

INSTRUCTIONS:

Please read carefully before filling in form. In order to be reimbursed, the worker must have notified the CNESST, using the Worker's Claim form, of the incident giving rise to this application for reimbursement.

IMPORTANT

Fill out the appropriate section(s) based on the type of expenses for which you are claiming reimbursement.

Attach prescriptions and supporting documents for medication, clothing and other expenses (essential for reimbursement). Securely attach them to the form, ensuring that the CNESST file number is indicated on each document. For travel, meals and accommodation expenses, you do not have to attach supporting documents. However, you must keep all your original receipts for a period of three years, since the CNESST may require them for verification.

If the person accompanying the worker because of the worker's state of health is claiming expenses, he or she must properly fill out section 2 and provide the information required concerning the worker. The authorization of the CNESST is necessary for the expenses to be reimbursed. A medical certificate may be required.

If the CNESST has granted an advance on travel expenses, the amount of the advance must be entered in space provided.

For quick processing, forward the claim to the CNESST regional office handling the file.

Claims for travel, meals or accommodation expenses must be made within 6 months of the date on which the expenses were incurred. For medication, clothing and other expenses, the period is three years.

TRAVEL EXPENSES

Public transport

Travel by public transport (bus, subway, train, ferry) is reimbursed on an actual cost basis.

Personal vehicle

The costs of using a personal vehicle are reimbursed at a rate of \$0.145 per kilometer.

Provided that the worker has CNESST authorization and a medical certificate stating that he or she is unable to use public transport, the cost of using a personal vehicle is reimbursable at the rate of **\$0.455 per kilometer**.

Taxi

Provided that the worker has CNESST authorization and a medical certificate stating that he or she is unable to use public transport, the cost of the taxi fare is reimbursed.

Parking and tolls

Parking and tolls are reimbursable on an actual cost basis.

Travelling more than 100 kilometres from home

If you decide to travel more than 100 kilometer from your home for treatment that is available closer, **contact us before you undertake such a trip**. We may authorize the trip if it is the most economical appropriate solution. Otherwise, you would be entitled to be reimbursed for the equivalent of a 200 kilometer round trip.

MEDICATION

Clearly indicate the name of each drug and the name of the prescribing physician. Attach all supporting documents.

MEALS AND ACCOMMODATION EXPENSES

Meals

As a general rule, meal expenses are reimbursed only if the destination is more than 16 kilometres from the worker's home.

Meals actually taken will be reimbursed under the following conditions:

- If the worker must leave home before 7:30 a.m., breakfast is reimbursed up to \$10.40;
- If the worker must leave home before 11:30 a.m., and return home after 1:30 p.m., lunch is reimbursed up to \$14.30;
- If the worker must leave home before 5:30 p.m., and return home after 6:30 p.m., dinner is reimbursed up to \$21.55.

Accommodation

Expenses for staying in a hotel or with a relative or friend must be authorized by the CNESST. These expenses are reimbursed according to the following rates:

- Hotel Accommodation
 - **Montreal:**
to a maximum of \$126* per night
 - **Québec City:**
to a maximum of \$106 per night

- **Hull, Laval, Longueuil, Lac-Beauport, Lac-Delage:**
to a maximum of \$102* per night
- **Elsewhere in Quebec:**
to a maximum of \$83* per night

- Allowance granted for each day of travel requiring hotel accommodation: \$5.85.
 - Lodging with a relative or friend: \$22.25 per night.
- The maximum amounts for hotel accommodation do not include the goods and services tax (GST), the Québec Sales Tax (QST) and the tax on lodging which, when applied, should be reimbursed.

* Between June 1 and October 31 of each year, the \$126, the \$102 and the \$83 maximums are increased to \$138, to \$110 and to \$87 respectively.

CLOTHING

Briefly describe any damage to your clothing at the time of the accident. Specify the type of expenses incurred (cleaning, repair, replacement) and attach supporting documents.

