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 relapse, recurrence 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 occupational disease**

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

CSST

Prevention, I'm working at it!

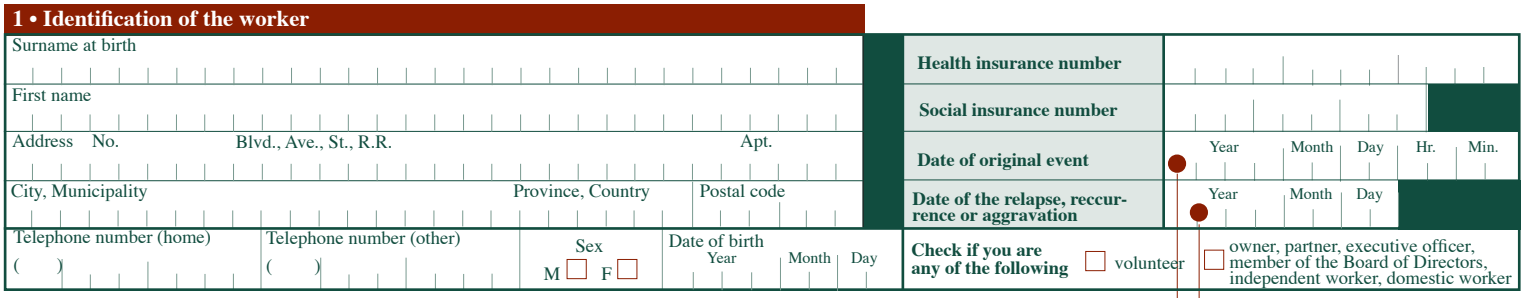
1939-A (05-08)

How to fill in the form

The staff of your local CSST office can help you complete this form.

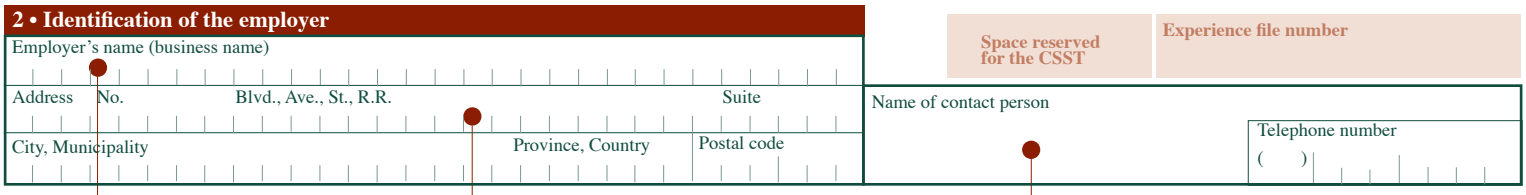
In this form the word "**event**" is used to describe both an industrial accident and the appearance of an occupational disease.

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



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

Date of the relapse, reccurence 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 wich it is related.



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.

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

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

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

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

If the event occured at sea (on the boat) or in the air (airplane) also indicate that on this line or give more

4 • Description of the event

Describe the circumstances of the employement 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: RELAPSE, RECURRENCE, AGGRAVATION
Two months ago I had an industrial accident in wich 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 occured and describe what you were doing at the time of the event: for example, what work activities 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
Year | Month | Day

Return to work
☐ Yes ☐ No
Date of return
Year | Month | Day
☐ Same job
☐ Different job (temporary re-assignment, 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 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 folowing:**
- 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.

The term "spouse" includes persons who are legally married or in a civil union living together and *de facto* (common law) spouses. Both persons may be of the same or different sex. However, they must have lived together openly as a married couple for at least 12 consecutive months or be the natural or adoptive parents of the same child.

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 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.
Gross wages that would have been paid as usual work benefits in any given year.
E.g., $10/hour X 40 hours X 52 weeks = $20,800
If you are an individual registered with the CSST, indicate the amount of your personal cover-

If during the 12 previous months 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, commissions, profit-sharing
- tips
- overtime pay
- vacation pay if not included in your annual income
- cash value of personal use of car or of a 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 entreprise's insurance plan.

Employer's signature _____ Year | Month | Day

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, provided that you are not entitled to such compensation under some other plan.

You must ask your employer to sign an attestation that there is no business 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 _____ Year | Month | Day

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 number ( )

Date of death Year | Month | Day

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 Commission de la santé et de la sécurité du travail 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 _____ Year | Month | Day

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

Space reserved for the CSST

CSST file number

Position

1 • Identification of the worker

Surname at birth

First name

Address No. Blvd., Ave., St., R.R. Apt.

