



AGA
BENEFIT
SOLUTIONS

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WEEKLY INDEMNITY CLAIM FORM EMPLOYER'S DECLARATION

Could be sent by e-mail or fax

- ⇒ The claim must be submit within 31 days of the beginning of the disability
- ⇒ Any claims that are incomplete may incur delays
- ⇒ The insured must inform his/her employer of the date he/she intends to return to work

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1. GENERAL INFORMATION

Employer/Policyholder name : _____

Administrator's name : _____ Telephone No. : () _____

Contract No. : _____ Group/Division No. : _____

Insured's last name : _____ First name : _____

Certificate No. : _____ Date of birth : _____

Gross weekly salary : _____ Date salary came into effect : _____

Weekly deductions :

	Exemption codes	Amounts of income deducted at source	QPP/CPP contributions	Employment Insurance (HRCD)
Federal				
Provincial				

Date of full-time employment : _____ Regular schedule of work : Days : from _____ to _____ Hours : from _____ to _____

Insured's status: ☐ permanent ☐ temporary ☐ seasonal ☐ part-time ☐ contractual

2. INFORMATION ON DISABILITY

2.1 Date of employee's last day at work : _____ Last day paid (incl. paid sick leave days, if applicable) : _____

2.2 Is this person still considered in your employ? No ☐ Yes ☐

2.3 At the beginning of the disability, insured was: ☐ on vacation ☐ lay-off ☐ leave without pay ☐ disciplinary suspension

If the insured was on vacation, lay-off, leave without pay or disciplinary suspension, date of beginning : _____

Please explain: _____

2.4 Is this a case concerning : C.S.S.T. (Commission de la santé et sécurité du travail) ☐ S.A.A.Q. (Société de l'assurance automobile du Québec) ☐
C.V.C. (Compensation for victims of crime) ☐

2.5 If the employee is pregnant, has an application for a preventive withdrawal been, or will it be, submitted to the C.S.S.T.? No ☐ Yes ☐
Scheduled date of the maternity leave : _____ Scheduled date of delivery : _____

2.6 Are there circumstances that lead you to doubt the validity of the present claim? No ☐ Yes ☐
If yes, please explain : _____

2.7 Temporary assignment period : from _____ to _____

2.8 Date on which insured resumed regular work : _____

3. DESCRIPTION OF TASKS

3.1 Occupation : _____

3.2 Description of tasks : _____

3.3 Describe any stress related aspects of insured's work : _____

3.4 Does the position require a high level of concentration? No ☐ Yes ☐

You must complete Section 5 « Physical work environment » (see overleaf)

4. EMPLOYER S SIGNATURE

Administrator's signature : _____ Date : _____

5. PHYSICAL WORK ENVIRONMENT

INSURED'S EMPLOYMENT

Check off the aspects which apply to the insured's position :

	Occasionally 0 to 15 % of the time	Frequently 15 to 50 % of the time	Continually 51 % of the time and more
<input type="checkbox"/> Prolonged periods of standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reaching for objects above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lifting heavy objects : _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKING ENVIRONMENT

Does the position involve work performed under one or several of the following conditions ?

	Occasionally 0 to 15 % of the time	Frequently 15 to 50 % of the time	Continually 51 % of the time and more
<input type="checkbox"/> Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Extreme cold or heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Humid environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Toxic fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Above or below ground level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Handling chemical products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the position have other risks? No ☐ Yes ☐

If yes, please explain : _____
