

Attestation of School Attendance

Accident victims who are full-time students aged 16 or older



You have been asked to provide this attestation further to:

an accident or a relapse

Claim Number

Accident Victim

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

Accident victim's last name at birth _____ Date of the accident or relapse, as applicable
 Year Month Day

First name _____ Health Insurance Number _____

Address Street number Street name _____ Apartment _____

P.O. box _____ Municipality _____

Province or state _____ Country _____ Postal code _____

I hereby authorize the educational institution indicated below to provide the Société de l'assurance automobile du Québec with the information it requires to establish my right to compensation. Signature _____ Year Month Day

Studies

To be filled out by the educational institution

This form only applies to full-time students aged sixteen or older. It must not be used if the accident victim does not meet both conditions.

Name of the educational institution _____

Address Street number Street name _____

P.O. box _____ Municipality _____

Province or state _____ Country _____ Postal code _____

Please circle the person's level of schooling in progress at the time of the accident or relapse, as applicable:
 High School 1 2 3 4 5 → Regular stream Occupational training (DEP) General program for adults Other (specify): _____
 CEGEP 1 2 3 University Undergraduate Master's Doctorate

Specify the program in which the person was enrolled at time of the accident or relapse, as applicable:
 Enter the date the person would normally have graduated had the accident or relapse, as applicable, not occurred: Year Month Day (Estimate the date for someone in a special path.)
 Have studies been resumed in full since the accident or relapse, as applicable? Yes, as of: Year Month Day No, the projected date of return to studies (if known) is: Year Month Day

Was this person enrolled in a course of studies paid for as part of active Emploi-Québec measures under the *Employment Insurance Act*? Yes No

DECLARATION

I, the undersigned, do hereby declare that at the time of the accident or relapse, as applicable, the above-mentioned person was enrolled as a **full-time** student in a secondary or postsecondary program at our institution and met all attendance requirements.

Signature of the authorized person _____ Date Year Month Day

X Name of the authorized person (please print) _____

Title or function _____ Telephone _____ Extension _____

Seal of the institution

Seal of the institution

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.

DO NOT WRITE IN THIS SPACE

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