Note. Under the Act, cleaning, repair, or replacement of clothing is not fully reimbursable. In this case, reimbursement is subject to a deductible amount, amended on January 1 of each year.

OTHER EXPENSES

Use section 7 to claim all other expenses incurred as a result of the work-related accident, and which are not mentioned elsewhere in the form.

For reimbursement of expenses for services, clearly indicate the following:

- the period during which the service was provided;
- the supplier's name;
- the type of service;
- the number of children (in the case of childcare services);
- the amount of the expenses incurred (amount claimed)

Attach the original medical prescription, if any, and all supporting documents. Contact your local CNESST office if you require further information.

For worker

 For person accompanying the worker

 Other

1. Information about the person applying for reimbursement Surname (as shown on birth certificate) and first name <i>Tremblay, Pierre</i> Telephone _____ Home Address, Number, Street, Apt. <i>1151 Hill Street</i> City, Province, Country <i>Québec (Québec) Canada</i> Postal code _____		2. Information about worker Worker's file No. <table border="1"><tr><td>1</td><td>0</td><td>3</td><td>9</td><td>4</td><td>0</td><td>3</td><td>3</td><td>8</td></tr></table> Date of original event <table border="1"><tr><td>2</td><td>0</td><td>1</td><td>1</td><td>0</td><td>4</td><td>2</td><td>2</td></tr></table> Date of recurrence, relapse or aggravation <table border="1"><tr><td>2</td><td>0</td><td>1</td><td>2</td><td>0</td><td>1</td><td>0</td><td>8</td></tr></table>		1	0	3	9	4	0	3	3	8	2	0	1	1	0	4	2	2	2	0	1	2	0	1	0	8
1	0	3	9	4	0	3	3	8																				
2	0	1	1	0	4	2	2																					
2	0	1	2	0	1	0	8																					
3. Travel Expenses																												
Date		From	To	Reason for travel			Method of transportation used	Distance of round trip (km)	Amount Claimed																			
Month	Day			Physio (✓)	Occ. Therapy (✓)	Other (Specify)			Transportation	Parking and tolls																		
01	22	Home	Physio-Clinic	✓			bus		5,20																			
01	23	Home	Hospital			Doctor appointment	car	32	4,64	2,50																		

CNESST Regional Offices
**Just one number for the CNESST:
1 844 838-0808**
Abitibi-Témiscamingue

 33, rue Gamble Ouest
Rouyn-Noranda
 (Québec) J9X 2R3
 Fax: 819 762-9325

 2^e étage
 1185, rue Germain
Val-d'Or
 (Québec) J9P 6B1
 Fax: 819 874-2522

Bas-Saint-Laurent

 180, rue des Gouverneurs
 Case postale 2180
Rimouski
 (Québec) G5L 7P3
 Fax: 418 725-6237

Capitale-Nationale

 425, rue du Pont
 Case postale 4900
 Succursale Terminus
Québec
 (Québec) G1K 7S6
 Fax: 418 266-4015

Chaudière-Appalaches

 835, rue de la Concorde
Lévis
 (Québec) G6W 7P7
 Fax: 418 839-2498

Côte-Nord

 Bureau 236
 700, boulevard Laure
Sept-Îles
 (Québec) G4R 1Y1
 Fax: 418 964-3959

 235, boulevard La Salle
Baie-Comeau
 (Québec) G4Z 2Z4
 Fax: 418 294-7325

Estrie

 Place-Jacques-Cartier
 Bureau 204
 1650, rue King Ouest
Sherbrooke
 (Québec) J1J 2C3
 Fax: 819 821-7022

Gaspésie-Îles-de-la-Madeleine

 163, boulevard de Gaspé
Gaspé
 (Québec) G4X 2V1
 Fax: 418 368-7855

200, boulevard Perron Ouest

New Richmond

 (Québec) G0C 2B0
 Fax: 418 392-5406

Île-de-Montréal

 1, complexe Desjardins
 Tour Sud, 31^e étage
 Case postale 3
 Succursale Place-Desjardins
Montréal
 (Québec) H5B 1H1
Indemnisation et réadaptation
 Fax: 1 855 722-8081

