rights under that law.

Therefore, when you work for an employer, you are insured in case of an industrial accident or an occupational disease. You pay nothing for this insurance: all costs are covered by the annual assessments that your employer and other employers in Québec pay to the CSST.

The right to medical aid

As soon as you are injured in an industrial accident or an occupational disease becomes apparent, you may be entitled to all the medical care, treatment and services required as a result of your employment injury, as prescribed by the *Act respecting industrial accidents and occupational diseases*. The CSST bears the costs of such expenses.

You choose your physician and the hospital where you will be treated.

If your physician prescribes any of the following medical care, treatment or services in connection with your employment injury, the CSST will pay for them:

- the services provided by physicians, dentists, pharmacists and optometrists;
- the services dispensed in the public healthcare institutions;
- medication and other pharmaceutical products;
- ortheses, prostheses and technical aids;
- the following care and treatment dispensed privately: acupuncture, audiology, chiropractic treatments, occupational therapy, speech therapy, physiotherapy, podiatry, psychotherapy and certain home care services.

Various conditions apply if the employment injury occurs in border areas or outside Québec. For more information, call 1 866 302-CSST (2778). However, the CSST will not reimburse any amount to a worker whose injury occurred in Québec but whose personal decision was to be treated outside of Québec.

To be repaid your medical aid expenses, you must submit a request for reimbursement. You may use the form entitled "*Application for Reimbursement of Expenses*" and submit it with original receipts. The form is available at any regional CSST office, and on the CSST website (www.csst.qc.ca).

You should keep all originals of your bills in order to be reimbursed.

The right to compensation

Loss of income

If, as a result of an industrial accident or an occupational disease, you are unable to do your job, you may be entitled to indemnities for lost salary or wages. When applicable, you could continue to be paid indemnities throughout the rehabilitation period, until you can resume your work or, if that goal cannot be achieved, hold other suitable employment.

Your employer must pay you 100% of your net wages for that part of the day that you become unable to work because of your injury.

Then, for the next 14 days, upon presentation of a medical certificate confirming that you are unable to do your job, your employer must pay you 90% of your net salary up to the maximum insurable earnings prescribed under the Act, for each day that you would have worked had it not been for your injury. If, during this same period, you lose other employment income and can demonstrate this to the CSST, your indemnity may be increased.

If no employer was obliged to pay you wages at the time your employment injury occurred, you will be entitled to income replacement indemnities subject to certain conditions.

As of the 15th full day following the beginning of your disability, you may be entitled to income replacement indemnities payable every two weeks. The indemnity corresponds to 90% of your annual net income from your employment, up to the maximum insurable earnings prescribed under the Act, taking into account your family situation declared for income tax purposes.

Bodily injury

You may suffer permanent physical or mental impairment as a result of an industrial accident or an occupational disease. In such a case, the CSST will pay you a lump sum. The amount of the lump sum will be determined according to a scale that takes into account your physical or mental impairment, any disfigurement, pain and suffering or resulting loss of enjoyment, as well as your age.

Death of a worker

When a worker dies as a result of an industrial accident or an occupational disease, the spouse and dependents may receive compensation from the CSST, usually in the form of a lump sum or a pension.

Other indemnities

Upon submission of supporting documentation, the CSST will reimburse you, and the person who must accompany you as a result of your physical condition, travel and accommodation expenses incurred to receive treatment, undergo medical exams or perform an activity that is part of your personalized rehabilitation plan, in accordance with the standards and for the amounts determined by the *Regulation respecting Travel and Living Expenses*. Your application for reimbursement must be submitted no later than six months after the date you incurred the expenses.

You are also entitled to compensation, upon submission of supporting documentation, up to the maximum prescribed under the Act, subject to the applicable deduction for the following expenses:

- cleaning, repair or replacement to your clothing damaged as the result of an industrial accident;
- clothing damaged by an orthesis or prosthesis that you are required to wear as a result of an employment injury;
- repair or replacement of an orthesis or prosthesis damaged inadvertently during a sudden and unforeseen event in the course of work, provided that you are not entitled to such compensation under some other plan.

The right to rehabilitation

If you sustain permanent physical or mental impairment as a result of an industrial accident or an occupational disease, you will be entitled to rehabilitation services.

The CSST, with the worker's participation, will implement a personalized rehabilitation program that may include physical, social and occupational rehabilitation.

The right to return to work

As soon as you are able to resume work after an employment injury, you are entitled to be reinstated in your former employment, or if that job no longer exists, in equivalent employment in the establishment where you were working or in another of your employer's establishments.

You retain the wages, seniority and benefits that you would have been entitled to if you had continued to work at your former employment.

If your employer had 20 workers or less at the time of the event, you may exercise your right to return to work for up to one year after the onset of your disability. If your employer had 21 workers or more, you have up to two years.

The right to return to work applies to any worker who is bound by an employment contract for an undeterminate term on the date of the industrial accident or the onset of the occupational disease. In the case of a worker bound by a fixed-term employment contract, the right to return to work applies if the worker becomes capable of resuming work before the date his contract expires.

If you remain unable to do your job because of your employment injury, you will have priority for the first suitable employment that becomes available in one of your employer's establishments, subject to the seniority rules in your collective agreement.

In the meantime, until you can resume your job or some other suitable job, your employer may assign you temporary work if your physician believes that such work is beneficial to your rehabilitation and does not endanger your health.

Recourses

You may apply for review of decisions rendered by the CSST. You must apply in writing within the time limit prescribed under the Act. You can also contest the decision rendered in the review process before the Commission des lésions professionnelles.

If you believe that you have been the subject of a sanction or reprisals by your employer or that you have been discriminated against by your employer because of your employment injury or because you exercised a right under the Occupational Health and Safety Act, you may use the grievance procedure provided for in your collective agreement or file a complaint with the CSST.

You also have a recourse regarding your right to return to work. If you believe that you have been wronged, you may use the grievance procedure provided for in your collective agreement, or if you have no such agreement, your right to return to work is determined by the health and safety committee of the establishment where the job you are entitled to hold or to resume is located.

If there is no such committee, or in the case of disagreement within the committee, or if you are dissatisfied with its recommendations, you may ask the CSST to intervene.

For any further information, contact the CSST at 1 866 302-CSST (2778).

To benefit from the protection provided by law, you must fulfill certain obligations.

- Notify your employer or your employer's representative of your industrial accident or occupational disease as soon as possible, preferably before leaving the establishment.
- Provide your employer with a medical certificate if you are unable to resume work after the day of the accident.
- File a claim with the CSST on the attached form if your inability to work lasts longer than 14 days.
- Supply all the information required by the CSST.
- Undergo the medical examinations required by your employer or the CSST to the extent provided for by law.
- Follow the medical treatments that your physician considers necessary.
- Inform your employer and the CSST promptly of any change in your situation that may affect the amount of your indemnities.
- Inform your employer of the date of your return to work and if you have a permanent impairment or not.
- Return to work as soon as you are able.