



Under section 83.10 of the *Automobile Insurance Act*, an employer must, within 6 days of having been so requested by the SAAQ, provide the SAAQ with an attestation of income for an employee who has filed a claim for compensation with the SAAQ.

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Section 1 – Accident victim

Last name	First name	Claim number
Social insurance number	Date of the accident or relapse	Year Month Day

Section 2 – Business

Name	Identification number (REQ)
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Please see the guide on page 3.

Section 3 – General information

Job title	Date of the first day worked after hiring	Year Month Day			
Date of the first day worked after the last rehiring, if applicable	Year Month Day	Date of the last day worked before the accident or relapse	Year Month Day	Contract end date, if applicable	Year Month Day
Employment status	Did the accident occur during the course of the employee's work duties?				
<input type="checkbox"/> Full-time <input type="checkbox"/> Temporary/seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> On call	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was the employee under a temporary assignment (CNESST) at the time of the accident or relapse?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
In the last 12 months, were there periods longer than 7 consecutive days where the employee was absent due to a strike or on sick leave, parental leave, caregiving leave, deferred leave (self-funded) or leave without pay? (see guide)					
<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, specify the date the leave or absence started and the date the employee returned to work:				
Date started	Year Month Day	Date of return to work	Year Month Day	Date started	Year Month Day
Since the accident or relapse, has the employee returned to work?	If so, on what date?	Year Month Day			
<input type="checkbox"/> Yes <input type="checkbox"/> No Details:					

Section 4 – Income

In the case of student employment, do not fill out this section. Fill out Section 5 instead.

Only fill out the parts that pertain to the employee's case.

	Number of hours per week	Gross basic hourly rate	Additional information
Fixed schedule		\$ /hour	
Variable schedule (see guide)		\$ /hour	
More than one hourly rate (see guide)		\$ /hour	
		\$ /hour	
		\$ /hour	

Other amounts regularly paid to the employee and lost due to the accident or relapse (see guide)

Enter the total gross amount paid over the 12 months preceding the accident or relapse. **If the employee has been employed for less than one year or is a seasonal worker**, enter the amount paid between the hiring or rehiring date and the date of the accident.

Overtime	\$	/Year	Additional information:
Premiums	\$	/Year	Additional information:
Declared tips	\$	/Year	Additional information:
Commissions	\$	/Year	Additional information:
Bonuses	\$	/Year	Additional information:
Employment benefits (not including health insurance or retirement plan contributions)	\$	/Year	Additional information:
Vacation allowance (if paid each paycheque)	\$	/Year	Additional information:
Safety equipment and/or clothing allowance	\$	/Year	Additional information:
Other (see guide)	\$	/Year	Additional information:



Section 5 – Student employment income

Fill out this section only in the case of student employment. See the guide for further details.

Gross basic hourly rate: \$ _____ /hour

Variation in employment hours	Start date (Year-Month-Day)	End date (Year-Month-Day)	Average hours worked/ projected per week
School term			
Outside of school term:			
Summer period			
Winter holiday period			
Other, specify:			

Other amounts regularly paid to the employee and lost due to the accident or relapse (see guide)

Enter the total gross amount paid over the 12 months preceding the accident or relapse. If the employee has been employed for less than one year or is a seasonal worker, enter the amount paid between the hiring or rehiring date and the date of the accident.

Overtime	\$	/Year	Additional information:
Premiums	\$	/Year	Additional information:
Declared tips	\$	/Year	Additional information:
Commissions	\$	/Year	Additional information:
Bonuses	\$	/Year	Additional information:
Employment benefits (not including health insurance or retirement plan contributions)	\$	/Year	Additional information:
Vacation allowance (if paid each paycheque)	\$	/Year	Additional information:
Safety equipment and/or clothing allowance	\$	/Year	Additional information:
Other (see guide)	\$	/Year	Additional information:

Section 6 – Pay period

Normal pay period (for example: a seven-day pay period could be from Thursday to Wednesday or from Sunday to Saturday)

First day: _____ Last day: _____

Section 7 – Return to work

- Are you implementing a graduated return to work for the employee? Yes No
- Are you allowing the employee to perform light duties? Yes No

Declaration

I certify that the above information is accurate and complete.		Last name
		First name
Signature	Date (Year-Month-Day)	
Title or position	Phone number	Extension
First and last name of the person to contact with questions regarding the accident victim's income	Phone number	Extension

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT: Through the Reimbursement of Expenses and Document

Submission online service: saaq.gouv.qc.ca/enviordocuments

By fax: 1-866-289-7952

By mail: Société de l'assurance automobile du Québec
Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2

Keep the original or a copy for your files.

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The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/confidentialite or contact the SAAQ's call centre.

