

**You should fill in this form in the following situations:**

**To apply for indemnities** when the industrial accident or occupational disease has the following consequences:

- **you are unable to do your job for more than 14 days;**
- **you have a permanent physical or psychological disability;**
- **it results in the death of the worker;**
- **you have a recurrence, relapse or aggravation of your initial injury or disease;**

**To apply for indemnities** when you are not receiving any wages from an employer (you are a volunteer, independent worker, etc.);

**To apply for reimbursement** of medical, travel and living expenses for the first time;

**To apply for reimbursement** of expenses incurred to repair or replace glasses or some other orthosis or prosthesis damaged in the course of your work.

**If you believe that you have an occupational disease, fill out the appendix to the *Worker's Claim* that corresponds to your disease:**

- Appendix to the Worker's Claim – Occupational disease – Hearing impairment;
- Appendix to the Worker's Claim – Occupational lung disease;
- Appendix to the Worker's Claim – Occupational disease – Vibrations.

Other documents may be required for the analysis of your claim. To find out what documents you need depending on your situation, visit our website at [www.cnesst.gouv.qc.ca](http://www.cnesst.gouv.qc.ca).

**The CNESST will process your claim once it has received all the necessary information.**

Please attach any original receipts and vouchers to your claim. If you have a medical certificate, attach it to your claim to accelerate processing.

**Deadline:** In the case of a work accident, you have six months from the date of the accident to submit your *Worker's Claim*. In the case of an occupational disease, the six-month period starts on the day you are made aware that you have an occupational disease.

**Note :** According to the *Act respecting industrial accidents and occupational diseases*, the worker or their representative must give the employer a copy of this form, duly completed and signed.

**This document has three sections:**

1. How to fill in the form
2. "Worker's Claim" form
3. Your protection in case of an industrial accident or an occupational disease

# How to fill in the form

If you need help filling in this form, contact the CNESST at 1 855 722-8081.

In this form, the word “**event**” is used to describe both an industrial accident and the appearance of an occupational disease.

The term “**employment injury**” refers to a work-related accident, occupational disease, or a recurrence, relapse or aggravation of a previous employment injury.

1 • Identification of the worker			
Surname (as shown on birth certificate)		Health insurance no. <input type="text"/>	
First name		Social insurance no. <input type="text"/>	
Home address      Number   Street   Apt.		Date of event <input checked="" type="checkbox"/> <input type="text"/>	
City		Date of recurrence, relapse or aggravation <input type="text"/> <input checked="" type="checkbox"/>	
Province, Country		Date of birth <input type="text"/>	
Telephone	Telephone (other)	Sex F <input type="checkbox"/> M <input type="checkbox"/>	Check if you are any of the following <input type="checkbox"/> volunteer <input type="checkbox"/> owner, partner, executive officer, member of the Board of Directors, independent worker, domestic worker

### Date of event

Date of the industrial accident or the date you knew you had an occupational disease.

### Date of recurrence, relapse or aggravation

Date of deterioration of your health related to a prior employment injury. Indicate the exact date as well as the date of the original event to which it is related.

2 • Identification of the employer		À l'usage de la CNESST	
Employer's name (business name)		N° de dossier d'expérience      EXP <input type="text"/>	
Address of the establishment to which the worker is attached      Number   Street   Suite		Contact person	
City		Telephone	Extension
Province, Country		Fax	

Identify the employer you were working for at the time of the accident or the appearance of the occupational disease.

Give the address of your usual place of work.

If you know the name of the person who handles work-related accident and illness claims for your employer, write it here.

3 • Place of event	
<input checked="" type="checkbox"/> In Québec	<input checked="" type="checkbox"/> Workstation <input checked="" type="checkbox"/> Elsewhere in the establishment (parking lot, cafeteria, etc.) <input checked="" type="checkbox"/> Outside the workplace (on the road, visiting a client, etc.)
<input type="checkbox"/> Outside Québec, indicate the province or country, if outside Canada	<input type="text"/>

First indicate if the event occurred in Québec or outside Québec by checking the appropriate box.

If the event occurred in Québec, specify by checking one of the three boxes.

If the event occurred outside Québec but in Canada, write the name of the province on this line. If the event occurred outside Canada, write the name of the country.

If the event occurred at sea (on a boat) or in the air (on an airplane) also indicate that on this line or give more details in section 4 - Description of the event.

#### 4 • Description of the event

Describe the circumstances of the employment injury

**EXAMPLE: ACCIDENT**

While slicing a piece of beef, I slashed my left hand deeply.

