

Attestation of Income by the Employer



Schedule 2

You are being asked to provide this attestation further to:
 an accident **or** a relapse

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

Accident Victim

To be filled out by the accident victim or by his or her representative

Accident victim's last name at birth _____

First name _____ Social Insurance Number _____

Address _____ Apartment _____

Street number Street name _____

P.O. box _____ Municipality _____

Province or state _____ Country _____ Postal code _____

Date of the accident or relapse, as applicable
 Year _____ Month _____ Day _____

Employer

To be filled out by the employer if the accident victim is a **salaried worker**

Employer's name or business name _____

Address _____

Street number Street name _____

P.O. box _____ Municipality _____

Province or state _____ Country _____ Postal code _____

Job title at the time of the accident or relapse, as applicable _____

Date hired _____ Expected end (if applicable) _____

Year _____ Month _____ Day _____

Year _____ Month _____ Day _____

Type of employment: Full time Part time Temporary

Other, specify: _____

Number of hours worked per week (in the case of employment on call, give the average number of hours worked per week in the past year): _____ h

Regular full-time work week for this employment _____ h

Gross earnings: \$ _____

Hourly Weekly Yearly

Other, specify: _____

Date the employee stopped working as a result of the accident or relapse, as applicable _____

Year _____ Month _____ Day _____

Actual date of resumption of work (unless the accident victim is deceased) _____

Year _____ Month _____ Day _____

At the time of the accident or relapse, as applicable, was this person already disabled?
 Yes No If "Yes," specify: _____

Did the accident or relapse, as applicable, occur while the employee was carrying out his or her duties?
 Yes No

Other regular remuneration that will not be paid as a result of the accident or relapse, as applicable	Annual amount
Overtime worked on a regular basis	
Allowances	
Tips	
Commissions	
Bonuses	
Profit sharing	
Dividends paid as compensation for work performed	
Cash value of the personal use of lodging or an automobile supplied by the employer	
Allowance for equipment and clothing	
Total	\$

Declaration

I certify that the above information is true and complete.

Employer's signature _____ Date _____

Year _____ Month _____ Day _____

X _____

Name (please print) _____

Title or function _____ Telephone _____

DO NOT WRITE IN THIS SPACE

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.

AR