

Avec vous,
au cœur de votre sécurité

F4

Claim Number

Section to be filled out by the accident victim

Section A

Last name at birth

Date of the accident or relapse, as applicable

Year Month Day

First name

Address

Street number Street name

Apartment

P.O. box

Municipality

Province or state

Country

Postal code

Section B - AUTHORIZATION TO DISCLOSE INFORMATION

I hereby authorize the SAAQ and the educational institution named below to share, in writing or by telephone, the information needed to determine my eligibility for compensation. Unless it is withdrawn in writing, this authorization is valid until my claim for compensation has been **processed**.

Signature

Year Month Day

Section to be filled out by the educational institution

Section C

Name of the educational institution

At the time of the accident or the relapse

Was the accident victim **enrolled in a full-time** program of study at your institution?

☐ Yes ☐ No

If you answered "No", please go to Section E.

Was the accident victim **admitted to a full-time** program of study at your institution?

☐ Yes ☐ No

If you answered "No", what conditions must be met to finalize admission?

1. **Full-time:** Refers to status as a regular or full-time student under your institution's academic regulations. Students deemed "regular" or "full-time" for the purposes of student loans or grants or education funding are excluded.

Section D

Name of the program

Was the accident victim enrolled in this program as part of active Emploi-Québec or Service Canada measures? ☐ Yes ☐ No

Level of education in progress

High school ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Regular ☐ Vocational training (DVS) ☐ Adult general education

CEGEP ☐ 1 ☐ 2 ☐ 3 ☐ ACS University ☐ Undergraduate ☐ Master's ☐ Doctorate Other (specify):

Prior to the accident or the relapse, what was the **expected date** of completion of studies?² Y Y Y Y M M D D

Were the accident victim's studies interrupted following the accident or relapse? ☐ Yes ☐ No

In the case of an interruption in studies, enter the start and end dates, if known. From Y Y Y Y M M D D to Y Y Y Y M M D D

In the case of a withdrawal enter the date and the reason. Y Y Y Y M M D D

2. **Scheduled date of completion of studies** if the student had not had an accident or a relapse, and had continued the program on a regular basis.

Section E - DECLARATION

I hereby declare that the information in this form concerning the above-mentioned person complies with our institution's academic regulations.

Signature of the institutional authority

Year Month Day

X

Name of the institutional authority (in block letters)

Title

Telephone

Extension

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.

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Through the Reimbursement of Expenses and Document Submission online service:

saaq.gouv.qc.ca/documentsubmission

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.