

Declaration of Lost Salary or Wages

Accident Victim		Claim Number
Last name at birth	First Name	

Information for the Employer

An employee who has been involved in a traffic accident, who is able to work, but who must temporarily leave work in order to receive medical or paramedical care or undergo a medical assessment by a health care professional at the request of the SAAQ, may be entitled to a reimbursement of any lost salary or wages. So that we may calculate this reimbursement, please provide the following information.

Details of the Absences for Medical Reasons										
Dates of the absences (Year-Month-Day)	Reason for the absence								Number of hours lost (hours-min.)	Net salary or wages per hour lost*
	Physio-therapist	Occupat. therapist	Chiro-practor	Psycho-logist	Acupunc-turist	Social worker	Doctor, hospital	Other		
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* The net salary or wages per hour lost can be calculated by taking the **net salary or wages of a pay period where there were no absences**, and dividing the salary or wages in question by the number of hours in that pay period.

Declaration		
I certify that the above information is accurate and complete.		
Signature of the employer or the employer's authorized representative (e.g. a person from human resources or the payroll service)	Date (Year-Month-Day)	
X		
Name (please print)		
Title or position	Telephone	Extension

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:

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