Erase

Schedule 3

Société de l'assurance automobile Québec

☐ Confirmation of Employment Insurance Benefits Lost
☐ Confirmation of an Employment-Assistance Allowance Lost

▶ You have been asked to provide this confirmation further to: ☐ an accident **or** ☐ a relapse

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

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

Address
Street number Street name

Apartment

P.O. box

Municipality

Province or state

Country

Postal code

☐ I hereby authorize Employment and Social Development Canada to provide the Société de l'assurance automobile du Québec with information.
Signature of the accident victim (if of full age) or his or her representative

☐ I hereby authorize Emploi-Québec to provide the Société de l'assurance automobile du Québec with information.
Signature of the accident victim (if of full age) or his or her representative

Employment Insurance benefits

Have this section filled out by the appropriate Service Canada Centre

Street number Street name

P.O. box

Municipality Province Postal code

Did the accident victim lose his or her entitlement to Employment Insurance benefits due to the automobile accident or the relapse, as applicable?

☐ Yes ☐ No

If "**Yes,**" enter the date when he or she became ineligible: Year Month Day

How many weeks of regular benefits did the accident victim lose on account of the accident or relapse, as applicable, including the week in which he or she became ineligible? _____ weeks

Expected end of benefits: Year Month Day

Gross weekly amount payable: $ _____

AUTHORIZED PERSON AT THE SERVICE CANADA CENTRE

Signature

X

Date
Year Month Day

Name of the authorized person (please print)

Telephone

Employment-assistance allowance that is part of active measures by Emploi-Québec

Have this section filled out by the appropriate local employment centre

Street number Street name

P.O. box

Municipality Province Postal code

Type of program ▶

Did the accident victim lose his or her entitlement to an employment-assistance allowance due to the automobile accident or the relapse, as applicable?

☐ Yes ☐ No

If "**Yes,**" enter the date when he or she became ineligible: Year Month Day

Expected end of allowance: Year Month Day

Indicate the gross weekly amount payable, excluding the reimbursement of additional expenses $ _____

AUTHORIZED PERSON AT THE LOCAL EMPLOYMENT CENTRE

Signature

X

Date
Year Month Day

Name of the authorized person (please print)

Telephone

DO NOT WRITE IN THIS SPACE

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.

Claim Number

AC

Société de l'assurance automobile du Québec

Print Form