**EXAMPLE: OCCUPATIONAL DISEASE**

I have been having pain in my left elbow for six months. The pain wasn't preventing me from working, but in the past week it increased and I had to stop working. My doctor diagnosed tendonitis caused by repetitive movements in my work.

**EXAMPLE: RECURRENCE, RELAPSE, AGGRAVATION**

Two months ago I had an industrial accident in which I sprained my right knee. I was on sick leave for two weeks. Since I returned to work, the pain has increased. This morning I saw my doctor who told me to stop working.

Occupation or trade carried on at the time of the event

Indicate how the injury occurred and describe what you were doing at the time of the event: for example, what tasks you were engaged in, the equipment you were using, your movements and motions, etc. Specify the injuries by indicating the parts of your body that were affected.

If necessary, add a detailed description of the facts and all other relevant information to help us analyze your claim.

#### 5 • Work stoppage

**Work stoppage**

Yes  No

Date of last day worked

Y Y Y Y M M D D

**Return to work**

Yes  No

Date of return

Y Y Y Y M M D D

Same job

Different job (temporary reassignment, light duties, gradual return to work, etc.)

Date of last day worked (full or partial). The date should correspond to the day you left work.

Check "Same job" only if you returned to the job you held before the accident and under the same conditions. In other words, if you have the same duties and the same work schedule as before the accident.

Check "Different job" if some of your duties are done by other people, if you work fewer hours because of your disability or if you are in another job.

#### 6 • Information required for the calculation and payment of income replacement indemnities

**Family situation and number of dependants declared for income tax purposes**

- Single
- With dependent spouse
- With non-dependent spouse
- Single parent family

Number of **minor** dependants

Number of **adult** dependants (including spouse)

Annual income \$ \_\_\_\_\_

Explain:

**Other employment**

Do you have more than one job?  Yes  No

Does your injury prevent you from working at your other jobs?  Yes  No

Is your employer still paying you after the first 14 days of inability to work?  Yes  No

In order to determine your compensation, we need to know your family situation declared according to income tax legislation. Check the box that corresponds to your family situation at the time of your employment injury.

From the 15th day of work stoppage, the CNESST will pay the income replacement indemnity. If your employer continues to pay you, check the appropriate box.

Enter the number of your dependants. **A dependant is a person for whom, at the time of the event, you are entitled to claim any of the following:**

- at the minimum, a full or partial tax credit; or
- an income deduction; or
- a deduction for supporting that person.

If your spouse is your dependant, include them in the number of adult dependants.

## 6 • Information required for the calculation and payment of income replacement indemnities

<b>Family situation and number of dependants declared for income tax purposes</b> <input type="checkbox"/> Single <input type="checkbox"/> With dependent spouse <input type="checkbox"/> With non-dependent spouse <input type="checkbox"/> Single parent family		Number of <b>minor</b> dependants <input type="text"/> Number of <b>adult</b> dependants (including spouse) <input type="text"/>	Annual income \$ <input type="text"/> Explain: <input type="text"/> <b>Other employment</b> Do you have more than one job? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does your injury prevent you from working at your other jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is your employer still paying you after the first 14 days of inability to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			

The CNESST uses the **annual income** stated in your **employment contract** to determine your income replacement indemnity. Usually, the annual income consists of gross wages that would have been paid for normal job performance in any given year.  
 E.g., \$15/hour X 40 hours X 52.14 weeks = \$31,284  
 If you are an individual registered with the CNESST, indicate the amount of your personal coverage.

If, during the 12 months preceding the event, your income was higher than the amount stipulated in your **employment contract**, indicate the amount earned in the space provided.

- You can include the following amounts in your annual income:
- bonuses, premiums, gratuities, commissions
  - overtime pay
  - vacation pay if not included in your annual income
  - profit-sharing
  - cash value of personal use of a car or dwelling provided by the employer
  - parental leave benefits
  - employment insurance benefits

Indicate if you had more than one job at the time of the event, regardless of whether or not your injury prevents you from working at them. The rules for determining your income may be applied differently in that case.

## 7 • Claim for orthosis or prosthesis damaged in the course of work

I certify that such expenses are not reimbursed by any of the employer's insurance plans.

Employer's signature

Upon submission of supporting documentation, you are entitled to compensation for repairing or replacing a prosthesis or orthosis damaged inadvertently during a sudden and unforeseen event in the course of work, provided that you are not entitled to such compensation under some other plan.  
 You must ask your employer to sign an attestation that the enterprise has no insurance plan covering such expenses.