City, Municipality Province, Country Postal code

Telephone number (home) ( )

Telephone number (other) ( )

Sex M ☐ F ☐

Date of birth Year Month Day

Health insurance number

Social insurance number

Date of original event Year Month Day Hr. Min.

Date of the relapse, reccurrence or aggravation Year Month Day

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 No. Blvd., Ave., St., R.R. Suite

City, Municipality Province, Country Postal code

Space reserved for the CSST

Experience file number

Name of contact person

Telephone number ( )

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 Year Month Day

Return to work ☐ Yes ☐ No → Date of return Year Month Day

☐ Same job

☐ Different job (temporary re-assignment, light duties, gradual return to work, etc.)

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 job? ☐ Yes ☐ No

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

Is your employer still paying you other 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 entreprise's insurance plan.

Employer's signature Year Month Day

8 • Declaration and authorization

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

Signature of the worker or his representative Year Month Day

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.

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Date of death Year Month Day

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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 Commission de la santé et de la sécurité du travail 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 Year Month Day

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.*

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

Should you have an industrial accident or contract an occupational disease, you are protected by the *Act respecting industrial accidents and occupational diseases*. It guarantees you the right to medical aid and if your condition requires it, the right to compensation, to undergo rehabilitation and to return to work. The CSST ensures that these rights are respected and it administers the services provided for under the Act.

When you work for an employer, you are therefore 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 the other employers in Quebec 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 are entitled to all the medical care required by your condition, plus reimbursement for various expenses.

You choose your own physician. Should it be necessary, you also choose the hospital where you will be treated, unless the care you need is not available there within a reasonable time.

The following costs will be reimbursed to you by the CSST:

- medication and other pharmaceutical products prescribed by your physician;
- prescribed ortheses and prostheses;
- your travel and living expenses to attend medical appointments or treatment or to engage in activities that are part of your personalized rehabilitation program, as well as those of the person who accompanies you, if necessary.

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, your physician prescribes a work stoppage, you will receive indemnities for lost salary or wages. Where applicable, you will continue to be paid indemnities throughout the rehabilitation period, until you can resume your work or, alternatively, hold other employment.

Your employer must pay you your net wages for the day of the accident. Then, the employer also pays you indemnities for each day or partial day that you would normally have worked if you hadn't been injured. You will receive 90% of the net salary that you would have earned during this period up to the maximum insurable earnings prescribed under the Act. If, during this same period, you lose other employment income and can demonstrate this to the CSST, you may be entitled to corresponding benefits.

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

As of the 15th day following the day of your accident or the onset of your disease, the CSST will pay you income replacement indemnities every two weeks. The amount is calculated on the basis of 90% of your annually net income from your employment, up to the maximum insurable earnings prescribed under the Act, taking into account your family situation declared under income tax legislation.

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 in addition to the indemnities to which you are already entitled for the loss of salary or wages. 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, his spouse and his dependents receive compensation from the CSST, usually in the form of a lump sum except in some specific cases, where it takes the form of a pension.

Other indemnities

You are also entitled to compensation for damage to your clothing caused by an industrial accident, or by an orthesis or prosthesis that you are required to wear as a result of an industrial accident or an occupational disease. The law also provides for the repair or replacement of such orthesis or prosthesis, if it was inadvertently damaged in the course of work.

The right to rehabilitation

If you sustain permanent physical or mental impairment as a result of an industrial accident or an occupational disease, the CSST will assess the direct consequences. If you are experiencing social or professional reintegration problems due to your accident or disease, you will be asked to participate in planning and implementing a personal rehabilitation program. The program may include physical, social and occupational rehabilitation, according to your needs. Its purpose is to provide you with the necessary tools and help so that you can recover your self-sufficiency and return to work.

The right to return to work

As soon as you are able to resume work after an industrial accident or an occupational disease and if you meet certain conditions, you are entitled to be reinstated in your former employment, or in equivalent employment, either 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 beginning 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, at the date of the industrial accident or the onset of the occupational disease, is bound by an employment contract for a fixed term, or by an employment contract for no fixed term and the worker becomes capable of resuming work before the date his contract expires.

If you remain unable to do your job, 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. If you are in some other suitable employment, you are entitled to the salary or wages and benefits attached to that employment taking into account the seniority and the uninterrupted service that you have accumulated. If your new salary or wages are lower than what you received in your former employment, the CSST will pay you indemnities to make up the difference.

Your employer may assign you temporary work until you are again able to do your job or hold other suitable employment, if your physician believes that such work is beneficial to your rehabilitation and does not endanger your health.

Recourse

You are protected against any sanction your employer may take against you as a result of an industrial accident or an occupational disease, or if you exercise your rights under the law. If such sanctions are taken against you, or if you believe that you have been wronged by a decision of your employer, you may either use the grievance procedure provided for in your collective agreement, or file a complaint with the CSST.