Lanaudière

 432, rue De Lanaudière
 Case postale 550
Joliette
 (Québec) J6E 7N2
 Fax: 450 756-6832

Laurentides

 3^e étage
 275, rue Latour
Saint-Jérôme
 (Québec) J7Z 0J7
 Fax: 450 432-1765

Laval

 1700, boulevard Laval
Laval
 (Québec) H7S 2G6
 Fax: 450 668-1174

Longueuil

 25, boulevard La Fayette
Longueuil
 (Québec) J4K 5B7
 Fax: 450 442-6373

Mauricie et Centre-du-Québec

 Bureau 200
 1055, boulevard des Forges
Trois-Rivières
 (Québec) G8Z 4J9
 Fax: 819 372-3286

Outaouais

 15, rue Gamelin
 Case postale 1454
Gatineau
 (Québec) J8X 3Y3
 Fax: 819 778-8699

Saguenay-Lac-Saint-Jean

 Place-du-Fjord
 901, boulevard Talbot
 Case postale 5400
Saguenay
 (Québec) G7H 6P8
 Fax: 418 545-3543

 Complexe du Parc
 6^e étage
 1209, boulevard du Sacré-Cœur
 Case postale 47
Saint-Félicien
 (Québec) G8K 2P8
 Fax: 418 679-5931

Saint-Jean-sur-Richelieu

 3^e étage
 145, boulevard Saint-Joseph
Saint-Jean-sur-Richelieu
 (Québec) J3B 1W5
 Fax: 450 359-1307

Valleyfield

 9, rue Nicholson
Salaberry-de-Valleyfield
 (Québec) J6T 4M4
 Fax: 450 377-8228

Yamaska

 2710, rue Bachand
Saint-Hyacinthe
 (Québec) J2S 8B6
 Fax: 450 773-8126

For information: Call your CNESST regional office.

Always give your name, telephone number, health insurance card number, the date of the work-related event and your file number.

 You can print this form from our website
www.cnesst.gouv.qc.ca/sst, by clicking
 on *Forms*.

For worker
 For person accompanying the worker
 Other

1. Information about the person applying for reimbursement

Surname (as shown on birth certificate) and first name Telephone

Home Address, Number, Street, Apt.

City, Province, Country Postal code

2. Information about worker

Worker's file No.

Date of original event

Date of recurrence, relapse or aggravation

3. Travel Expenses

Date		From	To	Reason for travel			Method of transportation used	Distance of round trip (km)	Amount Claimed	
Month	Day			Physio (v)	Occ. Therapy (v)	Other (Specify)			Transportation	Parking and tolls

If you received the CNESST's authorization to be accompanied, indicate:

Surname and first name of person accompanying the worker Telephone

Advance received (if applicable) \$

Home Address, Number, Street, Apt. City, Province, Country

I declare that the information provided in this form is true.

Signature of person applying for reimbursement

Detach and return to the CNESST

4. Medication (attach all supporting documents)				
Date		Name of drug	Name of physician	Amount claimed
Month	Day			

5. Meals and accommodation							
Date		Time of departure from home	Time of arrival at destination	Price of meals and room (if justified)			
Month	Day			Breakfast	Lunch	Dinner	Room

6. Clothing (attach all supporting documents)						
Date		Brief description of damage	Check (✓)			Amount claimed
Month	Day		Cleaning	Repair	Replacement	

Reserved for CNESST use	
Amount of allowances (if applicable)	
Daily allowance	
Accompaniment allowance	

7. Other expenses (attach medical prescriptions if any)							
Service provided				Name of service provider	Type of service	No. of children (if applicable)	Amount claimed
From		To					
Month	Day	Month	Day				

8. Comments

Don't forget to:

- attach supporting documents and prescriptions if any
- sign and date the form on the back of this page