## 8 • Declaration and authorization

I declare that the information provided in this claim is true and complete. Anyone who makes a false statement is guilty of an offence and is subject to a fine.

Signature of the worker or their representative

Pursuant to section 270 of the *Act respecting industrial accidents and occupational diseases*, the worker or their representative must give the employer a copy of this document duly completed and signed.

If the event caused death, identify the person to contact and the date of death.

Person to contact (spouse, liquidator, etc.)

Telephone

Date of death

It is important to sign and date the form.

## 9 • Authorization to disclose and collect information

I authorize any physician or health professional, health worker, healthcare or social services institution or clinic to release information concerning my state of health to the CNESST for the purposes of processing my claim.

I authorize the CNESST to disclose the necessary information contained in my file in connection with the processing of my claim to any rehabilitation provider with whom the CNESST does business in order to obtain rehabilitation services.

Subject to express revocation in writing by me, these authorizations remain valid until this claim has been fully processed.

Signature of the worker

Certain information concerning the worker may be sent to other government agencies that have signed agreements with the CNESST respecting the exchange of information pursuant to the *Act respecting access to documents held by public bodies and the protection of personal information*.

While your claim is being processed, we may require information regarding your state of health to determine your entitlement to benefits. We need your authorization so that the CNESST can obtain that information from your health professional, healthcare institution, health worker or clinic.  
 In addition, you may also need rehabilitation services. We must obtain your consent to release certain documents contained in your file to rehabilitation providers, such as occupational therapists, employment counsellors, accommodation consultants, etc., who may be involved in your case.

**À l'usage de la CNESST**

N° de dossier du travailleur

Poste de travail

**1 • Identification of the worker**

Surname (as shown on birth certificate)		Health insurance no.	<input type="text"/>
First name		Social insurance no.	<input type="text"/>
Home address	Number Street Apt.	Date of event	<input type="text"/>
City		Date of recurrence, relapse or aggravation	<input type="text"/>
Province, Country	Postal code <input type="text"/>	Date of birth	<input type="text"/>
Telephone	Telephone (other)	Sex	F <input type="checkbox"/> M <input type="checkbox"/>
		Check if you are any of the following <input type="checkbox"/> volunteer <input type="checkbox"/> owner, partner, executive officer, member of the Board of Directors, independent worker, domestic worker	

**2 • Identification of the employer**

Employer's name (business name)		<b>À l'usage de la CNESST</b>	
Address of the establishment to which the worker is attached		Number Street Suite	N° de dossier d'expérience <b>EXP</b> <input type="text"/>
City		Postal code <input type="text"/>	Contact person <input type="text"/>
Province, Country		Telephone	Extension <input type="text"/>
		Fax	<input type="text"/>

**3 • Place of event**

In Québec →  Workstation  Elsewhere in the establishment (parking lot, cafeteria, etc.)  Outside the workplace (on the road, visiting a client, etc.)

Outside Québec, indicate the province or country, if outside Canada

**4 • Description of the event**

Describe the circumstances of the employment injury

Occupation or trade carried on at the time of the event

**5 • Work stoppage**

<b>Work stoppage</b>	Date of last day worked	<b>Return to work</b>	Date of return	<input type="checkbox"/> Same job
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Different job (temporary reassignment, light duties, gradual return to work, etc.)

**6 • Information required for the calculation and payment of income replacement indemnities**

<b>Family situation and number of dependants declared for income tax purposes</b>		Annual income \$ <input type="text"/>
<input type="checkbox"/> Single	Number of minor dependants <input type="text"/>	Explain: <input type="text"/>
<input type="checkbox"/> With dependent spouse	Number of adult dependants (including spouse) <input type="text"/>	<b>Other employment</b>
<input type="checkbox"/> With non-dependent spouse		Do you have more than one job? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Single parent family		Does your injury prevent you from working at your other jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your employer still paying you after the first 14 days of inability to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**7 • Claim for orthosis or prosthesis damaged in the course of work**

I certify that such expenses are not reimbursed by any of the employer's insurance plans.  Employer's signature

**8 • Declaration and authorization**

I declare that the information provided in this claim is true and complete.  Signature of the worker or their representative

Pursuant to section 270 of the Act respecting industrial accidents and occupational diseases, the worker or their representative must give the employer a copy of this document duly completed and signed.

If the event caused death, identify the person to contact and the date of death.	Person to contact (spouse, liquidator, etc.) <input type="text"/>	Telephone <input type="text"/>	<b>Date of death</b> <input type="text"/>
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**9 • Authorizations to communicate and collect information**

I authorize any physician or health professional, health worker, healthcare or social services institution or clinic to release information concerning my state of health to the CNESST for the purposes of processing my claim.

