

Attestation of Income by the Employer



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.

Schedule 2

Accident Victim

To be filled out by the accident victim

Last name at birth _____ Date of the accident or relapse _____
 Year _____ Month _____ Day _____
 First name _____ Social Insurance Number _____
 Address _____
 Street number _____ Street name _____ Apartment _____
 P.O. box _____ Municipality _____
 Province or state _____ Country _____ Postal code _____

Employment Held by the Accident Victim

Did the accident or relapse occur while this person was at work? Yes No
 Employer's name or business name _____
 Address _____
 Street number _____ Street name _____
 P.O. box _____ Municipality _____
 Province or state _____ Country _____ Postal code _____

For subsections 1 to 4, refer to the instructions and additional information on the back of this form.

Date hired		Expected end (if applicable)		4) Other regular remuneration lost as a result of the accident or relapse	Annual amount
Year	Month	Day	Year	Month	Day
_____	_____	_____	_____	_____	_____
Job title at the time of the accident or relapse _____					
1) Type of employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary					
<input type="checkbox"/> Seasonal <input type="checkbox"/> On call					
2) Number of hours worked per week _____ HH _____ mm					
Regular full-time work week for this job at this employer _____ HH _____ mm					
3) Gross hourly wage \$ _____					
Enclose a copy of a pay stub.					
Date the employee stopped working as a result of the accident or relapse			Actual date of return to work		
Year	Month	Day	Year	Month	Day
_____	_____	_____	_____	_____	_____
Was this person already disabled at the time of the accident or relapse?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," specify: _____					
				Total	\$

Declaration

I certify that the above information is accurate and complete.
 Employer's signature _____ Date _____
 Year _____ Month _____ Day _____
X _____
 Name (please print) _____
 Title or position _____ Telephone _____

Claim Number _____

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:
Through the Document Submission online service:
saaq.gouv.qc.ca

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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Instructions and Additional Information

1) Type of employment

In the case of part-time, temporary or on-call work, enclose a statement of the hours worked over the past 12 months, or since the person was hired (if less than a year ago).

2) Number of hours worked per week

Enter the number of hours worked per week. In the case of on-call work, enter the average number of hours worked per week over the past 12 months, or since the person was hired (if less than a year ago)

3) Gross hourly wage

Enter only the employee's base hourly wage. **Do not include** any other type of remuneration, such as premiums, bonuses, commissions, or allowances. Enter all other types of remuneration in subsection 4.

4) Other remuneration lost as a result of the accident

Enter the gross annual amount of any other type of remuneration **lost** as a result of the accident.

Be sure to enclose all required documents:

- a recent pay stub;
- a statement of the hours worked over the past 12 months in the case of part-time, temporary or on-call work (or since the person was hired, if less than a year ago).