If you believe that you have been wronged by a decision of the CSST, you may apply in writing to have the decision reviewed by the review board of your regional CSST office. If you think that you have been wronged by a decision rendered in the review process, the appeal board, known as the *Commission des lésions professionnelles*, will render a final decision.

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, the terms and conditions of your right to return to work are determined by the health and safety committee of the establishment where the job you are entitled to hold or to resume is located. 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 your local CSST office. Our staff is there to help you.

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.
- If you are unable to resume work after the day of the accident, provide your employer with a medical certificate.
- 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 within the extent provided by law.
- Follow the medical treatments that your physician considers necessary.
- Inform the CSST promptly of any change in your situation which may affect the amount of your indemnities.
- Inform your employer of the date of your return to work and whether you have a permanent impairment or not.
- Return to work as soon as you are able.

Pour nous joindre
un numéro unique : 1 866 302-CSST (2778)

ABITIBI-TÉMISCAMINGUE
33, rue Gamble Ouest
ROUYN-NORANDA (Québec)
J9X 2R3

2e étage
1185, rue Germain
VAL-D'OR (Québec)
J9P 6B1

BAS-SAINT-LAURENT
180, rue des Gouverneurs
Case postale 2180
RIMOUSKI (Québec)
G5L 7P3

CHAUDIÈRE - APPALACHES
777, rue des Promenades
SAINT-ROMUALD (Québec)
G6W 7P7

CÔTE-NORD
Bureau 236
700, boulevard Laure
SEPT-ÎLES (Québec)
G4R 1Y1

235, boulevard La Salle
BAIE-COMEAU (Québec)
G4Z 2Z4

ESTRIE
Place Jacques-Cartier
Bureau 204
1650, rue King Ouest
SHERBROOKE (Québec)
J1J 2C3

GASPÉSIE — ÎLES-DE-LA-MADELEINE
163, boulevard de Gaspé
GASPÉ (Québec)
G4X 2V1

200, boulevard Perron Ouest
NEW-RICHMOND (Québec)
G0C 2B0

ÎLE-DE-MONTRÉAL
1, complexe Desjardins
Tour du Sud, 31e étage
C.P. 3, succursale place Desjardins
MONTRÉAL (Québec)
H5B 1H1

LANAUDIÈRE
432, rue de Lanaudière
Case postale 550
JOLIETTE (Québec)
J6E 7N2

LAURENTIDES
6e étage
85, de Martigny Ouest
SAINT-JÉRÔME (Québec)
J7Y 3R8

LAVAL
1700, boulevard Laval
LAVAL (Québec)
H7S 2G6

LONGUEUIL
25, boulevard La Fayette
LONGUEUIL (Québec)
J4K 5B7

MAURICIE-CENTRE-DU-QUÉBEC
Bureau 200
1055, boulevard des Forges
TROIS-RIVIÈRES (Québec)
G8Z 4J9

OUTAOUAIS
15, rue Gamelin
Case postale 1454
GATINEAU (Québec)
J8X 3Y3

QUÉBEC
425, rue du Pont
Case postale 4900,
Succursale Terminus
QUÉBEC (Québec)
G1K 7S6

SAGUENAY — LAC-SAINT-JEAN
Place du Fjord
901, boulevard Talbot
Case postale 5400
CHICOUTIMI (Québec)
G7H 6P8

Complexe du Parc
6e étage
1209, boulevard Sacré-Coeur
Case postale 47
SAINT-FÉLICIEN (Québec)
G8K 2P8

SAINT-JEAN-SUR-RICHELIEU
145, boulevard Saint-Joseph
Case postale 100
SAINT-JEAN-SUR-RICHELIEU
(Québec)
J3B 6Z1

VALLEYFIELD
9, rue Nicholson
SALABERRY-DE-VALLEYFIELD
(Québec)
J6T 4M4

YAMASKA
2710, rue Bachand
SAINT-HYACINTHE (Québec)
J2S 8B6

Bureau RC-4
77, rue Principale
GRANBY (Québec)
J2G 9B3

Bureau 102
26, place Charles-De Montmagny
SOREL-TRACY (Québec)

Reimbursement of medical aid expenses

File only one claim form per event. If, after sending the form to the CSST, you have other expenses to be reimbursed, send only the original of your bills, along with the following information written on a separate sheet of paper: your name, address, telephone number, health insurance number, CSST file number and the date of the event.

You may use form 382-A entitled "Expense Claim" to describe your expenses. This form is available at our regional and local offices, as well as on the CSST Web site (in French only).

www.csst.qc.ca: a Web site limked to your needs!