Guide to Completing the Form

Section 3 – General information

Job title	The job held by the employee at your business.
Employment status	Full-time: Job performed for 28 hours or more per week and expected to last one year or more. Temporary/seasonal: Job performed for 28 hours or more per week and expected to last less than a year, or probationary employment. Part-time: Job performed for less than 28 hours per week. On call: Job performed based on a variable schedule depending on the business's needs.
Contract end date, if applicable	Date on which the employment was scheduled to end, at the time of the accident or relapse.
Relapse	New disability period after a return to full-time work.
Parental leave	Leave during which the employee receives Québec Parental Insurance Plan (RQAP) benefits.
Caregiving leave	Leave during which the employee receives caregiving benefits from the Government of Canada.

Section 4 – Income

Fixed schedule	Enter the number of hours normally worked each week if there is no variation from one week to the next. If the employee is paid based on an annual salary, enter the annual salary amount under "Additional information."		
Variable schedule	Enter the average number of hours worked per week, including vacations and statutory holidays: <ul style="list-style-type: none">if the employee has been employed for more than one year, calculate the average number of hours worked per week over the 12 months preceding the accident or relapse;if the employee has been employed for less than one year, calculate the average number of hours worked per week since the date of hiring.		
Number of hours per week	If, for example, the employee works 36.25 hours per week, enter 36 hours and 15 minutes.		
More than one hourly rate	If, for example, the employee works as a painter and is paid according to three different hourly rates, enter the average number of hours worked per week at each rate.		
	10 hours 30 minutes	\$26.95/hour	Residential painting
	5 hours 45 minutes	\$28.40/hour	Commercial painting
	12 hours	\$25.03/hour	Outside the CCQ
Other amounts regularly paid to the employee and lost due to the accident or relapse	Enter the amounts normally paid at regular intervals (each year, month, week, etc.) and lost due to the accident or relapse.		
	Amounts paid to an employee employed for less than one year or who is a seasonal worker: Amounts paid as of the date of the first day worked (after hiring or rehiring) up until the date of the accident or relapse.		
	Employment benefits:	Enter the amount corresponding to employment benefits, for example: <ul style="list-style-type: none">indemnities for paid statutory holidays and annual vacations paid to construction workers and equivalent to 13% of each work hour governed by the CCQ;paid leave, including sick leave to which health care personnel are entitled.	
	Other:	Enter the other amounts considered part of the employee's income; for example, dividends paid as compensation for work completed, cash value of any personal use of lodging or a vehicle supplied by the employer, profit sharing amount paid. Do not include employer health insurance and retirement plan contributions.	

Section 5 – Student employment income

Variation in employment hours	We must take into account the variation in the number of hours usually worked during and outside school terms. Enter the average number of hours worked per week for each period.
Other amounts regularly paid to the employee and lost due to the accident or relapse	See the indications above regarding Section 4.



You must fill out this form if the employee has not returned to work or is not carrying out their regular duties, even if you submit your own definition of the position.

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Accident victim

Last name	First name	Claim number
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Employment

Job title	Business
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Physical Abilities

Loads (lifting, carrying, pulling, pushing)

Less than 5 kg 5 to 10 kg 10 to 20 kg More than 20 kg

Spine (neck and back)

Repetitive movements (torsion, extension)

Work in a stooped position

Lower limb coordination (hips, legs, feet)

Walk on uneven terrain

Work in awkward positions (kneeling, squatting or crouching)

Use scaffolding, ladders, stairs

Use of a pedal mechanism

Upper limb coordination (shoulders, arms, hands)

Carry out tasks requiring fine motor skills

Upper limb coordination (shoulders, arms, hands) – continuation

Keep arms lifted for long periods without support

Make movements above shoulder height

Make repetitive movements

Senses

Have a full visual field Distinguish smells

Communicate verbally Distinguish sounds

Body position

Work mainly while seated

Work mainly while standing or walking

Work in alternating positions

Seated: _____ Standing: _____ Walking: _____

Employment Duties

Please describe the main tasks related to the job.

Job requirements

Type of work

Individual
 Team
 In contact with customers

Particularities of the job

Car travel
 Shiftwork (e.g. day/evening/night)
 Sustained fast-paced work

Other characteristics

Respond to unforeseen or critical situations, work under pressure
 Adapt to varying situations or frequent changes
 Maintain a high level of attention or perform challenging cognitive tasks
 Make crucial decisions (e.g. personnel management, coordination, problem solving)

Work Environment

Workplace

Indoor Outdoor

Surroundings

Cold Temperature variations
 Heat Vibrations
 Noise Dust

Occupational hazards present, specify:

Declaration

I certify that this description describes the employment held at the time of the accident or relapse, as the case may be.

Employer's signature

Date (Year-Month-Day)

Last name and first name

Title or position

Telephone

Extension

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By fax: 1-866-289-7952

By mail: Société de l'assurance automobile du Québec
Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2

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a copy for your files.

Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/confidentialite or contact the SAAQ's call centre.