I authorize the CNESST to disclose the necessary information contained in my file in connection with the processing of my claim to any rehabilitation provider with whom the CNESST does business in order to obtain rehabilitation services.

Subject to express revocation in writing by me, these authorizations remain valid until this claim has been fully processed.

Signature of the worker

Certain information concerning the worker may be sent to other government agencies that have signed agreements with the CNESST respecting the exchange of information pursuant to the Act respecting access to documents held by public bodies and the protection of personal information.

## CNESST REGIONAL OFFICES

Just one number for the CNESST:

**1 844 838-0808**

**Fax: 1 855 722-8081**

### **Abitibi-Témiscamingue**

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

2<sup>e</sup> 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: 819 821-6116

### **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<sup>e</sup> étage  
Case postale 3  
Succursale Place-Desjardins  
Montréal  
(Québec) H5B 1H1  
Fax: 514 906-3200

### **Lanaudière**

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

### **Laurentides**

3<sup>e</sup> 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<sup>e</sup> étage  
1209, boulevard du Sacré-Cœur  
Case postale 47  
Saint-Félicien  
(Québec) G8K 2P8  
Fax: 418 679-5931

### **Saint-Jean-sur-Richelieu**

3<sup>e</sup> 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

## Your protection in case of an industrial accident or an occupational disease

Should you have an industrial accident or contract an occupational disease, the *Act respecting industrial accidents and occupational diseases* protects you. It guarantees you the right to medical aid and, if your condition requires it, the right to compensation, rehabilitation and return to work. The CNESST administers the services provided for under the Act and ensures that you will be able to exercise your rights under that law.

Therefore, when you work for an employer, you are insured in case of an industrial accident or an occupational disease. You pay nothing for this insurance: all costs are covered by the annual assessments that your employer and other employers in Québec pay to the CNESST.

## The right to medical aid

As soon as you are injured in an industrial accident or an occupational disease becomes apparent, you may be entitled to all the medical care, treatment and services required as a result of your employment injury, as prescribed by the *Act respecting industrial accidents and occupational diseases*. The CNESST bears the costs of such expenses.

You choose your health professional and the hospital where you will be treated.

If your health professional prescribes any of the following medical care, treatment or services in connection with your employment injury, the CNESST will pay for them:

- services provided by physicians, dentists, pharmacists and optometrists;
- services dispensed in public healthcare institutions;
- medication and other pharmaceutical products;
- orthoses, prostheses and technical aids;
- the following care and treatment dispensed privately: acupuncture, audiology, chiropractic treatments, occupational therapy, speech therapy, physiotherapy, podiatry, psychotherapy and certain home care services.

Various conditions apply if the employment injury occurs in border areas or outside Québec. For more information, call 1 844 838-0808. However, the CNESST will not reimburse any amount to a worker whose injury occurred in Québec but whose personal decision was to be treated outside of Québec.

To be compensated for your medical aid expenses, you must submit a request for reimbursement. You may use the form entitled "*Application for Reimbursement of Expenses*" and submit it with vouchers. The form is available at any regional CNESST office, and on the CNESST website ([cnesst.gouv.qc.ca](http://cnesst.gouv.qc.ca)).

**You should keep all originals of your receipts in order to be reimbursed.**

## The right to compensation

### Loss of income

If, as a result of an industrial accident or an occupational disease, you are unable to do your job, you may be entitled to an indemnity for lost salary or wages. When applicable, you could continue to be paid an indemnity throughout the rehabilitation period, until you can resume your work or, if that goal cannot be achieved, until you can hold other suitable employment.

Your employer must pay you 100% of your net wages for that part of the day that you become unable to work because of your injury.

Then, for the next 14 days, upon presentation of a medical certificate confirming that you are unable to do your job, your employer must pay you 90% of your net salary up to the maximum insurable earnings prescribed under the Act, for each day that you would have worked had it not been for your injury. If, during this same period, you lose other employment income and can demonstrate this to the CNESST, your indemnity may be increased.

If no employer was obliged to pay you wages at the time your employment injury occurred, you will be entitled to an income replacement indemnity subject to certain conditions.

As of the 15th full day following the beginning of your disability, you may be entitled to an income replacement indemnity payable every two weeks. The indemnity corresponds to 90% of your annual net income from your employment, up to the maximum insurable earnings prescribed under the Act, taking into account your family situation declared for income tax purposes.

