

Avec vous,  
au cœur de votre sécuritéUnder 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.

F2

## 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	Date of the last day worked before the accident or relapse	Contract end date, if applicable
Year Month Day	Year Month Day	Year Month Day
Employment status <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary/seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> On call		Did the accident occur during the course of the employee's work duties? <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	Date of return to work	Date started
Year Month Day	Year Month Day	Year Month Day
Since the accident or relapse, has the employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		If so, on what date?
		Year Month Day

## 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			
<b>Outside of school term:</b>			
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/envoidelements](https://saaq.gouv.qc.ca/envoidelements)

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.

## 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](https://saaq.gouv.qc.ca/confidentialite) or contact the SAAQ's call centre.

# Guide to Completing the Form

## Section 3 – General information

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

## Section 4 – Income

<b>Fixed schedule</b>	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.”									
<b>Variable schedule</b>	<p>Enter the average number of hours worked per week, including vacations and statutory holidays:</p> <ul style="list-style-type: none"><li>• 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;</li><li>• 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.</li></ul>									
<b>Number of hours per week</b>	If, for example, the employee works 36.25 hours per week, enter 36 hours and 15 minutes.									
<b>More than one hourly rate</b>	<p>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.</p> <table><tr><td>10 hours 30 minutes</td><td>\$26.95/hour</td><td>Residential painting</td></tr><tr><td>5 hours 45 minutes</td><td>\$28.40/hour</td><td>Commercial painting</td></tr><tr><td>12 hours</td><td>\$25.03/hour</td><td>Outside the CCQ</td></tr></table>	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
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12 hours	\$25.03/hour	Outside the CCQ								
<b>Other amounts regularly paid to the employee and lost due to the accident or relapse</b>	<p>Enter the amounts normally paid at regular intervals (each year, month, week, etc.) and lost due to the accident or relapse.</p> <p><b>Amounts paid to an employee employed for less than one year or who is a seasonal worker:</b> Amounts paid as of the date of the first day worked (after hiring or rehiring) up until the date of the accident or relapse.</p> <p><b>Employment benefits:</b> Enter the amount corresponding to employment benefits, for example:</p> <ul style="list-style-type: none"><li>• indemnities for paid statutory holidays and annual vacations paid to construction workers and equivalent to 13% of each work hour governed by the CCQ;</li><li>• paid leave, including sick leave to which health care personnel are entitled.</li></ul> <p><b>Other:</b> 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.</p>									

## Section 5 – Student employment income

<b>Variation in employment hours</b>	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.
<b>Other amounts regularly paid to the employee and lost due to the accident or relapse</b>	See the indications above regarding Section 4.

Avec vous,  
au cœur de votre sécuritéYou 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.

F6

## Accident victim

Last name	First name	Claim number

## Employment

Job title	Business

## 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)

## 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

## Work Environment

## Workplace

☐ Indoor ☐ Outdoor

## Surroundings

☐ Cold ☐ Temperature variations☐ Heat ☐ Vibrations☐ Noise ☐ Dust

## Occupational hazards present, specify:


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Through the Reimbursement of Expenses and Document Submission  
online service: [saaq.gouv.qc.ca/envoiedocuments](https://saaq.gouv.qc.ca/envoiedocuments)  
By fax: 1-866-289-7952By mail: Société de l'assurance automobile du Québec  
Case postale 2500, succursale Terminus  
Québec (Québec) G1K 8A2Keep the original or  
a copy for your files.

## Protection of Personal Information

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