### Bodily injury

You may suffer permanent physical or mental impairment as a result of an industrial accident or an occupational disease. In such a case, the CNESST will pay you a lump sum. The amount of the lump sum will be determined according to a scale that takes into account your physical or mental impairment, any disfigurement, pain and suffering or resulting loss of enjoyment, as well as your age.

### Death of a worker

When a worker dies as a result of an industrial accident or an occupational disease, the spouse and dependants may receive compensation from the CNESST, usually in the form of a lump sum or a pension.

### Other indemnities

Upon submission of supporting documentation, the CNESST will reimburse you, and the person who must accompany you as a result of your physical condition, for travel and accommodation expenses incurred to receive treatment, undergo medical exams or perform an activity that is part of your personalized rehabilitation plan, in accordance with the standards and for the amounts determined by the *Regulation respecting travel and living expenses*. Your application for reimbursement must be submitted no later than six months after the date you incurred the expenses.

You are also entitled to compensation, upon submission of supporting documentation, up to the maximum prescribed under the Act, subject to the applicable deduction, for the following expenses:

- cleaning, repair or replacement of clothing damaged as a result of an industrial accident;
- cleaning, repair or replacement of clothing damaged by an orthosis or prosthesis that you are required to wear as a result of an employment injury;
- repair or replacement of an orthosis or prosthesis damaged inadvertently during a sudden and unforeseen event in the course of work, provided that you are not entitled to such compensation under some other plan.

## The right to rehabilitation

If you sustain a permanent physical or mental impairment as a result of an industrial accident or an occupational disease, you will be entitled to the rehabilitation required by your condition in view of your social and professional reintegration. To exercise your right to rehabilitation, you must meet the rehabilitation eligibility criteria.

The CNESST, with your participation, will implement a personalized rehabilitation program that may include physical, social and occupational rehabilitation.

## The right to return to work

As soon as you are able to resume work after an employment injury, you are entitled to be reinstated in your former employment or, if that job no longer exists, in equivalent employment in the establishment where you were working or in another of your employer's establishments.

You retain the wages, seniority and benefits that you would have been entitled to if you had continued to work at your former employment.

If your employer had 20 workers or fewer at the time of the event, you may exercise your right to return to work for up to one year after the onset of your disability. If your employer had 21 workers or more, you have up to two years.

The right to return to work applies to any worker who is bound by an employment contract for an indeterminate term on the date of the industrial accident or the onset of the occupational disease. In the case of a worker bound by a fixed-term employment contract, the right to return to work applies if the worker becomes capable of resuming work before the date their contract expires.

If you remain unable to do your job because of your employment injury, you will have priority for the first suitable employment that becomes available in one of your employer's establishments, subject to the seniority rules in your collective agreement.

In the meantime, until you can resume your job or some other suitable job, your employer may assign you temporary work if your health professional believes that such work is beneficial to your rehabilitation and does not endanger your health.

## Recourse

You may apply for a review of the decisions rendered by the CNESST. You must apply in writing within the time limit prescribed under the Act. You can also contest the decision rendered in the review process before the Tribunal administratif du travail.

If you believe that you have been the subject of a sanction or reprisals by your employer or that you have been discriminated against by your employer because of your employment injury or because you exercised a right under the *Act respecting occupational health and safety* and the *Act respecting industrial accidents and occupational diseases*, you may use the grievance procedure provided for in your collective agreement or file a complaint with the CNESST.

You also have recourse regarding your right to return to work. If you believe that you have been wronged, you may use the grievance procedure provided for in your collective agreement or, if you have no such agreement, your right to return to work is determined by the health and safety committee of the establishment where the job you are entitled to hold or to resume is located.

If there is no such committee, or in the case of disagreement within the committee, or if you are dissatisfied with its recommendations, you may ask the CNESST to intervene.

**For further information, contact the CNESST  
at 1 844 838-0808.**

### **To benefit from the protection provided by law, you must fulfill certain obligations.**

- Notify your employer or your employer's representative of your industrial accident or occupational disease as soon as possible, preferably before leaving the establishment.
- Provide your employer with a medical certificate if you are unable to resume work after the day of the accident.
- File a claim with the CNESST on the attached form if your inability to work lasts longer than 14 days.
- Supply all the information required by the CNESST.
- Undergo the medical examinations required by your employer or the CNESST to the extent provided for by law.
- Follow the medical treatments that your health professional considers necessary.
- Inform your employer and the CNESST promptly of any change in your situation that may affect the amount of your income replacement indemnity.
- Inform your employer of the date of your return to work and whether or not you have a permanent impairment.
- Return to work as soon as you are able.